## Coverage Summary

### Orthopedic Procedures, Devices and Products

<table>
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<th>Policy Number:</th>
<th>O-004</th>
<th><strong>Products:</strong> UnitedHealthcare Medicare Advantage Plans</th>
<th><strong>Original Approval Date:</strong> 05/11/2010</th>
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<td>Approved by:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td><strong>Last Review Date:</strong> 11/19/2019</td>
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**Related Medicare Advantage Policy Guidelines:**
- Collagen Meniscus Implant (NCD 150.12)
- Extracorporeal Shock Wave Treatment (ESWT)

**This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy 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 is 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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4. Bone or Soft Tissue Healing and Fusion Enhancement Products
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6. Manipulation Under Anesthesia (MUA) for Temporomandibular Joint (TMJ)
7. Manipulation Under Anesthesia (MUA) for Spine and Pelvis
8. Manipulation Under Anesthesia (MUA) for Hip Joint
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IV. **REVISION HISTORY**

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I. COVERAGE

Coverage Statement: Orthopedic procedure, devices and products are covered when Medicare coverage criteria are met.

Guidelines/Notes:

1. **Collagen Meniscus Implant** (also referred to as CMI, collagen scaffold, Menaflex) (HCPCS code G0428)
   Collagen meniscus implant is non-covered for the treatment of meniscal injury/tear. See the NCD for Collagen Meniscus Implant (150.12). (Accessed August 29, 2019)
   Also see the MLN Matters® Number: MM6903 Collagen Meniscus Implant. (Accessed August 29, 2019)

2. **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 (MAT with human cadaver tissue).
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD/LCA Availability Grid (Attachment D).
   - For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Meniscus Implant and Allograft for coverage guideline. (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: September 17, 2019
   - Accessed April 20, 2020

3. **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 state-specific LCDs/LCAs, refer to the LCD/LCA Availability Grid (Attachment A).
   - For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Extracorporeal Shock Wave Therapy (ESWT) for coverage guideline. (IMPORTANT NOTE: After checking the LC/LCA Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: September 17, 2019
   - Accessed April 20, 2020

4. **Bone or Soft Tissue Healing and Fusion Enhancement Products**
   a. **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 state-specific LCDs/LCAs, refer to the LCD/LCA Availability Grid (Attachment C).
      - For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Prolotherapy and Platelet Rich Plasma Therapies for coverage guideline.
b. 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 at this time.
   - For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy for Bone or Soft Tissue Healing and Fusion Enhancement Products. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: November 19, 2019
   - Accessed April 20, 2020

5. 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) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD/LCA Availability Grid (Attachment E).
   - For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Manipulation Under Anesthesia for coverage guideline. (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: September 17, 2019
   - Accessed January 2, 2020

6. 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) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD/LCA Availability Grid (Attachment F).
   - For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Manipulation Under Anesthesia for coverage guideline. (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: September 17, 2019
   - Accessed April 20, 2020
7. 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) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD/LCA Availability Grid (Attachment G).
   - For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Manipulation Under Anesthesia for coverage guideline. (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** September 17, 2019
   - Accessed January 2, 2020

8. 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 at this time.
   - For coverage guidelines, see the UnitedHealthcare Commercial Medical Policy for Manipulation Under Anesthesia for coverage guideline. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** September 17, 2019
   - Accessed November 20, 2019

9. 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 at this time.
   - For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy for Manipulation Under Anesthesia. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** September 17, 2019
   - Accessed October 21, 2019

10. 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 at this time.
    - For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy for Unicondylar Spacer Devices for Treatment of Pain or Disability. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
    - **Committee approval date:** September 17, 2019
11. **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 at this time.
   - For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy for Athletic Pubalgia Surgery. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** September 17, 2019
   - Accessed October 21, 2019

12. **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 at this time.
   - For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy for Articular Cartilage Defect Repairs. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** November 19, 2019
   - Accessed November 12, 2019

13. **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 at this time.
   - For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy for Articular Cartilage Defect Repairs. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** November 19, 2019
   - Accessed November 12, 2019

14. **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) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD/LCA Availability Grid (Attachment B).
   - For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Articular Cartilage Defect Repairs for coverage guideline. (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** November 19, 2019
   - Accessed April 20, 2020
II. DEFINITIONS

None

III. REFERENCES

See above

IV. REVISION HISTORY

11/19/2019 • Routine review; no change to coverage guidelines

V. ATTACHMENTS

Attachment A – LCD/LCA Availability Grid

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

CMS website accessed April 20, 2020

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End of Attachment A

Attachment B – LCD/LCA Availability Grid

Open Osteochondral Autograft, talus
(CPT code 28446)

CMS website accessed April 20, 2020

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Attachment C – LCD/LCA Availability Grid

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

CMS website accessed April 20, 2020

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### Attachment C – LCD/LCA Availability Grid
**Platelet-Rich Plasma (PRP)**
(CPT code 0232T)
CMS website accessed April 20, 2020

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### Attachment D – LCD/LCA Availability Grid
**Non-Collagen Meniscus Implant**
(CPT code 29868)
CMS website accessed April 20, 2020

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### Attachment E – LCD/LCA Availability Grid
**Manipulation Under Anesthesia (MUA) for Knee, Shoulder and Elbow**
(CPT codes 23700, 24300 and 27570)
CMS website accessed April 3, 2020

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### Attachment F – LCD/LCA Availability Grid
**Manipulation Under Anesthesia (MUA) for Temporomandibular Joint (TMJ)**
(CPT codes 21073)
CMS website accessed April 20, 2020

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End of Attachment F

### Attachment G – LCD/LCA Availability Grid
**Manipulation Under Anesthesia (MUA) for Spine and Pelvis**
(CPT codes 22505 and 27198)
CMS website accessed April 3, 2020

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