

Orthopedic Procedures, Devices, and Products

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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.

Kinesio Taping (CPT Codes 29799, 97139, and 97799 and HCPCs Code A9999)

Medicare does not have a National Coverage Determination (NCD) for kinesio taping. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Omnibus Codes](#).

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

(Accessed January 12, 2024)

Platelet-Rich Plasma (PRP) (CPT Code 0232T and HCPCS Codes P9020)

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.

Computer-Assisted Surgical Navigation for Musculoskeletal Procedures (CPT Codes 0054T, 0055T, 20985, and 27599)

Medicare does not have a National Coverage Determination (NCD) for computer-assisted surgical navigation for musculoskeletal procedures. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Computer-Assisted Surgical Navigation for Musculoskeletal Procedures](#).

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

(Accessed January 12, 2024)

Supporting Information

Extracorporeal Shock Wave Therapy (ESWT)

Accessed January 22, 2024

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 January 22, 2024

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
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

Effective Date	Summary of Changes
04/01/2024	<p>Coverage Guidelines</p> <p><i>Kinesio Taping (CPT Codes 29799, 97139, and 97799 and HCPCS Code A9999) (new to policy)</i></p> <ul style="list-style-type: none"> • Added language to indicate: <ul style="list-style-type: none"> ○ Medicare does not have a National Coverage Determination (NCD) for kinesio taping; Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time ○ For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> ○ After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines <p><i>Platelet-Rich Plasma (PRP) (CPT Code 0232T and HCPCS Code P9020)</i></p> <ul style="list-style-type: none"> • Updated list of applicable CPT/HCPCS codes; added P9020

Effective Date	Summary of Changes
	<p>Computer-Assisted Surgical Navigation for Musculoskeletal Procedures (CPT Codes 0054T, 0055T, 20985, and 27599) (new to policy)</p> <ul style="list-style-type: none"> • Added language (previously included in the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Radiation and Oncologic Procedures</i>) to indicate: <ul style="list-style-type: none"> ○ Medicare does not have a NCD for computer-assisted surgical navigation for musculoskeletal procedures; LCDs/LCAs do not exist at this time ○ For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Computer-Assisted Surgical Navigation for Musculoskeletal Procedures</i> ○ After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines <p>Supporting Information</p> <ul style="list-style-type: none"> • Archived previous policy version MCS068.04

Instructions for Use

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 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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