



# Louisiana

## Manipulation Under Anesthesia

**Policy #** 00313

**Original Effective Date:** 09/14/2011

**Current Effective Date:** 05/11/2020

*Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.*

## Services Are Considered Investigational

*Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.*

Based on review of available data, the Company considers spinal manipulation (and manipulation of other joints, e.g., hip joint, performed during the procedure) with the patient under anesthesia, spinal manipulation under joint anesthesia, and spinal manipulation after epidural anesthesia and corticosteroid injection for treatment of chronic spinal (cranial, cervical, thoracic, lumbar) pain and chronic sacroiliac and pelvic pain to be **investigational**.\*

Based on review of available data, the Company considers spinal manipulation and manipulation of other joints under anesthesia involving serial treatment sessions to be **investigational**.\*

Based on review of available data, the Company considers manipulation under anesthesia (MUA) involving multiple body joints for treatment of chronic pain to be **investigational**.\*

*Note: This policy does not address manipulation under anesthesia for fractures, completely dislocated joints, adhesive capsulitis (e.g., frozen shoulder), and/or fibrosis of a joint that may occur following total joint replacement.*

## Policy Guidelines

This policy does not address manipulation under anesthesia for fractures, completely dislocated joints, adhesive capsulitis (eg, frozen shoulder), and/or fibrosis of a joint that may occur following total joint replacement.

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## **Background/Overview**

### **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. MUA is generally performed with an anesthesiologist in attendance. MUA 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.

MUA 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. MUA of the spine has been used in various forms since the 1930's. 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. MUA was modified and revived in the 1990's. 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.

### **MUA Administration**

MUA 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.

MUA 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 MUA 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

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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 MUA has also been combined with other joint manipulation during multiple sessions. Together, these therapies may be referred to as medicine-assisted manipulation.

This review does not address MUA for fractures, completely dislocated joints, adhesive capsulitis (eg, frozen shoulder), and/or fibrosis of a joint that may occur following total joint replacement.

## **FDA or Other Governmental Regulatory Approval**

### **U.S. Food and Drug Administration (FDA)**

Manipulative procedures are not subject to regulation by the U.S. Food and Drug Administration.

## **Rationale/Source**

Manipulation under anesthesia (MUA) 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 MUA, the evidence includes case series and nonrandomized comparative studies. The relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Scientific evidence on spinal MUA, 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 MUA over several sessions or for multiple joints is also lacking. The evidence is insufficient to determine the effects of the technology on health outcomes.

## **Supplemental Information**

### **Clinical Input From Physician Specialty Societies and Academic Medical Centers**

While the various physician specialty societies and academic medical centers may collaborate with and make recommendations during this process, through the provision of appropriate reviewers, input received does not represent an endorsement or position statement by the physician specialty societies or academic medical centers, unless otherwise noted.

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In response to requests, input was received from 2 physician specialty societies and 4 academic medical centers while this policy was under review in 2009. Input from the seven reviewers agreed that manipulation under anesthesia for chronic spinal and pelvic pain is investigational.

### **Practice Guidelines and Position Statements**

#### **American Association of Manipulation Under Anesthesia Providers**

The American Association of Manipulation Under Anesthesia Providers (2014) published consensus-based guidelines for the practice and performance of manipulation under anesthesia (MUA). The guidelines included patient selection criteria, establishing medical necessity, frequency and follow-up procedures, parameters for determining MUA progress, general post-MUA therapy, and safety. The guidelines recommended three consecutive days of treatment, based on the premise that serial procedures allow a gentler yet effective treatment plan with better control of biomechanical force. The guidelines also recommended follow-up therapy without anesthesia over eight weeks after MUA that includes all fibrosis release and manipulative procedures performed during the MUA procedure to help prevent re-adhesion.

#### **American Academy of Osteopathy**

The American Academy of Osteopathy (2005) published a consensus statement on osteopathic manipulation of somatic dysfunction under anesthesia and conscious sedation. The Academy stated that MUA “may be appropriate in cases of restrictions and abnormalities of function. These include recurrent muscle spasm, range of motion restrictions, persistent pain secondary to injury and/or repetitive motion trauma.... In general, MUA is limited to patients who have somatic dysfunction which:

1. has failed to respond to conservative treatment in the office or hospital that has included the use of OMT [osteopathic manipulative therapy], physical therapy and medication, and/or
2. is so severe that muscle relaxant medication, anti-inflammatory medication or analgesic medications are of little benefit, and/or
3. results in biomechanical impairment which may be alleviated with use of the procedure.”

#### **U.S. Preventive Services Task Force Recommendations**

Not applicable.

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### **Medicare National Coverage**

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

### **Ongoing and Unpublished Clinical Trials**

A search of [ClinicalTrials.gov](http://ClinicalTrials.gov) in March 2019 did not identify any ongoing or unpublished trials that would likely influence this review.

## **References**

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10. 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.
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### **Policy History**

Original Effective Date: 09/14/2011

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- 09/01/2011 Medical Policy Committee review
- 09/14/2011 Medical Policy Implementation Committee approval. New policy.
- 12/08/2011 Medical Policy Committee review
- 12/21/2011 Medical Policy Implementation Committee approval. Added disclaimer.
- 12/06/2012 Medical Policy Committee review
- 12/19/2012 Medical Policy Implementation Committee approval. No change to coverage.
- 12/12/2013 Medical Policy Committee review
- 12/18/2013 Medical Policy Implementation Committee approval. No change to coverage.
- 04/02/2015 Medical Policy Committee review
- 04/20/2015 Medical Policy Implementation Committee approval. No change to coverage.
- 08/03/2015 Coding update: ICD10 Diagnosis code section added; ICD9 Procedure code section removed
- 04/07/2016 Medical Policy Committee review
- 04/20/2016 Medical Policy Implementation Committee approval. No change to coverage.
- 01/01/2017 Coding update: Removing ICD-9 Diagnosis Codes
- 04/06/2017 Medical Policy Committee review
- 04/19/2017 Medical Policy Implementation Committee approval. No change to coverage.
- 04/05/2018 Medical Policy Committee review
- 04/18/2018 Medical Policy Implementation Committee approval. No change to coverage.
- 04/04/2019 Medical Policy Committee review
- 04/24/2019 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- 04/02/2020 Medical Policy Committee review
- 04/08/2020 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

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### **Coding**

*The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)‡, copyright 2019 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.*

*The responsibility for the content of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines is with Blue Cross and Blue Shield of Louisiana and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.*

CPT is a registered trademark of the American Medical Association.

Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	00640, 22505, 23655, 24300, 27275
HCPCS	No codes
ICD-10 Diagnosis	All related diagnoses

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\*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
  1. Consultation with the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated technology evaluation center(s);
  2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
  3. Reference to federal regulations.

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**NOTICE:** If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

**NOTICE:** Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

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