

## Manipulation Under Anesthesia

<b>Policy ID:</b>	HHO-DE-MP-1090
<b>Approved By:</b>	Highmark Health Options – Market Leadership
<b>Provider Notice Date:</b>	
<b>Original Effective Date:</b>	N/A
<b>Annual Approval Date:</b>	10/2022
<b>Last Revision Date:</b>	10/08/2021
<b>Products:</b>	Medicaid
<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary manipulation under anesthesia.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

**Manipulation under anesthesia (MUA)** – Consists of a series of mobilization, stretching, and traction procedures performed while the individual receives anesthesia (usually general anesthesia or moderate sedation).

### PROCEDURES

#### MUA of the Knee

MUA of the knee may be considered medically necessary when ALL of the following are met;

- To treat significant arthrofibrosis of the knee resulting from trauma or knee surgery; and

- After an adequate trial of conservative measures (physical therapy and joint injections) have failed to restore range of motion and relieve pain; and
- Is limited to a single treatment session.

MUA of the knee is considered not medically necessary for the following indications:

- When above criteria have not been met; or
- Serial manipulations of the same joint (MUA is limited to a single treatment session).

When MUA is not medically necessary, all associated services, such as anesthesia and facility expenses will also be considered not medically necessary.

### **MUA of the Shoulder**

MUA of the shoulder may be considered medically necessary when ALL of the following are met:

- To treat capsulitis of the shoulder; and
- After an adequate trial of conservative measures (physical therapy and joint injections) have failed to restore range of motion and relieve pain; and
- Is limited to a single treatment session.

MUA of the shoulder is considered not medically necessary for the following indications:

- When above criteria have not been met; or
- Serial manipulations of the same joint (MUA is limited to a single treatment session).

When MUA is not medically necessary, all associated services, such as anesthesia and facility expenses will also be considered not medically necessary.

### **Documentation Requirements**

The medical record should include the following documentation:

- Failure of condition to respond to conservative therapy, i.e., physical therapy and joint injections; and
- Evidence of decreased range of motion; and
- Length of time that the individual has been symptomatic.

### **Post-payment Audit Statement**

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

### **Place of Service: Inpatient/Outpatient**

Manipulation Under Anesthesia is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

**CODING REQUIREMENTS**

CPT code	Description
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded).
22505	Manipulation of spine requiring anesthesia, any region.
24300	Manipulation, elbow, under anesthesia.
25259	Manipulation, wrist, under anesthesia.
26340	Manipulation, finger joint, under anesthesia, each joint.
27198	Closed treatment of posterior pelvic right fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum with or without anterior pelvic ring fractures(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (i.e., general anesthesia, moderate sedation, spinal/epidural).
27275	Manipulation, hip joint, requiring general anesthesia.
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus).
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices).

**Covered diagnosis codes for 27570**

Code	Description
M24.661	Ankylosis, right knee.
M24.662	Ankylosis, left knee.
M24.669	Ankylosis, unspecified knee.
Z96.651	Presence of right artificial knee joint.
Z96.652	Presence of left artificial knee joint.
Z96.653	Presence of artificial knee joint, bilateral.

**Covered diagnosis codes for 23700**

Code	Description
M75.01	Adhesive capsulitis of right shoulder.
M75.02	Adhesive capsulitis of left shoulder.

**REIMBURSEMENT**

Participating facilities will be reimbursed per their Highmark Health Options contract.

## References

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## POLICY UPDATE HISTORY

<Date>	<Event>
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