

# Medical Policy

<b>Policy:</b>	<b>95029</b>	<b>Effective Date:</b>	<b>04/14/2026</b>
<b>SUBJECT:</b>	<b>Manipulation Under Anesthesia</b>	<b>Annual Review Date:</b>	<b>03/10/2026</b>
		<b>Last Revised Date:</b>	<b>03/10/2026</b>

**Some or all procedure codes listed in this Corporate Medical Policy may be considered experimental/investigational.**

**Definition:** Manipulation under anesthesia (MUA) is a treatment modality in which the targeted area is subjected to physical adjustment and manual stretching while the individual receives anesthesia (e.g., conscious sedation, general anesthesia). Manipulation under anesthesia has been utilized for treatment of isolated musculoskeletal conditions, such as adhesive capsulitis, chronic extremity contracture(s), closed treatment of displaced fractures, and joint dislocations.

Although manipulation under anesthesia has been proposed as a treatment modality for acute and chronic pain syndromes, published peer-reviewed studies have not convincingly demonstrated improved outcomes.

**Medical Necessity:** The Company considers manipulation under anesthesia (**CPT Codes 22505, 23700, 24300, 25259, 26340, 27570 and 27860**) **medically necessary** and eligible for reimbursement providing that *at least one* of the following medical criteria is met:

- Shoulder joint adhesive capsulitis (i.e., frozen shoulder) refractory ( $\geq 3$  months) to standard, conventional medical management (e.g., patient directed exercise), including pharmacologic therapy (e.g., nonsteroidal anti-inflammatory drugs, with or without articular or bursa injections) and physical therapy; or
- Arthrofibrosis of knee or elbow refractory ( $\geq 3$  months) to standard, conventional medical management (e.g., patient directed exercise), including pharmacologic therapy (e.g., nonsteroidal anti-inflammatory drugs) and physical therapy; or
- Chronic extremity contracture(s) refractory ( $\geq 6$  weeks) to standard, conventional medical management (i.e., physical therapy including a range of motion exercise program and/or physician directed exercise).

**Frequency limitations:** The Company considers a **single session** of manipulation under anesthesia **medically necessary** and eligible for reimbursement providing that medical criteria listed within the Corporate Medical Policy are met. Repeat treatment sessions will be subject to review for medical necessity.

The Company considers manipulation under anesthesia **investigational** and **not** eligible for reimbursement for *any* of the following:

- Multiple ( $\geq 2$ ) joint manipulations; or

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- Management of acute or chronic pain conditions involving **all** joints or combination of joints (**CPT Codes 21073, 22505, 23700, 24300, 25259, 26340, 27275, 27570 and 27860**), including but not limited to **any** of the following:
  - Ankle
  - Cervical, thoracic, or lumbar spine; or
  - Elbow; or
  - Fingers or thumb; or
  - Hand; or
  - Hip; or
  - Knee; or
  - Pelvis or sacroiliac joint; or
  - Shoulder; or
  - Temporomandibular joint; or
  - Toe; or
  - Wrist.

**CPT Codes 21073 and 27275 are considered not standard of care and not eligible for reimbursement.**

**NOTE: This Corporate Medical Policy does not apply to closed reduction of a fracture or joint dislocation.**

## **Documentation Requirements:**

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not standard of care, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

**NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.**

***Approval or clearance by the U.S. Food and Drug Administration alone is not a basis for coverage.***

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*Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.*

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## Sources of Information:

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<b>Applicable Code(s):</b>	
<b>CPT:</b>	<b>21073, 22505, 23700, 24300, 25259, 26340, 27275, 27570, 27860</b>
<b>HCPCS:</b>	N/A
<b>ICD10 Procedure Codes:</b>	N/A
<b>ICD10 Diagnosis Codes:</b>	<b>M24.511, M24.512, M24.521, M24.522, M24.531, M24.532, M24.541, M24.542, M24.561, M24.562, M24.571, M24.572, M24.574, M24.575, M75.01, M75.02, M24.661- M24.669, S13.20XA, S13.20XD, S13.29XA, S13.29XD</b>

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