



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Medical Policy

Manipulation under Anesthesia

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)
- [Endnotes](#)

Policy Number: 483

BCBSA Reference Number: 8.01.40 (For Plan internal use only)

NCD/LCD: NA

Related Policies

None

Policy

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

Spinal Manipulation

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

Manipulation under Anesthesia for Treatment of Adhesive Capsulitis of the Shoulder¹

Shoulder manipulation under anesthesia is considered **MEDICALLY NECESSARY** for the treatment of adhesive capsulitis when **ALL** of the following criteria are met:

1. Pain and stiffness with limited range of motion which significantly interfere with activities of daily living.
2. Other etiologies of shoulder pain have been excluded by clinical history, physical exam, and appropriate imaging studies (e.g., plain films to exclude significant glenohumeral osteoarthritis).
3. Failure of a conservative treatment regimen, including acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs), and/or oral corticosteroids for at least 3 weeks; physical therapy/home exercise program for at least 6 weeks; and an intra-articular corticosteroid injection.

Shoulder manipulation under anesthesia in other circumstances except as noted above is considered **INVESTIGATIONAL**.

Shoulder manipulation under anesthesia involving serial treatment sessions is considered **INVESTIGATIONAL**.

Manipulation under Anesthesia for Treatment of Stiffness After Total Knee Arthroplasty¹

Knee manipulation under anesthesia is considered **MEDICALLY NECESSARY** for the treatment of arthrofibrosis following total knee arthroplasty (or anterior cruciate ligament reconstruction) when **ALL** of the following criteria are met:

1. Pain and stiffness with limited range of motion which significantly interfere with activities of daily living.
2. Other etiologies of knee pain/stiffness have been excluded by clinical history, physical exam, and appropriate imaging studies (e.g., malpositioned/incorrectly sized arthroplasty components).
3. Failure of a conservative treatment regimen, including acetaminophen and/or nonsteroidal anti-inflammatory drugs (NSAIDs) for at least 3 weeks and physical therapy/home exercise program for at least 6 weeks.

The manipulation under anesthesia, if necessary, should be performed ideally within 3 months of the initial total knee arthroplasty.

Manipulation under anesthesia is considered **MEDICALLY NECESSARY** for the treatment of displaced fractures and joint dislocations.

Knee manipulation under anesthesia in other circumstances except as noted above is considered **INVESTIGATIONAL**.

Knee manipulation under anesthesia involving serial treatment sessions is considered **INVESTIGATIONAL**.

For Treatment of Other Joints

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

Manipulation under anesthesia involving other joints is considered **INVESTIGATIONAL** for treatment of chronic pain.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is <u>not required</u> .
Commercial PPO and Indemnity	Prior authorization is <u>not required</u> .
Medicare HMO BlueSM	Prior authorization is <u>not required</u> .
Medicare PPO BlueSM	Prior authorization is <u>not required</u> .

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

The above **medical necessity criteria MUST** be met for the following codes to be covered for **Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:**

CPT Codes

CPT codes:	Code Description
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT codes above if **medical necessity criteria** are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
M75.00	Adhesive capsulitis of unspecified shoulder
M75.01	Adhesive capsulitis of right shoulder
M75.02	Adhesive capsulitis of left shoulder

The above **medical necessity criteria MUST** be met for the following codes to be covered for **Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:**

CPT Codes

CPT codes:	Code Description
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT codes above if **medical necessity criteria** are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
M24.661	Ankylosis, right knee
M24.662	Ankylosis, left knee
M24.669	Ankylosis, unspecified knee

Description

Manipulation Under Anesthesia

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 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.

Manipulation under anesthesia has been proposed as a treatment modality for acute and chronic pain conditions, particularly of the spine, when standard care, including manipulation, and other conservative measures have failed. Manipulation under anesthesia of the spine has been used in various forms since the 1930s. Complications from general anesthesia and forceful long-lever, high-amplitude nonspecific manipulation procedures led to decreased use of the procedure in favor of other therapies. Manipulation under anesthesia was modified and revived in the 1990s. This revival has been attributed to increased interest in spinal manipulative therapy and the advent of safer, shorter-acting anesthesia agents used for conscious sedation.

Manipulation Under Anesthesia Administration

Manipulation under anesthesia of the spine is described as follows: after sedation, a series of mobilization, stretching, and traction procedures to the spine and lower extremities are performed and may include passive stretching of the gluteal and hamstring muscles with straight-leg raise, hip capsule stretching and mobilization, lumbosacral traction, and stretching of the lateral abdominal and paraspinal muscles. After the stretching and traction procedures, spinal manipulative therapy is delivered with high-velocity, short-amplitude thrust applied to a spinous process by hand, while the upper torso and lower extremities are stabilized. Spinal manipulative therapy may also be applied to the thoracolumbar or cervical area when necessary to address low back pain.

Manipulation under anesthesia takes 15 to 20 minutes, and after recovery from anesthesia, the patient is discharged with instructions to remain active and use heat or ice for short-term analgesic control. Some practitioners recommend performing the procedure on three or more consecutive days for best results. Care after manipulation under anesthesia may include four to eight weeks of active rehabilitation with manual therapy, including spinal manipulative therapy and other modalities. Manipulation has also been performed after injection of local anesthetic into lumbar zygapophyseal (facet) and/or sacroiliac joints under fluoroscopic guidance (manipulation under joint anesthesia/analgesia) and after epidural injection of corticosteroid and local anesthetic (manipulation postepidural injection). Spinal manipulation under anesthesia has also been combined with other joint manipulation during multiple sessions. Together, these therapies may be referred to as medicine-assisted manipulation.

Summary

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

For individuals who have chronic spinal, sacroiliac, or pelvic pain who receive manipulation under anesthesia, the evidence includes case series, observational studies, and nonrandomized comparative studies. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Scientific evidence on spinal manipulation under anesthesia, spinal manipulation with joint anesthesia, and spinal manipulation after epidural anesthesia and corticosteroid injection is very limited. No randomized controlled trials have been identified. Evidence on the efficacy of manipulation under anesthesia over several sessions or for multiple joints is also lacking. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Policy History

Date	Action
6/2022	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
6/2021	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
11/2020	New medically necessary indications described for Treatment of Adhesive Capsulitis of the Shoulder and for Treatment of Stiffness after Total Knee Arthroplasty based on expert opinion. Clarified coding information. Effective 11/1/2020.
6/2020	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
5/2019	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
12/2015	Added coding language.
2/2015	Annual policy review. New references added.
3/2014	Annual policy review. New references added.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
6/2011	Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements.
1/2011	Annual policy review. Changes to policy statements.
7/2010	Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements.
7/2010	Annual 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	Annual 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	Annual 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

1. Farrar JT, Young JP, LaMoreaux L et al. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. *Pain*. 2001 Nov;94(2). PMID 11690728
2. Palmieri NF, Smoyak S. Chronic low back pain: a study of the effects of manipulation under anesthesia. *J Manipulative Physiol Ther*. Oct 2002;25(8):E8-E17. PMID 12381983
3. Hurst H, Bolton J. Assessing the clinical significance of change scores recorded on subjective outcome measures. *J Manipulative Physiol Ther*. 2004 Jan;27(1). PMID 14739871
4. Dagenais S, Mayer J, Wooley JR, et al. Evidence-informed management of chronic low back pain with medicine- assisted manipulation. *Spine J*. Jan-Feb 2008;8(1):142-149. PMID 18164462
5. Digiorgi D. Spinal manipulation under anesthesia: a narrative review of the literature and commentary. *Chiropr Man Therap*. May 14 2013;21(1):14. PMID 23672974
6. Kohlbeck FJ, Haldeman S, Hurwitz EL, et al. Supplemental care with medication-assisted manipulation versus spinal manipulation therapy alone for patients with chronic low back pain. *J Manipulative Physiol Ther*. May 2005;28(4):245-252. PMID 15883577

7. Peterson CK, Humphreys BK, Vollenweider R, et al. Outcomes for chronic neck and low back pain patients after manipulation under anesthesia: a prospective cohort study. *J Manipulative Physiol Ther.* Jul-Aug 2014;37(6):377- 382. PMID 24998720
8. West DT, Mathews RS, Miller MR, et al. Effective management of spinal pain in one hundred seventy-seven patients evaluated for manipulation under anesthesia. *J Manipulative Physiol Ther.* Jun 1999;22(5):299-308. PMID 10395432
9. Dougherty P, Bajwa S, Burke J, et al. Spinal manipulation postepidural injection for lumbar and cervical radiculopathy: a retrospective case series. *J Manipulative Physiol Ther.* Sep 2004;27(7):449-456. PMID 15389176
10. Dreyfuss P, Michaelsen M, Horne M. MUJA: manipulation under joint anesthesia/analgesia: a treatment approach for recalcitrant low back pain of synovial joint origin. *J Manipulative Physiol Ther.* Oct 1995;18(8):537- 546. PMID 8583177
11. Michaelsen MR. Manipulation under joint anesthesia/analgesia: a proposed interdisciplinary treatment approach for recalcitrant spinal axis pain of synovial joint origin. *J Manipulative Physiol Ther.* Feb 2000;23(2):127-129. PMID 10714542
12. Gordon R, Cremata E, Hawk C. Guidelines for the practice and performance of manipulation under anesthesia. *Chiropr Man Therap.* Feb 03 2014;22(1):7. PMID 24490957

Treatment of Adhesive Capsulitis of the Shoulder

1. Rendeiro D, Deyle G, Gill N. Effectiveness of translational manipulation under interscalene block for the treatment of adhesive capsulitis of the shoulder: A nonrandomized clinical trial. *Physiother Theory Pract.* 2019 Aug;35(8):703-723. *Clinical Trial*
2. Mun S, Baek C. Clinical efficacy of hydrodistention with joint manipulation under interscalene block compared with intra-articular corticosteroid injection for frozen shoulder: a prospective randomized controlled study. *J Shoulder Elbow Surg.* 2016 Dec;25(12):1937-1943. *Clinical Trial*

Treatment of Stiffness After Total Knee Arthroplasty

3. Gu A, Michalak AJ, Cohen JS. Efficacy of Manipulation Under Anesthesia for Stiffness Following Total Knee Arthroplasty: A Systematic Review. *J Arthroplasty.* 2018 May;33(5):1598-1605.
4. Issa K, Pierce TP, Brothers A. What Is the Efficacy of Repeat Manipulations Under Anesthesia to Treat Stiffness Following Primary Total Knee Arthroplasty? *Surg Technol Int.* 2016 Apr;28:236-41. *Clinical Trial*
5. Yeoh D, Nicolaou N, Goddard R. Manipulation under anaesthesia post total knee replacement: long term follow up. *Knee.* 2012 Aug;19(4):329-31.
6. Issa K, Banerjee S, Kester MA. The effect of timing of manipulation under anesthesia to improve range of motion and functional outcomes following total knee arthroplasty. *J Bone Joint Surg Am.* 2014 Aug 20;96(16):1349-57
7. Dzaja I, Vasarhelyi EM, Lanting BA. Knee manipulation under anaesthetic following total knee arthroplasty: a matched cohort design. *Bone Joint J.* 2015 Dec;97-B (12):1640-4.
8. Pivec R, Issa K, Kester M. Long-term outcomes of MUA for stiffness in primary TKA. *J Knee Surg.* 2013 Dec;26(6):405-10.

Endnotes

¹ Based on expert opinion