

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	SPINAL MANIPULATION UNDER ANESTHESIA
Policy Number	7.01.76
Category	Therapy/Rehabilitation
Effective Date	04/19/07
Revised Date	04/17/08, 05/28/09, 05/27/10, 08/18/11, 07/19/12, 05/23/13, 6/21/18, 12/20/18
Archived Date	(05/22/14 – 6/21/18)
Edited Date	05/28/15, 05/25/16, 5/18/17
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

- I. Based upon our criteria and assessment of the peer-reviewed literature, manipulation under anesthesia (MUA) has been medically proven to be effective and therefore, **medically necessary** for the use of manipulation of the spine when the patient is either sedated or under general anesthesia, as a closed treatment of traumatically induced vertebral fracture or dislocation in an emergent situation to mitigate the potential for neurological compromise when the decision for an open reduction has been considered by a qualified physician.
- II. Based upon our criteria and the lack of peer-reviewed literature, manipulation under anesthesia (MUA) in the absence of traumatically induced vertebral fracture or dislocation and based on the lack of evidence of long term efficacy and safety, the use of manipulation of the spine under sedation or general anesthesia is considered **not medically necessary**.
- IV. Based upon our criteria and assessment of the peer-reviewed literature, manipulations performed in isolation without the patient participating in an active rehabilitation program in conjunction with a home exercise program is considered **not medically necessary**.

Refer to Corporate Medical Policy #10.01.02 regarding Chiropractic Care.

Refer to Corporate Medical Policy #11.01.03 regarding Experimental and Investigational Services.

POLICY GUIDELINES

- I. Manipulation under anesthesia should be performed in conjunction with an active rehabilitation/therapeutic exercise program.
- II. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION

MUA consists of a series of mobilization, stretching, and traction procedures performed while the patient receives anesthesia (usually general anesthesia or moderate sedation) and is intended to break up fibrous and scar tissue to relieve pain and improve range of motion. Anesthesia or sedation is used to reduce pain, spasm, and reflex muscle guarding that may interfere with the delivery of therapies and to allow the practitioner to break up joint and soft-tissue adhesions with less force than would be required to overcome patient resistance or apprehension.

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MUA has been proposed as a treatment modality for acute and chronic pain conditions, particularly of the spinal region, when standard care, including manipulation, and other conservative measures have been unsuccessful.

In spinal MUA, a low velocity/high amplitude technique may be used in contrast to the high velocity/low amplitude technique that is used in the typical spinal adjustment. A single session or multiple sessions of MUA may be followed by a series of outpatient sessions. In some instances the MUA may be accompanied by corticosteroid injections.

MUA is performed by chiropractors, physical therapists, physicians, or other health care providers who are licensed to perform the services. MUA is generally performed with an anesthesiologist in attendance.

RATIONALE

Scientific evidence regarding spinal manipulation under anesthesia, spinal manipulation with joint anesthesia, and spinal manipulation after epidural anesthesia and corticosteroid injection is limited to observational case series and nonrandomized comparative studies. Evidence regarding the efficacy of MUA over several sessions or for multiple joints is also lacking. Evidence is insufficient to determine whether MUA improves health outcomes; thus, it is considered investigational.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

CPT Codes

Code	Description
00640	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine
22505	Manipulation of spine requiring anesthesia, any region
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)

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HCPCS Codes

Code	Description
No code(s)	

ICD10 Codes

Code	Description
multiple	

REFERENCES

American Association of Manipulation Under Anesthesia Providers. Guidelines. Revised March 2012 [http://drcremata.com/research/62-american-association-of-manipulation-under-anesthesiaproviders] accessed 4/24/17

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*Key Article

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based on our review, manipulation under anesthesia is not addressed in National or Local Medicare coverage determinations or policies.