

02-20000-34

Original Effective Date: 10/15/07

Reviewed: 04/28/22

Revised: 08/15/22

## Subject: Manipulation Under Anesthesia

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

<a href="#">Position Statement</a>	<a href="#">Billing/Coding</a>	<a href="#">Reimbursement</a>	<a href="#">Program Exceptions</a>	<a href="#">Definitions</a>	<a href="#">Related Guidelines</a>
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### DESCRIPTION:

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

### POSITION STATEMENT:

Manipulation under anesthesia (MUA) **meets the definition of medical necessity** for the following:

- Adhesive capsulitis (or frozen shoulder), defined by **ALL** of the following:
  - Refractory/progressive shoulder pain
  - Persistent limited glenohumeral motion resulting in functional limitations of activities of daily living not responsive to conservative management of at least 2 months duration, including:
    - Within the 2 month duration, the member must have tried and failed at least a 4-week course of physical therapy or occupational therapy with ROM exercises and other modalities to address the pain and functional limitation
    - A course of anti-inflammatory medications which could include oral prednisone and/or NSAIDs, unless contraindicated

- Consideration of intra-articular corticosteroid injection(s) in the glenohumeral joint, with or without radiologic guidance with consideration for post-injection physical therapy
- Limited motion, defined as at least a 50% reduction in both passive and active motion on the affected side, relative to the unaffected side
- Post-surgical arthrofibrosis of the knee, when **ALL** of the following are met:
  - Physical exam findings demonstrate inadequate range of motion of the knee, defined as less than 110 degrees of flexion
  - Failure to improve range of motion of the knee despite 6 weeks (12 visits) of documented physical therapy
  - Less than 12 weeks after ligamentous or joint reconstruction
- Post-surgical arthrofibrosis of joints other than the shoulder or knee, where there is significant decreased range of motion (ROM) unresponsive to conservative therapy, which included at least 6 weeks of physical therapy and appropriate splinting
- As a treatment modality for radiographically-confirmed joint dislocations at any joint

Spinal manipulation under anesthesia (SMUA) is considered **experimental or investigational**. There is insufficient evidence from the available peer-reviewed literature to conclude that spinal manipulation under anesthesia is an effective method of treatment for musculoskeletal problems.

Manipulation under anesthesia (MUA) performed for other joint disorders of the body (e.g. ankle; finger; hip joint; knee joint for any condition other than for the indications noted above; shoulder for any condition other than the indications noted above; spine; temporomandibular joint; toe; or wrist) is considered **experimental or investigational**, except for the treatment of radiographically-confirmed joint dislocations. There is insufficient published clinical evidence to support the safety and effectiveness of this method of treatment for these applications.

Spinal manipulation and manipulation of other joints under anesthesia involving serial treatment sessions is considered **experimental or investigational**. Available clinical evidence is insufficient to support effectiveness of MUA for this application.

Manipulation under anesthesia involving multiple body joints is considered **experimental or investigational** for treatment of chronic pain. There is insufficient published clinical evidence to support the safety and effectiveness of MUA involving multiple body joints concurrently.

### [LOINC Codes:](#)

The following information may be required documentation to support medical necessity: physician history and physical, physician treatment notes including documentation of failure conservative medical management, treatment plan, radiology and surgical reports, physical therapy notes (if applicable).

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0,	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician treatment/ visit notes including documentation of failure of conservative medical management	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Radiology study report	18726-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician operative note	28573-4	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy notes	28579-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

**BILLING/CODING INFORMATION:**

**CPT Coding:**

22505	Manipulation of the spine requiring anesthesia, any region ( <b>Investigational</b> )
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
24300	Manipulation, elbow, under anesthesia
25259	Manipulation, wrist, under anesthesia
26340	Manipulation, finger joint, under anesthesia, each joint
26675	Closed treatment of carpalmetacarpal dislocation, other than thumb, with manipulation, each joint, requiring anesthesia

26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)
27275	Manipulation, hip joint, requiring general anesthesia
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)

### **REIMBURSEMENT INFORMATION:**

Refer to section entitled [POSITION STATEMENT](#).

### **PROGRAM EXCEPTIONS:**

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Advantage products:** No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline review date.

### **DEFINITIONS:**

**Adhesive capsulitis:** Constant severe limitation of the range of motion of the shoulder due to scarring around the shoulder joint. Adhesive capsulitis is an unwanted consequence of rotator cuff disease – damage to the rotator cuff, the set of four tendons that stabilize the shoulder joint and help move the shoulder in diverse directions. Diabetes is also a risk factor for adhesive capsulitis. The affected joint is characteristically painful and tender to palpation. Physical therapy and corticosteroid injections (a "cortisone shot" into the joint) are often helpful. Surgery is reserved for more advanced cases.

**Appendicular:** relating to the limbs, as opposed to axial, which refers to the trunk and head.

**Arthrofibrosis:** internal scarring of the joint, with consequent stiffness.

**Dislocation:** a disturbance or disarrangement of the normal relation of the bones entering into the formation of a joint; incomplete dislocation may also be referred to as subluxation.

**Subluxation:** an incomplete dislocation where a relationship is altered, but contact between joint surfaces remains.

## **RELATED GUIDELINES:**

None applicable.

## **OTHER:**

None applicable.

## **REFERENCES:**

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### **COMMITTEE APPROVAL:**

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 04/28/22.

### **GUIDELINE UPDATE INFORMATION:**

10/15/07	New Medical Coverage Guideline.
03/25/08	Revisions consisting of removing "Spinal" from title, revision of position statement relating to spinal manipulation under anesthesia and manipulation under anesthesia for other joints, addition of CPT codes related to manipulation under anesthesia.
03/15/09	Scheduled review. No change in position statement. References updated.
03/15/10	Scheduled review; position statement revised to include post-surgical arthrofibrosis; coding section updated; references updated.
09/15/10	Revisions consisting of updating Position Statement regarding adhesive capsulitis and formatting changes.
03/15/11	Scheduled review; position statement unchanged; references updated.
09/15/11	Revision; formatting changes.
06/15/12	Position Statement revised to provide clarification of the coverage criteria; references updated; formatting changes.
09/15/13	Position Statement revised to add clarification regarding post surgical arthrofibrosis; Program Exceptions section updated; formatting changes.
04/15/14	Revision of Billing/Coding Information.
10/15/16	Formatting changes.
01/01/17	Annual CPT/HCPCS update. Added 27198. Deleted 27194.
07/15/18	Scheduled review. Revised description section and criteria for manipulation under anesthesia of the knee. Revised program exceptions section. Updated references.
07/15/19	Scheduled review. Maintained position statement and updated references.
07/15/20	Scheduled review. Maintained position statement and updated references.
11/15/20	Revision, added clarifying language for conservative therapy related to adhesive capsulitis (frozen shoulder).
05/15/22	Scheduled review. Revised description and CPT coding. Maintained position statement and updated references.
08/15/22	Revision of Billing/Coding Information.