Coverage Summary

Orthopedic Procedures, Devices and Products

Policy Number: O-004  |  Products: UnitedHealthcare Medicare Advantage Plans  |  Original Approval Date: 05/11/2010
Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  |  Last Review Date: 11/20/2018

Related Medicare Advantage Policy Guidelines:
- Collagen Meniscus Implant (NCD 150.12)
- Extracorporeal Shock Wave Treatment (ESWT)

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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 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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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 September 10, 2018)

   Also see the MLN Matters® Number: MM6903 Collagen Meniscus Implant. (Accessed September 10, 2018)

2. **Non-Collagen Meniscus Implant (Meniscus Allograft Transplantation with human cadaver tissue)** (CPT code 29868)

   - Medicare does not have a National Coverage Determination (NCD) for non-collagen meniscus implant (meniscus allograft transplantation 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 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 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 18, 2018
   - Accessed May 17, 2019

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 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 LCD 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 18, 2018
   - Accessed May 17, 2019

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 Availability Grid (Attachment C).
      - For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Bone or Soft Tissue Healing and Fusion Enhancement Products for coverage guideline. (IMPORTANT NOTE: After checking the LCD 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 18, 2018
- **Accessed May 17, 2019**

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 20, 2018
   - **Accessed January 24, 2019**

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 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 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 18, 2018
   - **Accessed May 17, 2019**

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 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 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 18, 2018
   - **Accessed May 17, 2019**

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 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 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 18, 2018
Accessed May 17, 2019

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 18, 2018
Accessed September 10, 2018

9. Manipulation Under Anesthesia (MUA) for the Ankle, Finger and Wrist (CPT codes 25259, 26340 and 27860)

- Medicare does not have a National Coverage Determination (NCD) for MUA of the ankle, finger 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 18, 2018
Accessed September 10, 2018

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 18, 2018
Accessed September 10, 2018

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 18, 2018
- Accessed September 10, 2018

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 Autologous Chondrocyte Transplantation in the Knee*. *(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 18, 2018
- Accessed September 10, 2018

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 Osteochondral Grafting*. *(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 18, 2018
- Accessed September 10, 2018

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 Availability Grid (Attachment B)**.
- **For states with no LCDs/LCAs**, see the *UnitedHealthcare Commercial Medical Policy for Osteochondral Grafting* for coverage guideline. *(IMPORTANT NOTE: After checking the LCD 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 18, 2018
- Accessed May 17, 2019

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**II. DEFINITIONS**

**III. REFERENCES**

See above
IV. REVISION HISTORY

04/01/2019 • Updated policy introduction; added language to clarify:
  o There are instances where [the Coverage Summary] may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG)
  o 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)
  • Retitled reference links that direct users to UnitedHealthcare Commercial policies

11/20/2018 Re-review with the following updates:
  • Guideline 14 (Sodium Hyaluronate Injections for Osteoarthritis of Knee) – deleted guideline from this Coverage Summary; moved to the Medications Medications/Drugs (Outpatient/Part B) Coverage as part of the Step Therapy Program update. (Effective January 1, 2019)
  • Guideline 4.b [Allograft or Synthetic Bone Graft Materials (CPT codes 20930, 20931 and 22899)] - added the following new CPT codes: 20932, 20933 and 20934 (Effective January 1, 2019)

09/18/2018 Annual review with the following updates:
Update Local Coverage Determination (LCD) Availability Grids; remove instruction to “use the applicable LCD based on member’s residence/place and type of service” (this note only applies when selecting the appropriate DME LCD Policy)
Guideline 14 [Sodium Hyaluronate Injections for Osteoarthritis of Knee (HCPCs codes J7320 – J7328)] - changed default for states without LCDs from Wisconsin LCD L34525 to UHC MP for Sodium Hyaluronate (avail. LCDs are consistent with coverage in UHC MP)
Guideline 15 [Open Osteochondral Autograft, talus (CPT code 28446)] – changed default for states without LCDs from UHC MP for Omnibus Codes to UHC MP for Osteochondral Grafting (CPT code 28446 no longer in Omnibus MP and is now in Osteochondral Grafting)

08/21/2018 Re-review with the following updates:
Guideline 7 [Manipulation Under Anesthesia (MUA) for the Spine and Pelvis (CPT codes 22505 and 27198)] – moved following verbiage “hip” and “CPT code 27275” to new guideline #8.
Guideline 8 [Manipulation Under Anesthesia (MUA) for the Hip Joint (CPT code 27275)] – added to coverage summary.

05/11/2018 Re-review with the following update:
Guideline 9 (Thermal Shrinkage Therapy for Joint Capsules, Ligaments and Tendons) – deleted guideline; only 1 contractor with only 1 LCA; currently the default is the only available LCA.

03/20/2018 Re-review with the following update:
Guideline 6 (Thermal Shrinkage Therapy for Joint Capsules, Ligaments and Tendons)

- Updated title from “Thermal Shrinkage Therapy for Joint Capsules, and Ligaments and Tendons (CPT codes 23929, 29999 and HCPCS S2300)” to “Thermal Shrinkage Therapy for Joint Capsules and Ligaments of Joints CPT codes 29999”
- Changed default guidelines for states with no LCDs from UnitedHealthcare Medical Policy for Thermal Capsulorrhaphy/Thermal Shrinkage (retired 4/1/18) to the Palmetto GBA LCAs for Thermal Capsulorrhaphy (A53435 ) for coverage guidelines.

01/16/2018 Re-review with the following updates:

Guideline 2 [Non-Collagen Meniscus Implant (Meniscus Allograft Transplantation with human cadaver tissue) (CPT code 29868)] – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 3 [Extracorporeal Shock Wave Therapy (ESWT) (CPT codes 28890, 0101T and 0102T)] – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 4.a [Platelet-Rich Plasma (PRP) (CPT code 0232T)] – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 14 [Sodium Hyaluronate Injections for Osteoarthritis of Knee (HCPCs codes J7320 – J7328)] – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 15 [Open Osteochondral Autograft, talus (CPT code 28446)] - Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

11/20/2017 Guideline 3 [Extracorporeal Shock Wave Therapy (ESWT) (CPT codes 28890, 0101T and 0102T)]- removed reference to CPT code 0299T and 0300T (code deleted effective January 1, 2018)

09/19/2017 Annual review with the following updates:

Guideline (Collagen Meniscus Implant) – deleted the following language “Local Coverage Determinations (LCDs) exist and compliance with these LCDs is required where applicable. See the LCDs for Noncovered Services” (LCDs no longer mention CMI).

Guideline 5 [Manipulation under Anesthesia (MUA) for the Elbow, Knee and Shoulder (CPT codes 23700, 24300, and 27570)]
- Updated title and guideline specific MUA for the elbow, knee and shoulder
- Moved CPT codes 22505, 21073, 25259, 26340, 27194, 27275 and 27860 to guidelines 6, 7 and 8.
- Removed CPT code 27194 (was replaced with CPT code 27198)

Guidelines 6 [Manipulation under Anesthesia (MUA) for Temporomandibular Joint
Guideline 7 [Manipulation under Anesthesia (MUA) for the Spine, Hip/Pelvis (CPT codes 22505, 27198 and 27275)] - new to Coverage Summary.

Guideline 8 [Manipulation under Anesthesia (MUA) for the Ankle, Finger and Wrist (CPT codes 25259, 26340 and 27860)] - new to Coverage Summary.

06/21/2017  Re-review with the following updates:
Guideline 11 [Sodium Hyaluronate Injections for Osteoarthritis of Knee (HCPCs codes J7320 – J7328)] – guidelines are new to coverage summary.

09/20/2016  Annual review with the following updates:
Guideline 1 (Collagen Meniscus Implant) – deleted CPT code 29869
Guideline 2 (Non-Collagen Meniscus Implant) – LCD availability language updated; added LCD Availability Grid
Guideline 5 (Manipulation Under Anesthesia) – LCD availability language updated; added LCD Availability Grid

03/15/2016  Re-review with updated reference link(s) of the applicable LCDs to reflect the condensed link.

09/15/2015  Annual review with the following updates:
Guideline 2 (Non-Collagen Meniscus Implant) - Updated to include that there is one MAC with LCD available for this procedure, i.e., First Coast LCD for Noncovered Services (L33377).
Guideline 5 (Manipulation under Anesthesia) - Replaced reference link from First Coast LCD for Manipulation under Anesthesia (L30563; to be retired 9/30/2015) with First Coast LCD for Manipulation under Anesthesia (L33594; effective 10/1/2015)
Guideline 9 (Autologous Chondrocyte Transplantation in the Knee) - Updated to state that there no longer LCDs available for this procedure.
Guideline 10 (Osteochondral Grafting of Knee) - Updated to include that there are now LCDs available for this procedure.

12/16/2014  Annual review with the following updates:
Guideline 1 (Collagen Meniscus Implant)
• Updated section title; added “also referred to as CMI, collagen scaffold, Menaflex”
• Added the reference link to:
  o LCDs for Noncovered Services
  o MLN Matters® Number: MM6903 Collagen Meniscus Implant
Guideline 2 (Non-Collagen Meniscus Implant)
• Updated section title; added “Meniscus Allograft Transplantation with human cadaver tissue”
• Updated to state there are no available LCDs at this time.
Guideline 3 [Extracorporeal Shock Wave Therapy(ESWT)]
• Removed “Indications for coverage within available LCDs vary.”
• Added the following to state:
“Coverage guidelines of the available LCDs align (not covered) but covers < 80% of the geographic area; there is no uniformity. The UnitedHealthcare Medical Policy guidelines align with the available LCD guidelines (unproven).”

Guideline 4.a (Platelet-Rich Plasma)
- Added the following to state:
  “Coverage guidelines of the available LCDs align (not covered) but covers < 80% of the geographic area; there is no uniformity. The UnitedHealthcare Medical Policy guidelines align with the available LCD guidelines (unproven).”

Guideline 4.b (Allograft or Synthetic Bone Graft Materials)
- Added CPT codes 21073, 22505, 25259, 26340, 27194, 27275, and 27860.
- Added the following to state:
  “Coverage guidelines of the available LCDs align but cover < 80% of the geographic area; there is no uniformity. The UnitedHealthcare Medical Policy guidelines align with the available LCD guidelines.”

Guideline 5 [Manipulation under Anesthesia (MUA)]
- Added the following CPT codes: 21073, 22505, 25259, 26340, 27194, 27275, and 27860
- Added the following to state:
  “Coverage guidelines of the available LCDs align but cover < 80% of the geographic area; there is no uniformity. The UnitedHealthcare Medical Policy guidelines align with the available LCD guidelines.”
- Changed default guidelines for states with no LCDs from First Coast LCDs, L30563 and L30572 to the UnitedHealthcare Medical Policy for Manipulation Under Anesthesia for coverage guidelines.

Guideline 6 (Thermal Shrinkage Therapy for Joint Capsules, Ligaments and Tendons) - Added the following (CPT codes: 23929 and 29999; HCPCS S2300)

Guideline 7 (Unicondylar Spacer Devices for Treatment of Pain or Disability) - Added CPT code 27599

Guideline 8 (Athletic Pubalgia Surgery) - Added the following CPT codes: 49659 and 49999

Guideline 9 (Autologous Chondrocyte Transplantation in the Knee)
- Removed the following:
  “These LCDs vary; some of these LCDs list these services as not covered; some do not.”
- Added the following to state:
  Coverage guidelines of the available LCDs align (not covered) but cover < 80% of the geographic area; there is no uniformity.

Guideline 10 (Osteochondral Grafting of Knee) - Added the following to state:
  Coverage guidelines of the available LCDs align (not covered) but cover < 80% of the geographic area; there is no uniformity. The UnitedHealthcare Medical Policy guidelines align with the available LCD guidelines.

Guideline 11 (Open Osteochondral Autograft, talus) - Added the following to state:
  Coverage guidelines of the available LCDs align (not covered) but cover < 80% of the geographic area; there is no uniformity. The UnitedHealthcare Medical Policy guidelines align with the available LCD guidelines (unproven).

Definitions - Removed the definition of “Manipulation Under Anesthesia (MUA)”
already defined in the referenced LCDs

10/24/2013  Annual review, without updates

10/31/2012  Annual review with the following updates:
  • Addition of the following guidelines:
    o Guidelines #2 - Non-Collagen Meniscus Implant
    o Guidelines #4.a - Platelet-Rich Plasma (PRP)
    o Guidelines #4.b - Allograft or Synthetic Bone Graft Materials
    o Guidelines #9 - Autologous Chondrocyte Transplantation in the Knee
    o Guidelines #10 - Osteochondral Grafting of Knee
    o Guidelines #11 - Open Osteochondral Autograft, talus
  • Guidelines #3 Extracorporeal Shock Wave Therapy (ESWT) was updated, i.e.,
    default guidelines changed from Palmetto L31765 to the UHC Medical Policy for
    Extracorporeal Shock Wave Therapy (ESWT)

10/13/2011 Guidelines #2 (Extracorporeal Shock Wave Therapy for Orthopedic Indications)
  updated, i.e., revising the default guidelines for states with no LCDs from the UHC
  MP to Palmetto LCD, L31765

03/10/2011 Updated the link to the UHC Medical Policy for Unicondylar Spacer Devices For
  Treatment Of Pain or Disability.(Guidelines # 6)

01/19/2011 Updated the link to the UHC Medical Policy for Athletic Pubalgia Surgery
  (Guidelines #7)

11/11/2010 LCD links updated in Section V. Attachment(s)

09/07/2010 Policy updated to include guidelines for Athletic Pubalgia Surgery and guidelines
  for Autologous Chondrocyte Transplantation in the Knee; also updated to include
  the new NCD for Collagen Meniscus Implant (150.12)

ATTACHMENT(S)

Attachment A - LCD Availability Grid
Extracorporeal Shock Wave Therapy (ESWT)
(CPT codes 28890, 0101T and 0102T)
CMS website accessed May 17, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
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<tr>
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<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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<td>L34555</td>
<td>Non-Covered Category III CPT Codes</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
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<td>Services That Are Not Reasonable and Necessary</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, DC, DE, CO, LA, MD, MS,</td>
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End of Attachment A
Attachment B - LCD Availability Grid
Open Osteochondral Autograft, talus
(CPT code 28446)
CMS website accessed May 17, 2019

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<tr>
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<th>States</th>
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<td>Non Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA-NORTHERN, CA-SOUTHERN, GU, HI, MP, NV</td>
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<td>L35008</td>
<td>Non-Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY</td>
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</tbody>
</table>
| L36954  | Noncovered Services other than CPT
Category III Noncovered Services | A and B MAC     | Palmetto GBA                      | AL, GA, NC, SC, TN, VA, WV              |

End of Attachment B

Attachment C - LCD Availability Grid
Platelet-Rich Plasma (PRP)
(CPT code 0232T)
CMS website accessed May 17, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L35008</td>
<td>Non-Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY</td>
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<tr>
<td>L36219</td>
<td>Non Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA-NORTHERN, CA-SOUTHERN, GU, HI, MP, NV</td>
</tr>
<tr>
<td>L33777</td>
<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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<tr>
<td>L3392</td>
<td>Category III CPT Codes</td>
<td>MAC - Part A and B</td>
<td>National Government Services, Inc.</td>
<td>IL, MN, WI, CT, NY, ME, MA, NH, RI, VT</td>
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<tr>
<td>L35094</td>
<td>Services That Are Not Reasonable and Necessary</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, DC, DE, CO, LA, MD, MS, NJ, NM, OK, PA, TX</td>
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<tr>
<td>L34555</td>
<td>Non-Covered Category III CPT Codes</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
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</table>

End of Attachment C

Attachment D - LCD Availability Grid
Non-Collagen Meniscus Implant
(CPT code 29868)
CMS website accessed May 17, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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<tbody>
<tr>
<td>L33777</td>
<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
</tbody>
</table>
| L36954  | Noncovered Services other than CPT
Category III Noncovered Services | A and B MAC     | Palmetto GBA                      | AL, GA, NC, SC, TN, VA, WV              |

End of Attachment D
## Attachment E - LCD Availability Grid

**Manipulation Under Anesthesia (MUA) for Knee, Shoulder and Elbow**

(CPT codes 23700, 24300 and 27570)

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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<tbody>
<tr>
<td>L33594</td>
<td>Manipulation Under Anesthesia (MUA)</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
</tbody>
</table>

End of Attachment E

## Attachment F - LCD Availability Grid

**Manipulation Under Anesthesia (MUA) for Temporomandibular Joint (TMJ)**

(CPT codes 21073)

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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<tbody>
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<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L36954</td>
<td>Noncovered Services other than CPT: Category III Noncovered Services</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
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</table>

End of Attachment F

## Attachment G - LCD Availability Grid

**Manipulation Under Anesthesia (MUA) for Spine and Pelvis**

(CPT codes 22505 and 27198)

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
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<th>States</th>
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</thead>
<tbody>
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<td>L33594</td>
<td>Manipulation Under Anesthesia (MUA)</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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End of Attachment G