

# 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
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Product Disclaimer	<ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</li> <li>• 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.</li> </ul>

## POLICY STATEMENT

- I. Based upon our criteria and assessment of the peer-reviewed literature, spinal manipulation under anesthesia (MUA) has been medically proven to be effective and, therefore, is considered **medically appropriate** 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, spinal MUA, in the absence of traumatically induced vertebral fracture or dislocation, is considered **not medically necessary**.
- IV. Based upon our criteria and assessment of the peer-reviewed literature, spinal MUA 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.*

*This policy does not refer to manipulation under anesthesia for adhesive capsulitis/frozen shoulder or arthrofibrosis of the knee. Refer to nationally recognized InterQual standards for manipulation under anesthesia for adhesive capsulitis.*

## POLICY GUIDELINES

Manipulation under anesthesia should be performed in conjunction with an active rehabilitation/therapeutic exercise program.

## 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.

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.

*Proprietary Information of Univera Healthcare*

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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.

### 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

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#### HCPCS Codes

Code	Description
No code(s)	

#### ICD10 Codes

Code	Description
multiple	

### REFERENCES

BlueCross BlueShield Association. Manipulation under anesthesia for treatment of chronic spinal or pelvic pain. Medical Policy Reference Manual Policy #8.01.40. 2019 Apr 08.

Digiorgi D. Spinal manipulation under anesthesia: a narrative review of the literature and commentary. Chiropr Man Therap 2013 May 14;21(1):14.

Gordon R, et al. Guidelines for the practice and performance of manipulation under anesthesia. Chiro Man Ther 2014;22(1):7 [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3917622/>] accessed 11/13/19.

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National Academy of Manipulation under Anesthesia Physicians. Manipulation under anesthesia – national guidelines. 2002 [[http://muaonline.com/wp-content/uploads/2015/03/National\\_Guidelines\\_NAMUA.pdf](http://muaonline.com/wp-content/uploads/2015/03/National_Guidelines_NAMUA.pdf)] accessed 11/13/19.

\*Palmieri NF, et al. Chronic low back pain: A study of the effects of manipulation under anesthesia. J Manipulative Physiol Ther 2002 Oct;25(8):E8-17.

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Peterson CK, et al. Outcomes for chronic neck and low back pain patients after manipulation under anesthesia: a prospective cohort study. J Manipulative Physiol Ther 2014 Jul-Aug;37(6):377-82.

\*West DT, et al. Effective management of spinal pain in one hundred seventy-seven patients evaluated for manipulation under anesthesia. J Manipulative Physiol Ther 1999 Jun;22(5):299-308.

\*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.