Local Coverage Determination (LCD): Manipulation Under Anesthesia (MUA) (L33594)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
First Coast Service Options, Inc.	A and B MAC	09101 - MAC A	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09201 - MAC A	J - N	Puerto Rico Virgin Islands
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

LCD Information

Document Information

LCD ID
L33594

LCD Title
Manipulation Under Anesthesia (MUA)

Proposed LCD in Comment Period
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Source Proposed LCD
N/A

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Revision Effective Date
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Revision Ending Date
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Retirement Date
N/A

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N/A

Notice Period End Date
N/A

CMS National Coverage Policy

This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for Manipulation Under Anesthesia (MUA). Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for Manipulation Under Anesthesia (MUA) and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies may be found in the following Internet-Only Manuals (IOMs) published on the CMS Web site.

Internet Only Manual (IOM) Citations:

- CMS IOM Publication 100-01, *Medicare General Information, Eligibility and Entitlement Manual*,
    - Chapter 5, section 70.6 Chiropractors
- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*,
    - Chapter 15, Section 240.1 Coverage of Chiropractic Services
- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*,
    - Chapter 13, Section 13.5.4 Reasonable and Necessary Provision in an LCD

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.
- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.

- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

History/Background and/or General Information

Manipulation under anesthesia (MUA) is a non-invasive procedure which combines manual manipulation of a joint or the spine with a general anesthetic. Patients who are unable to tolerate manual procedures due to pain, spasm, muscle contractures, or guarding may benefit from the use of general anesthesia prior to manipulation. Because the patient's protective reflex mechanism is absent under anesthesia, manipulation using a combination of specific short lever manipulations, passive stretches, and specific articular and postural kinesthetic maneuvers in order to break up fibrous adhesions and scar tissue around the joint and surrounding tissue is made less difficult.

Covered Indications

MUA should only be performed on select patients who have failed to respond to conservative therapy. The following indications/conditions are considered medically necessary for MUA:

1. Adhesive capsulitis (i.e., frozen shoulder) when there is failure of conservative medical management including medications with or without articular injections, home exercise programs, and physical therapy; or
2. Elbow joint for arthrofibrosis following elbow surgery or fracture, or
3. Arthrofibrosis of the knee following trauma or knee surgery (e.g., total knee replacement, anterior cruciate ligament repair) with less than 90 degrees range of motion 4 weeks to 6 months following surgery.

Limitations

1. MUA provided for the above indications/conditions consists of a SINGLE treatment session involving an isolated joint. Multiple joint MUAs on the same date of service should be rare. Repeat procedures during the global period would not be expected. A repeat procedure on the same joint or multiple joints outside the global period should be rare and may be subject to medical review. Staged (planned or anticipated) procedures on multiple joints during the global period or consecutive days/weeks are not considered medically necessary and will be denied. MUA for single joints during the global period should be rare and may be subject to pre-payment medical review.
2. Only M.D./D.O. physicians who have training and competency in manipulation should perform this procedure.
3. This procedure must be performed in an outpatient surgery facility or inpatient hospital setting. An office setting would not be appropriate for performing MUA.
4. MUA performed by a Chiropractor is not a covered chiropractic service. Please refer to CMS IOM Publication 100-01, *Medicare General Information, Eligibility and Entitlement Manual*, Chapter 5, section 70.6 Chiropractors.
5. Closed treatment of a pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia is not covered if performed with the MUA services addressed in this LCD.
6. There is insufficient clinical evidence to support spinal MUA and, therefore, it is not considered reasonable and necessary.

As published in the CMS IOM Publication 100-08, *Medicare Program Integrity Manual*, Chapter 13, Section 13.5.4, an item or service may be covered by a contractor LCD if it is reasonable and necessary under the Social Security Act

Section 1862 (a)(1)(A). Contractors shall determine and describe the circumstances under which the item or service is considered reasonable and necessary.

Summary of Evidence

N/A

Analysis of Evidence
(Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

Please refer to the Local Coverage Article: Billing and Coding: Manipulation Under Anesthesia (MUA) (A57766) for documentation requirements that apply to the reasonable and necessary provisions outlined in this LCD.

Utilization Guidelines

Please refer to the Local Coverage Article: Billing and Coding: Manipulation Under Anesthesia (MUA) (A57766) for utilization guidelines that apply to the reasonable and necessary provisions outlined in this LCD.

Sources of Information

First Coast Service Options, Inc. reference LCD number(s) – L30572

Aetna Clinical Policy Bulletin: Manipulation under anesthesia. Number 0204, Last review 2009.

American Medical Association. CPT Assistant Archives 1990 – 2007.

American Medical Association. CPT Changes, An Insider's View. 2002, 2003, 2005.

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Blue Cross and Blue Shield of Florida: Manipulation under anesthesia. 02-20000-34, Revised 2009.

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Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/08/2018	R3	Revision Number: 2 Publication: November 2019 Connection LCR A/B2019-075 Explanation of Revision: Based on Change Request (CR) 10901, the LCD was revised to remove all billing and coding and all language not related to reasonable and necessary provisions ("Bill Type Codes," "Revenue Codes," "CPT/HCPCS Codes," "ICD-10 Codes that Support Medical Necessity," "Documentation Requirements" and "Utilization Guidelines" sections of the LCD) and place them into a newly created billing and coding article. During the process of moving the ICD-10-CM diagnosis codes to the billing and coding article, the ICD-10-CM diagnosis code ranges were broken out and listed individually. In addition, the Social Security Act and IOM reference sections were updated. The effective date of this revision is for claims processed on or after January 8, 2019, for dates of service on or after October 3, 2018.	• Other (Revision based on Cr 10901)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this LCD.	
01/01/2017	R2	01/18/2019: Based on a review of the LCD, grammatical and/or typographical errors were identified and corrected.	• Typographical Error
01/01/2017	R1	Revision Number: 1 Publication: December 2016 Connection LCR A/B2017-001 Explanation of Revision: Based on CR 9752 (Annual 2017 HCPCS Update), CPT code 27194 was deleted and replaced with CPT code 27198 in the "Indications and Limitations of Coverage and/or Medical Necessity' under the subtitle "Limitations" section of the LCD. The effective date of this revision is based on date of service.	• Revisions Due To CPT/HCPCS Code Changes

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)
A57766 - Billing and Coding: Manipulation Under Anesthesia (MUA)

Related National Coverage Documents

N/A

Public Version(s)

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Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

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Billing and Coding: Manipulation Under Anesthesia (MUA) (A57766)

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Article Information

General Information

Article ID
A57766

Article Title
Billing and Coding: Manipulation Under Anesthesia (MUA)

Article Type
Billing and Coding

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

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CMS National Coverage Policy

N/A

Article Guidance

Article Text:

This First Coast Billing and Coding Article for Local Coverage Determination (LCD) L33594 Manipulation Under Anesthesia (MUA) provides billing and coding guidance for frequency limitations as well as diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in the LCD, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

Refer to the LCD for reasonable and necessary requirements and limitations.

The redetermination process may be utilized for consideration of services performed outside of the reasonable and necessary requirements in the LCD.

Coding Guidelines

MUA billed for CPT codes 23700, 24300, and 27570 is intended to be reported for the manipulation only when performed under general anesthesia. These codes would not be appropriate to bill if general anesthesia is not provided. In addition to the manipulation code that is billed by the performing physician, the appropriate anesthesia code would also be billed.

For osteopathic manipulative treatment for multiple body regions without anesthesia, see the First Coast Service Options, Inc. LCD L33929 for Osteopathic Manipulative Treatment.

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Compliance with the provisions in LCD L33594, Manipulation Under Anesthesia (MUA) may be monitored and addressed through post payment data analysis and subsequent medical review audits.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)

Group 2 Paragraph:

N/A

Group 2 Codes:

CODE	DESCRIPTION
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA

Group 3 Paragraph:

N/A

Group 3 Codes:

CODE	DESCRIPTION
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)

Group 4 Paragraph:

The following CPT code does not support medical necessity and is not covered by Medicare: 22505.

Group 4 Codes:

CODE	DESCRIPTION
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

The following ICD-10-CM codes support medical necessity and provide limited coverage for CPT code: 23700.

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
M24.611	Ankylosis, right shoulder
M24.612	Ankylosis, left shoulder
M24.619	Ankylosis, unspecified shoulder
M24.621	Ankylosis, right elbow
M24.622	Ankylosis, left elbow
M24.629	Ankylosis, unspecified elbow
M66.211	Spontaneous rupture of extensor tendons, right shoulder
M66.212	Spontaneous rupture of extensor tendons, left shoulder
M66.219	Spontaneous rupture of extensor tendons, unspecified shoulder
M66.811	Spontaneous rupture of other tendons, right shoulder
M66.812	Spontaneous rupture of other tendons, left shoulder
M66.819	Spontaneous rupture of other tendons, unspecified shoulder

ICD-10 CODE	DESCRIPTION
M75.00	Adhesive capsulitis of unspecified shoulder
M75.01	Adhesive capsulitis of right shoulder
M75.02	Adhesive capsulitis of left shoulder
M75.100	Unspecified rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
M75.101	Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic
M75.102	Unspecified rotator cuff tear or rupture of left shoulder, not specified as traumatic
M75.110	Incomplete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
M75.111	Incomplete rotator cuff tear or rupture of right shoulder, not specified as traumatic
M75.112	Incomplete rotator cuff tear or rupture of left shoulder, not specified as traumatic
M75.120	Complete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
M75.121	Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic
M75.122	Complete rotator cuff tear or rupture of left shoulder, not specified as traumatic
M75.30	Calcific tendinitis of unspecified shoulder
M75.31	Calcific tendinitis of right shoulder
M75.32	Calcific tendinitis of left shoulder
M75.50	Bursitis of unspecified shoulder
M75.51	Bursitis of right shoulder
M75.52	Bursitis of left shoulder

Group 2 Paragraph:

The following ICD-10-CM codes support medical necessity and provide limited coverage for CPT code: 24300.

It is the provider’s responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Group 2 Codes:

ICD-10 CODE	DESCRIPTION
M24.621	Ankylosis, right elbow
M24.622	Ankylosis, left elbow
M24.629	Ankylosis, unspecified elbow

Group 3 Paragraph:

The following ICD-10-CM codes support medical necessity and provide limited coverage for CPT code: 27570.

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Group 3 Codes:

ICD-10 CODE	DESCRIPTION
M24.661	Ankylosis, right knee
M24.662	Ankylosis, left knee
M24.669	Ankylosis, unspecified knee

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this article.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type.Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CODE	DESCRIPTION
99999	Not Applicable

Other Coding Information

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

LCD(s)
L33594 - Manipulation Under Anesthesia (MUA)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

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