



MASSACHUSETTS

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Medical Policy Manipulation under Anesthesia

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Policy Number: 483

BCBSA Reference Number: 8.01.40

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Spinal manipulation (and manipulation of other joints, e.g., hip joint, performed during the procedure) with the patient under anesthesia, spinal manipulation under joint anesthesia, and spinal manipulation after epidural anesthesia and corticosteroid injection are **INVESTIGATIONAL** for treatment of chronic spinal (cranial, cervical, thoracic, lumbar) pain, chronic sacroiliac, and pelvic pain.

Spinal manipulation and manipulation of other joints under anesthesia involving serial treatment sessions is **INVESTIGATIONAL**.

Manipulation under anesthesia involving multiple body joints is **INVESTIGATIONAL** for treatment of chronic pain.

Prior Authorization Information

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

Outpatient

| | |
|--|--------------------------------|
| Commercial Managed Care (HMO and POS) | This is not a covered service. |
| Commercial PPO and Indemnity | This is not a covered service. |
| Medicare HMO BlueSM | This is not a covered service. |
| Medicare PPO BlueSM | This is not a covered service. |

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following CPT code is considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

| CPT codes: | Code Description |
|------------|--|
| 22505 | Manipulation of spine requiring anesthesia, any region |

Description

Manipulation under anesthesia (MUA) consists of a series of mobilization, stretching, and traction procedures performed while the patient is under anesthesia (usually general anesthesia or moderate sedation).

Manipulation 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 therapist to break up joint and soft tissue adhesions with less force than would be required to overcome patient resistance or apprehension. Manipulation under anesthesia (MUA) is generally performed with an anesthesiologist in attendance. MUA is an accepted treatment for isolated joint conditions, such as arthrofibrosis of the knee and adhesive capsulitis. It is also used to treat (reduce) fractures (e.g., vertebral, long bones) and dislocations.

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. Manipulation has also been performed after injection of local anesthetic into lumbar zygapophyseal and/or sacroiliac joints under fluoroscopic guidance (manipulation under joint anesthesia/analgesia [MUJA]) and after epidural injection of corticosteroid and local anesthetic (manipulation postepidural injection [MUESI]). Spinal manipulation under anesthesia has also been combined with other joint manipulation during multiple sessions.

Summary

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.

Policy History

| Date | Action |
|----------------|--|
| 12/2015 | Added coding language. |
| 2/2015 | New references added from BCBSA National medical policy. |
| 3/2014 | New references added from BCBSA National medical policy. |
| 11/2011-4/2012 | Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements. |

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|--------|--|
| 6/2011 | Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements. |
| 1/2011 | BCBSA National medical policy review. Changes to policy statements. |
| 7/2010 | Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements. |
| 7/2010 | BCBSA National medical policy review. No changes to policy statements. |
| 7/2009 | Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements. |
| 6/2009 | BCBSA National medical policy review. No changes to policy statements. |
| 7/2008 | Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements. |
| 2/2008 | BCBSA National medical policy review. No changes to policy statements. |
| 7/2007 | Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements. |

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

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