

Orthopedic Procedures, Devices, and Products

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[Instructions for Use](#)

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Related Policies

None

Coverage Guidelines

Orthopedic procedures, devices and products may be covered when Medicare coverage criteria are met.

Collagen Meniscus Implant

Collagen meniscus implant [also referred to as collagen scaffold (CS), CMI, or Menaflex™ meniscus implant throughout the published literature] is used to fill meniscal defects that result from partial meniscectomy.

Effective for claims with dates of service performed on or after May 25, 2010, the Centers for Medicare & Medicaid Services has determined that the evidence is adequate to conclude that the collagen meniscus implant does not improve health outcomes and, therefore, is not reasonable and necessary for the treatment of meniscal injury/tear under section 1862(a)(1)(A) of the Social Security Act. Thus, the collagen meniscus implant is non-covered by Medicare.

Refer to the [National Coverage Determination \(NCD\) for Collagen Meniscus Implant \(150.12\)](#). (Accessed October 24, 2023)

Extracorporeal Shock Wave Therapy (ESWT) (CPT Codes 28890, 0101T, and 0102T)

Medicare does not have a National Coverage Determination (NCD) for ESWT. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Extracorporeal Shock Wave Therapy \(ESWT\)](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Extracorporeal Shock Wave Therapy \(ESWT\) for Musculoskeletal Conditions and Soft Tissue Wounds](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Platelet-Rich Plasma (PRP) (CPT Code 0232T)

Medicare does not have a National Coverage Determination (NCD) for injection of PRP. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Platelet-Rich Plasma \(PRP\)](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Prolotherapy and Platelet Rich Plasma Therapies](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Manipulation Under Anesthesia (MUA) for the Knee and Shoulder (CPT Codes 23700 and 27570)

Medicare does not have a National Coverage Determination (NCD) for MUA of the knee and shoulder. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Manipulation Under Anesthesia](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Manipulation Under Anesthesia (MUA) for Temporomandibular Joint (TMJ) (CPT Code 21073)

Medicare does not have a National Coverage Determination (NCD) for MUA of TMJ. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Manipulation Under Anesthesia](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Manipulation Under Anesthesia (MUA) for the Spine and Pelvis (CPT Codes 22505 and 27198)

Medicare does not have a National Coverage Determination (NCD) for MUA of the spine and pelvis. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Manipulation Under Anesthesia](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Manipulation Under Anesthesia (MUA) for the Hip Joint (CPT Code 27275)

Medicare does not have a National Coverage Determination (NCD) for MUA of the hip joint. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Manipulation Under Anesthesia](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Manipulation Under Anesthesia (MUA) for the Ankle, Finger, Toe and Wrist (CPT Codes 25259, 26340, 28635, and 27860)

Medicare does not have a National Coverage Determination (NCD) for MUA of the ankle, finger, toe and wrist. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Manipulation Under Anesthesia](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Unicondylar Spacer Devices for Treatment of Pain or Disability (CPT Code 27599)

Medicare does not have a National Coverage Determination (NCD) for unicondylar spacer devices for treatment of pain or disability. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Unicondylar Spacer Devices for Treatment of Pain or Disability](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Athletic Pubalgia Surgery (CPT Codes 49659 and 49999)

Medicare does not have a National Coverage Determination (NCD) for athletic pubalgia surgery. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Athletic Pubalgia Surgery](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Supporting Information

Extracorporeal Shock Wave Therapy (ESWT)

Accessed October 19, 2023

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38775 (A58367)	Extracorporeal Shock Wave Therapy (ESWT)	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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Platelet-Rich Plasma (PRP)

Accessed October 19, 2023

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39023 (A58737)	Platelet Rich Plasma Injections for Non-Wound Injections	Part A and B MAC	CGS Administrators, LLC	KY, OH
L39071 (A58810)	Platelet Rich Plasma	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L38937 (A58609)	Platelet Rich Plasma	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

Platelet-Rich Plasma (PRP)				
Accessed October 19, 2023				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39058 (A58788)	Platelet Rich Plasma Injections for Non-Wound Injections	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L39060 (A58790)	Platelet Rich Plasma Injections for Non-Wound Injections	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L39068 (A58808)	Platelet Rich Plasma	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L38745 (A58808)	Platelet Rich Plasma	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
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Policy History/Revision Information

Date	Summary of Changes
11/08/2023	<p>Template Update</p> <ul style="list-style-type: none"> Updated <i>Instructions for Use</i> <p>Coverage Guidelines</p> <ul style="list-style-type: none"> Removed content/language addressing: <ul style="list-style-type: none"> Autologous chondrocyte transplantation in the knee (CPT code 27412); refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Joint Procedures</i> for applicable coverage guidelines Non-collagen meniscus implant with human cadaver tissue (CPT code 29868); refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Joint Procedures</i> for applicable coverage guidelines Open osteochondral autograft, talus (CPT code 28446) Osteochondral grafting of knee (CPT codes 29866, 29867, 27415, and 27416); refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Joint Procedures</i> for applicable coverage guidelines <p><i>Manipulation Under Anesthesia (MUA) for the Knee and Shoulder (CPT Codes 23700 and 27570)</i></p> <ul style="list-style-type: none"> Modified content heading Replaced language indicating “Medicare does not have a National Coverage Determination (NCD) for manipulation under anesthesia (MUA) of the <i>elbow</i>, knee, and shoulder” with “Medicare does not have a National Coverage Determination (NCD) for MUA of the knee and shoulder” Updated list of applicable CPT codes; removed 24300 <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version MCS068.03

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and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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