

Orthopedic Procedures, Devices and Products

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Related Medicare Advantage Policy Guideline
<ul style="list-style-type: none"> Collagen Meniscus Implant (NCD 150.12)

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 August 27, 2021)

Non-Collagen Meniscus Implant Meniscus Allograft Transplantation (MAT) with Human Cadaver Tissue (CPT code 29868)

Medicare does not have a National Coverage Determination (NCD) for non-collagen meniscus implant with human cadaver tissue. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Meniscus Implant and Allograft](#). Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

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.

Bone or Soft Tissue Healing and Fusion Enhancement

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.

Allograft or Synthetic Bone Graft Materials (CPT codes 20930, 20931, 20932, 20933, 20934 and 22899)

Medicare does not have a National Coverage Determination (NCD) for bone healing and fusion enhancement products. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Spinal Fusion Enhancement Products](#).

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 Elbow, Knee and Shoulder (CPT codes 23700, 24300 and 27570)

Medicare does not have a National Coverage Determination (NCD) for MUA of the elbow, 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.

Autologous Chondrocyte Transplantation in the Knee (CPT code 27412)

Medicare does not have a National Coverage Determination (NCD) for autologous chondrocyte transplantation in the knee. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Articular Cartilage Defect Repairs](#). Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Osteochondral Grafting of Knee (CPT codes 29866, 29867, 27415 and 27416)

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

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Articular Cartilage Defect Repairs](#). Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Open Osteochondral Autograft, Talus (CPT code 28446)

Medicare does not have a National Coverage Determination (NCD) for the open osteochondral autograft of the talus. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Articular Cartilage Defect Repairs](#). Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Supporting Information

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

Extracorporeal Shock Wave Therapy (ESWT)				
Accessed October 27, 2021				
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 27, 2021				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38937 (A58609)	Platelet Rich Plasma	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
A58307	Billing and Coding: Platelet Rich Plasma	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
A58351	Billing and Coding: Platelet Rich Plasma	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA-NORTHERN, CA-SOUTHERN, GU, HI, MP, NV
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
09/21/2021	<p>Coverage Guidelines</p> <p><i>Collagen Meniscus Implant</i></p> <ul style="list-style-type: none"> ● Revised language to indicate: <ul style="list-style-type: none"> ○ 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 ○ For claims with dates of service performed on or after May 25, 2010, the Centers for Medicare & Medicaid Services (CMS) 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 <i>Collagen Meniscus Implant (150.12)</i> <p><i>Extracorporeal Shock Wave Therapy (ESWT) (CPT codes 28890, 0101T and 0102T)</i></p> <ul style="list-style-type: none"> ● Revised language pertaining to Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to indicate: <ul style="list-style-type: none"> ○ LCDs/LCAs exist and compliance with these policies is required where applicable; see the list of available LCDs/LCAs for Extracorporeal Shock Wave Therapy (ESWT) in the <i>Supporting Information</i> section of the policy ○ For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Wounds</i> <p><i>Bone or Soft Tissue Healing and Fusion Enhancement</i></p> <p>Platelet-Rich Plasma (PRP) (CPT code 0232T)</p> <ul style="list-style-type: none"> ● Revised language pertaining to LCDs/LCAs to indicate: <ul style="list-style-type: none"> ○ LCDs/LCAs exist and compliance with these policies is required where applicable; see the list of available LCDs/LCAs for Platelet-Rich Plasma (PRP) in the <i>Supporting Information</i> section of the policy ○ For coverage guidelines for states/territories with no LCDs/LCAs refer to the UnitedHealthcare Commercial Medical Policy titled <i>Prolotherapy and Platelet Rich Plasma Therapies</i> <p>Supporting Information</p> <ul style="list-style-type: none"> ● Added list of available LCDs/LCAs for: <ul style="list-style-type: none"> ○ Extracorporeal Shock Wave Therapy (ESWT) ○ Platelet-Rich Plasma (PRP) ● Archived previous policy version MCS068.01

Instructions for Use

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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.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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