MEDICAL POLICY

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MEDICAL POLICY DETAILS	
Medical Policy Title	**Spinal Manipulation Under Anesthesia**
Policy Number	**7.01.76**
Category	**Contract Clarification**
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Product Disclaimer	• *Services are contract dependent; 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 or Child Health Plus product), medical policy criteria apply to the benefit.* • *If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.* • *If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) 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.* • *If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.*

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** in an emergent situation, as a closed treatment of traumatically induced vertebral fracture or dislocation, to mitigate the potential for neurological compromise when the patient is either sedated or under general anesthesia, and the decision for an open reduction has been considered by a qualified physician.

II. Based upon our criteria and assessment of peer-reviewed literature, spinal MUA in the absence of traumatically induced vertebral fracture or dislocation is considered **not medically necessary.**

III. 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 Chiropractic Care

This policy does not address manipulation under anesthesia for adhesive capsulitis/frozen shoulder or arthrofibrosis of the knee.

POLICY GUIDELINE

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.

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 non-randomized comparative studies (Peterson et al., 2014; Kohlbeck et al., 2005; Dougherty et al., 2004; West et al., 1999), one narrative review of outcomes indicators and a risk classification (Digiorgi et al., 2018), and one comprehensive review of the literature (Digiorgi et al., 2013). 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.

In 2020, the American College of Occupational and Environmental Medicine's (ACOEM) published a summary of recommendations for low back disorders, Low Back Disorders Guideline (Hegmann et al., 2020). Based on a systematic review of the literature, the evidence-based guidelines include 121 specific recommendations to provide health care providers with evidence-based guidance for management of low back disorders among working-age adults. Specific to spinal MUA, based on a lack of quality published literature the ACOEM does not recommended spinal MUA for treatment of acute, subacute, or chronic lower back pain.

In 2014 the American Association of Manipulation Under Anesthesia Providers (AAMUAP), a multidisciplinary panel of MUA experts, developed a set of guidelines for the practice, and educational parameters for MUA (Gordon et al, 2014). The panel concluded that MUA does not have the unequivocal support for effectiveness and efficacy that would be provided by multiple randomized controlled trials and meta-analyses. If proven alternatives that addressed these same conditions were available, other choices would be recommended prior to considering MUA. However, there is a fair amount of lower-level evidence to the safety and efficacy of this procedure. In the absence of strong evidence, this guideline was designed to provide recommendations on best practices of MUA.

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.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

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

HCPCS Codes

Code	Description
No code(s)	

ICD10 Codes

Code	Description
Multiple codes	

REFERENCES

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*Gordon R, et al. Guidelines for the practice and performance of manipulation under anesthesia. Chiro Man Ther 2014;22(1):7. PMID: 24490957

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*Kohlbeck FJ, et al. Medication-assisted spinal manipulation. Spine J 2002 Jul-Aug;2(4):288-302.

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] accessed 11/12/24.

*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.

*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 Regional Medicare coverage determinations or policies.