



## Corporate Medical Policy

# Spinal Manipulation under Anesthesia

**File Name:** spinal\_manipulation\_under\_anesthesia  
**Policy Number:** OTH8150  
**Origination:** 5/1998  
**Last Review:** 9/2005

**Active policy, no longer scheduled for routine literature review.**

### Description of Procedure or Service

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In the upper and lower extremities, manipulation with the patient under anesthesia (MUA) may be performed as a treatment of arthrofibrosis (an inflammatory condition that causes decreased motion), particularly of the shoulder (i.e., frozen shoulder) or knee. In the spine, manipulation under anesthesia may be performed as a closed treatment of vertebral fracture or dislocation. This policy does not address the treatment of vertebral fractures or dislocations. In the absence of vertebral fracture or dislocation, MUA, performed either with the patient sedated or under general anesthesia, is thought to eliminate involuntary muscle activity and associated resistance which may have limited the success of prior attempts of spinal manipulation or adjustment in the conscious patient. Spinal manipulation under anesthesia is a non-invasive means of manually adjusting a patient's spine while the patient is anesthetized. This is considered an alternative to managing low back pain. In 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 of MUA may be offered, followed by a series of outpatient sessions, or a series of up to 5 sessions of MUA may be offered, also followed by outpatient sessions. In some instances the MUA may be accompanied by corticosteroid injections.

### Policy

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**BCBSNC does not cover Spinal Manipulation under Anesthesia because it is considered investigational. Scientific literature review does not substantiate the effectiveness of using anesthesia in conjunction with spinal manipulation. BCBSNC does not cover investigational services.**

**This policy does NOT address the treatment of vertebral fractures or dislocations by spinal MUA.**

### Benefits Application

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Please refer to certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

### When Spinal Manipulation Under Anesthesia is covered

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Not applicable

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## Policy: Spinal Manipulation under Anesthesia

### When Spinal Manipulation Under Anesthesia is not covered

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Spinal manipulation under anesthesia, in the absence of vertebral fracture or dislocation, is considered investigational. BCBSNC does not cover investigational services.

### Policy Guidelines

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#### Dislocation versus Subluxation

Spinal manipulation under anesthesia is frequently performed for chronic low back pain related to subluxation, considered investigational, according to the above policy; therefore, a distinction must be made between subluxation and dislocation. According to the chiropractic literature, a subluxation can be defined as a restriction or loss of normal range of motion of the joint causing dysfunction of the spinal motion segment or peripheral joints. A dislocation can be defined as a disruption in the joint integrity. Typically, a subluxation cannot be detected with imaging studies, while a dislocation can.

#### Coding Issues

CPT code 22505 explicitly identifies spinal manipulation under anesthesia. According to the *CPT Assistant*, codes having the descriptor "requiring anesthesia" mean requiring general anesthesia. Therefore, use of CPT code 22505 in conjunction with conscious sedation or regional anesthesia is an inappropriate use of the code. In these instances CPT codes for chiropractic manipulative treatment (98940-98942) may be used.

### Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable code(s): 22505, 00640*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

### Policy Key Words

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Key Words: Spinal Manipulation, Spinal Manipulation under Anesthesia, MUA, Spinal MUA, OTH8150

### Medical Term Definitions

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Not applicable

### Scientific Background and Reference Sources

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Physician Advisory Group, 4/25/96

Consultant Review, 4/96

MPAG, 11/98

## **Policy: Spinal Manipulation under Anesthesia**

Medical Policy Advisory Group - 12/99  
Specialty Matched Consultant Review - 7/20/2001  
BCBSA Medical Policy Reference Manual 8.01.40; 5/15/02  
Specialty Matched Consultant Review - 8/2003  
BCBSA Medical Policy Reference Manual 8.01.40; 10/9/03  
BCBSA Medical Policy Reference Manual 8.01.40; 3/15/05  
Specialty Matched Consultant Review - 9/2005  
BCBSA Medical Policy Reference Manual 8.01.40; 3/7/06  
Medical Director Review - 7/2007

### **Policy Implementation/Update Information**

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5/18/96 Original process to deny anesthesia services related to spinal manipulation as investigational was recommended by the Physician Advisory Group 4/25/96 and implemented via the claims system.

5/20/98 Policy developed.

9/2/98 Reviewed for clarification. Changed policy to reflect that anesthesia used in spinal manipulation is investigational.

6/99 Reformatted, Description of Procedure or Service revised, Medical Term Definitions added.

12/99 Medical Policy Advisory Group

10/00 System coding changes.

9/01 Specialty Matched Consultant Review. No change in policy.

8/02 Scientific Background and Reference Sources added. System coding change. Billing and Coding section clarified.

10/03 Specialty Matched Consultant Review 8/2003. "Description of Procedure" section revised for clarity. Under "Policy" section, added statement that this policy does not address the treatment of vertebral fractures or dislocations by spinal MUA. "Benefits Application" section revised. Under "When not covered" section, revised to state "Spinal manipulation under anesthesia, in the absence of vertebral fracture or dislocation, is considered investigational. BCBSNC does not cover investigational services." Policy guidelines added. CPT code 00640 added to Billing/Coding section.

10/8/05 Specialty Matched Consultant Review - 9/14/05. No change in policy.

8/27/07 "Description" section revised. "Policy Guidelines" added to clarify dislocation versus subluxation. Reviewed policy on 7/19/2007 with Medical Director and policy status changed to: "Active policy, no longer scheduled for routine literature review." since there have been no changes in the policy statement. Reference Sources added.

## **Policy: Spinal Manipulation under Anesthesia**

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.