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## Subject: Manipulation Under Anesthesia

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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.

### DESCRIPTION:

Manipulation under anesthesia (MUA) refers to the use of a variety of non-invasive manual techniques to adjust the spinal column and/or joints. Its intent is to improve range of motion, stretch and relax connective tissue and muscles, and/or break up adhesions or fibrotic tissue. It may be performed under general anesthesia or sedation.

### POSITION STATEMENT:

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

- 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. Conservative management includes, but is not limited to:
    - 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.

**\*NOTE:** This guideline does not apply to manipulation of the hand/fingers with or without local anesthesia following the injection of collagenase clostridium histolyticum (Xiaflex®) for the treatment of Dupuytren's contracture (CPT 26341).

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:**

00640	Anesthesia for spinal manipulation or other closed procedures on the cervical, thoracic or lumbar spine
22505	Manipulation of the spine requiring anesthesia, any region
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 carpometacarpal 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:**

The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date:  
Manipulation Under Anesthesia (L33594), located at fcso.com

### **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:

1. Adhesive Capsulitis in Physical Medicine and Rehabilitation. Author/Co-Authors: Andre Roy, MD, et al. Chief Editor, Rene Cailliet, MD. Updated: Jan 18, 2012. Medscape 326828. Accessed 04/30/12.
2. American Academy of Orthopaedic Surgeons. Frozen shoulder. (Last reviewed 01/11).
3. American Academy of Orthopedic Surgeons (AAOS) (website) OrthoInfo on Dupuytren's contractures. Accessed 08/07/13.
4. American Chiropractic Association 2006 House of Delegates Meeting – Resolutions; Manipulation Under Anesthesia (MUA). Accessed 02/03/10.
5. American Chiropractic Association current policies, Manipulation Under Anesthesia (MUA). Accessed 02/03/10.
6. American Chiropractic Association Guide for Insurance Professionals. Accessed 02/03/10.
7. American College of Occupational and Environmental Medicine practice guidelines, (2004).
8. American Medical Association CPT Coding (current edition).
9. American Society of Anesthesiologists. ASA Newsletter, Spinal Manipulation Under Anesthesia/Sedation, (01/05). Accessed 02/03/10.
10. Blue Cross Blue Shield Association Medical Policy Reference Manual. 8.01.40 Manipulation Under Anesthesia (May 2019).
11. Center for Medicare and Medicaid Services (CMS), Medicare General Information, Eligibility, and Entitlement Manual, Publication 100-01, Section 5 – Definitions (03/06/09)
12. ClinicalTrials.gov. Safety and Efficacy of Delayed Manipulation After Xiaflex Treatment in Subjects With Dupuytren's Contracture. ClinicalTrials.gov Identifier: NCT01226121. Accessed 08/07/13.
13. Coding Companion for Orthopaedics – Upper: Spine and Above, (current edition).
14. Cremata E, Collins S, Clauson W, Solinger A, Roberts E. Manipulation Under Anesthesia: A report of four cases. J of Manipulative and Physiological Therapeutics. Vol 28, 7 (09/05).
15. Dagenais S, Mayer J, Wooley JR, Haldeman S. Evidence-informed management of chronic low back pain with medicine-assisted manipulation. Spine J 2008 Jan-Feb;8(1): 142-9.
16. ECRI Windows on Technology, Manipulation Under Anesthesia for Low-back Pain, (02/03; updated 09/12/07).
17. First Coast Service Options (FCSO) Local Carrier Determination (LCD) for Manipulation Under Anesthesia (L30572) (01/25/10).
18. First Coast Service Options (FCSO) Local Carrier Determination (LCD) 6026 Chiropractic Services (03/15/12).
19. Florida Board of Chiropractic Medicine; Perspective from the Chair. Manipulation Under Anesthesia (MUA) and Laser Therapies. (10/07).
20. Florida State Statutes for Chiropractic Medicine (Chapter 460) and Osteopathic Medicine (Chapter 459).
21. Gordon R. Manipulation Under Anesthesia: What Constitutes Credibility? Dynamic Chiropractic; Vol 19, 2 (01/15/01).
22. Greenman, PE. Manipulation with the patient under anesthesia. J Am Osteopath Assoc 1992 Sept; 92(9): 1159-60, 1167-70.
23. Guidelines for Chiropractic Quality Assurance and Practice Parameters, The Mercy Conference; Major Recommendations, (1993; reaffirmed 1999).

24. Hayes Brief; Technology at a Glance. "Spinal Manipulation Under Anesthesia for the Treatment of Pain", (12/30/07).
25. International MUA Academy of Physicians. An Overview of Manipulation Under Anesthesia (MUA) 2005.
26. Manske RC, Prohaska D. Diagnosis and management of adhesive capsulitis. Curr Rev Musculoskelet Med (2008) 1:180–189.
27. Nadler, Scott F DO. Nonpharmacologic Management of Pain. Journal of the American Osteopathic Association (JAOA). Vol 104; No 11; Nov 2004.
28. National Academy of Manipulation Under Anesthesia Physicians National Guidelines Accessed 08/07/13.
29. National Imaging Associates, Inc. Knee Arthroscopy; Open, Non-Arthroplasty Knee Repair & Manipulation Procedures Clinical Guideline, 2018.
30. National Imaging Associates, Inc. Knee Arthroscopy and Open, Non-Arthroplasty Knee Repair Clinical Guideline, 2019.
31. Work Loss Data Institute. Shoulder (acute & chronic). 2008.
32. World Chiropractic Alliance Position on The Guidelines for Chiropractic Quality Assurance and Practice parameters (Mercy Guidelines). Accessed 01/13/09 at website.

### **COMMITTEE APPROVAL:**

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 06/27/19.

### **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.

