

Policy Name: Manipulation Under Anesthesia (MUA)

Policy Number: CMO 507

Effective Date of current policy: July 24,2018

Description and Scope

This policy describes when manipulation under anesthesia (MUA) can be medically necessary.

Position Statement

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:

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

MUA provided for the above indications/conditions consists of a SINGLE treatment session involving an isolated joint.

Affinity Health Plan considers MUA *not medically necessary* and/or experimental and investigational for the following joints since there is insufficient evidence to establish its efficacy:

- Ankle
- Hip
- Knee (for any condition other than for arthrofibrosis following total knee arthroplasty, knee surgery, or fracture)
- Pelvis for diastasis or subluxation
- Shoulder for any condition other than adhesive capsulitis
- Spine
- Temporomandibular
- Toe
- Wrist

There is a lack of peer-reviewed published evidence supporting the need for multiple, repeat sessions of MUA for multiple body joints.

Background

Manipulation under anesthesia (MUA) is intended to reduce pain and improve range of motion. It is a treatment modality that consists of manipulation and stretching procedures performed while the patient has received anesthesia (e.g., conscious sedation, general anesthesia). The rationale for this approach is that fibrotic changes in the per articular and intra-articular soft tissues hinder movement, and sometimes it is necessary to anesthetize patients to reduce muscle tone and protective reflex mechanisms so that the joints can be manipulated effectively. Those who advocate this procedure assert that it will break up adhesions within the surrounding joints and stretch the restricting fibrotic tissue to a length compatible with motion, thereby, increasing joint function and reducing pain.

Definitions

Manipulation under anesthesia (MUA) is a noninvasive procedure to treat chronic pain unmanageable by other methods. MUA is designed not only to relieve pain, but also to break up excessive scar tissue. Contraindications to MUA include the following conditions:

- Osteoporosis
- Bone or other cancer
- Uncontrolled diabetes
- Heart disease or uncontrolled hypertension
- Acute inflammatory arthritis
- Strep or staph infection
- Bone fracture

Coding

Inclusion of a code in the following list does not imply that the procedure is medically necessary or that the code represents a covered benefit. Codes used to identify services associated with this policy may include (but may not be limited to) the following:

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

CPT 24300 MANIPULATION, ELBOW, UNDER ANESTHESIA

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

CPT 27275 Manipulation, hip joint, requiring general anesthesia

CPT 25259 Manipulation, wrist, under anesthesia

CPT 26340 Manipulation, finger joint, under anesthesia, each joint

ICD 10 codes that Support Medical Necessity:

M24.611 - M24.619- Ankylosis, right shoulder - Ankylosis, unspecified shoulder

M24.621 - M24.629- Ankylosis, right elbow - Ankylosis, unspecified elbow

M66.211 - M66.219- Spontaneous rupture of extensor tendons, right shoulder - Spontaneous rupture of extensor tendons, unspecified shoulder

M66.811 - M66.819- Spontaneous rupture of other tendons, right shoulder - Spontaneous rupture of other tendons, unspecified shoulder

M75.00 - M75.02- Adhesive capsulitis of unspecified shoulder - Adhesive capsulitis of left shoulder

M75.100 - M75.122- Unspecified rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic - Complete rotator cuff tear or rupture of left shoulder, not specified as traumatic

M75.30 - M75.32- Calcific tendinitis of unspecified shoulder - Calcific tendinitis of left shoulder

M75.50 - M75.52- Bursitis of unspecified shoulder - Bursitis of left shoulder

References

Centers for Medicare and Medicaid LCD Title Manipulation Under Anesthesia (MUA) L33594

Medical Policy Committee History and Revisions

Date	Action
July 24, 2018	Approved by Medical Policy & Benefit Committee
June 25, 2019	Removed reference to Medicare Advantage

Disclaimer

Affinity Health Plan has developed medical policies that serve as one of the sets of guidelines for coverage decisions. Benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and/or federal law. Medical policy does not constitute plan authorization, nor is it an explanation of benefits. The policies are not medical advice. Affinity Health Plan reserves the right to change medical policies.