

Medical Policy

Policy: 95029

Initial Effective Date: 10/02/1995

SUBJECT: Manipulation Under Anesthesia

Annual Review Date: 05/26/2023

Last Revised Date: 05/26/2023

Some or all procedure codes listed in this Corporate Medical Policy may be considered experimental/investigational.

Definition: Manipulation under anesthesia (MUA) is a treatment modality in which the targeted area is subjected to physical adjustment and manual stretching while the individual receives anesthesia (e.g., conscious sedation, general anesthesia). Manipulation under anesthesia has been utilized for treatment of isolated musculoskeletal conditions, such as adhesive capsulitis, chronic extremity contracture(s), closed treatment of displaced fractures, and joint dislocations.

Although manipulation under anesthesia has been proposed as a treatment modality for acute and chronic pain syndromes, published peer-reviewed studies have not convincingly demonstrated improved outcomes.

Medical Necessity: The Company considers manipulation under anesthesia (**CPT Codes 22505, 23700, 24300, 25259, 26340, 27570 and 27860**) **medically necessary** and eligible for reimbursement providing that *at least one* of the following medical criteria is met:

- Shoulder joint adhesive capsulitis (i.e., frozen shoulder) refractory (≥ 3 months) to standard, conventional medical management (e.g., patient directed exercise), including pharmacologic therapy (e.g., nonsteroidal anti-inflammatory drugs, with or without articular or bursa injections) and physical therapy; or
- Arthrofibrosis of knee refractory (≥ 3 months) to standard, conventional medical management (e.g., patient directed exercise), including pharmacologic therapy (e.g., nonsteroidal anti-inflammatory drugs) and physical therapy; or
- Chronic extremity contracture(s) refractory (≥ 6 weeks) to standard, conventional medical management (i.e., physical therapy including a range of motion exercise program and/or physician directed exercise).

Frequency limitations: The Company considers a **single session** of manipulation under anesthesia **medically necessary** and eligible for reimbursement providing that medical criteria listed within the Corporate Medical Policy are met. Repeat treatment sessions will be subject to review for medical necessity.

The Company considers manipulation under anesthesia **investigational** and **not** eligible for reimbursement for *any* of the following:

- Multiple (≥ 2) joint manipulations; or

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- Management of acute or chronic pain conditions involving **all** joints or combination of joints (**CPT Codes 21073, 22505, 23700, 24300, 25259, 26340, 27275, 27570 and 27860**), including but not limited to **any** of the following:
 - Ankle
 - Cervical, thoracic, or lumbar spine; or
 - Elbow; or
 - Fingers or thumb; or
 - Hand; or
 - Hip; or
 - Knee; or
 - Pelvis or sacroiliac joint; or
 - Shoulder; or
 - Temporomandibular joint; or
 - Toe; or
 - Wrist.

CPT Codes 21073 and 27275 are considered not medically necessary and not eligible for reimbursement.

NOTE: This Corporate Medical Policy does not apply to closed reduction of a fracture or joint dislocation.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.

Approval or clearance by the U.S. Food and Drug Administration alone is not a basis for coverage.

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Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.

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Sources of Information:

- DiGiorgi D. (2013). Spinal manipulation under anesthesia: a narrative review of the literature and commentary. *Chiropr Man Therap.* 21(1), 14.
- Gordon R, Cremata E, Hawk C. (2014). Guidelines for the practice and performance of manipulation under anesthesia. *Chiropractic & Manual Therapies*, 22(1):7.
- Ko YW, Park JH, Youn S-M, Rhee YG, Rhee S-M. (2020). Effects of comorbidities on the outcomes of manipulation under anesthesia for primary stiff shoulder. *J Shoulder Elbow Surg*, 30(8):e482-e492.
- Kohlbeck FJ, Haldeman S, Hurwitz EL, Dagenais S. (2005). Supplemental care with medication-assisted manipulation versus spinal manipulation therapy alone for patients with chronic low back pain. *J Manipulative Physiol Ther.* 28(4), 245-252.
- Martin GM, Harris I. (2022). Complications of total knee arthroplasty. In: UpToDate, Hunter D (Ed), UpToDate, Waltham, MA.
- National Academy of Manipulation Under Anesthesia Physicians (NAMUA). (2015). NAMUA National Guidelines. Available at: https://muaonline.com/wp-content/uploads/2015/03/National_Guidelines_NAMUA.pdf. Accessed May 18, 2023.
- Schoch B, Huttman D, Syed UA, Patel MS, Lazarus MD, Abboud JA. (2020). Surgical Treatment of Adhesive Capsulitis: A Retrospective Comparative Study of Manipulation Under Anesthesia and/or Capsular Release. *Cureus*, 12(7):e9032.

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Applicable Code(s):	
CPT:	21073, 22505, 23700, 24300, 25259, 26340, 27275, 27570, 27860
HCPCS:	N/A
ICD10 Procedure Codes:	N/A
ICD10 Diagnosis Codes:	M24.511, M24.512, M24.521, M24.522, M24.531, M24.532, M24.541, M24.542, M24.561, M24.562, M24.571, M24.572, M24.574, M24.575, M75.01, M75.02, M24.661- M24.669, S13.20XA, S13.20XD, S13.29XA, S13.29XD

Revised:

- 10/02/1995: Policy created.
- 07/10/1998: Predetermination criteria added. Corporate name changed.
- 07/30/2001: Vice President Care Management title updated. Documentation Requirements and Sources of Information added to the policy.
- 08/28/2008: Company and Corporate Medical Policy title updated. Annual Review Date added to the policy. Reviewed Date changed to Last Revised Date. Definition, Medical Necessity, TOPPS, Appeals, Liability, Documentation Requirements and Sources of Information updated. Health Plan changed to Company throughout the body of the Corporate Medical Policy. CPT Code 22505 changed from investigational to medically necessary when medical necessity criterion is met and a valid diagnosis present.
- 02/01/2010: Subject title changed from Spinal Manipulation Under Anesthesia to Manipulation Under Anesthesia. Definition, Medical Necessity, Prior approval, TOPPS, Appeals, Liability and Sources of Information updated. CPT Codes 23700, 25675 and 27570 added to the policy as medically necessary when listed medical necessity criteria are met. ICD-9-CM Diagnosis Codes 781.41, 781.42, 718.46, 718.47, 718.51, 718.56 and 834* added as valid diagnoses for CPT Codes 23700, 25675 and 27570. Policy revised to indicate spinal manipulation under anesthesia (CPT Code 22505) is considered investigational and not eligible for reimbursement. ICD-9-CM Diagnosis Codes 805*, 806*, V54.1 and V54.2 deleted from the policy as valid diagnoses. CPT Codes 21073, 24300, 25259, 26340, 26675, 27275 and 27860 added to the policy as investigational and not eligible for reimbursement.
- 03/09/2011: Definition, Medical Necessity, Prior approval, TOPPS, Appeals and Sources of Information updated. CPT Codes 25675 and 26675 removed from the policy. ICD-9-CM Diagnosis Codes 718.43, 718.44, 722.0, 723.3 and 839* added to the policy. ICD-9-CM Diagnosis Codes 726.5 and 834* removed from the policy as valid diagnoses.
- 06/16/2015: Definition, Medical Necessity and Sources of Information updated. Appeals removed from policy. ICD-9-CM Diagnosis Codes 723.3 and 726.60 removed from policy. ICD-9-CM Diagnosis Code 839* changed to 839.0 and 839.1. ICD-10-CM Diagnosis Codes added to the policy.
- 04/14/2016: Clarified position on MUA for spinal conditions. Added “fractured vertebra” and “complete cervical facet dislocation” to medical criteria. Added ICD-10-CM Diagnosis Codes S12000A – S12691S to policy.

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- 05/02/2017: Reformatted cover page. Deleted signature page. Removed Ankylosis and all cervical procedures.
- 09/20/2017: Remove wording about Arthrofibrosis
- 06/22/2018: Added Ankylosis of joint of knee region back into criteria.
- 11/27/2019: Removed outdated CPT 27194. Date of annual review/last revised date updated.
- 02/03/2021: Clarified that the policy does not apply to closed reduction of fracture or joint dislocation. Clarified criteria for ankylosis of knee coverage. Sources of Information updated.
- 05/06/2022: Clarified that 21073 and 27275 are NMN.
- 05/26/2023: Sources of information updated. M5020, M5021, M5022, M5023 removed as valid diagnoses, to reflect changes to policy made in 2017.

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Edits and Denials

Prior approval: Requests for prior approval for manipulation under anesthesia will be authorized by a nurse reviewer if a valid diagnosis is present and submitted documentation meets criteria outlined within Corporate Medical Policy.

Requests for prior approval for manipulation under anesthesia will be forwarded to a qualified physician reviewer if submitted documentation does not meet criteria outlined within Corporate Medical Policy.

TOPPS: Claims received with **Codes 22505, 23700, 24300, 25259, 26340, 27570 and 27860** without a valid diagnosis code will deny as investigational with **Remark Code M9E**.

Claims received with **CPT Codes 21073 and 27275** will deny as not medically necessary with **Remark Code M6E**.

Liability: A participating provider will be required to write off charges denied as not medically necessary/not diagnostically related. A participating provider may bill a member for charges denied as investigational.

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CPT Code(s):	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
22505	Manipulation of spine requiring anesthesia, any region
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
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)

HCPCS Code(s):	
N/A	

ICD-10-CM Procedure Code(s):	
N/A	

ICD-10-CM Diagnosis Code(s):	
M24511	Contracture, right shoulder
M24512	Contracture, left shoulder
M24521	Contracture, right elbow
M24522	Contracture, left elbow
M24531	Contracture, right wrist
M24532	Contracture, left wrist
M24541	Contracture, right hand
M24542	Contracture, left hand
M24561	Contracture, right knee
M24562	Contracture, left knee
M24571	Contracture, right ankle
M24572	Contracture, left ankle
M24574	Contracture, right foot
M24575	Contracture, left foot
M7501	Adhesive capsulitis of right shoulder
M7502	Adhesive capsulitis of left shoulder
M24661- M24669	Ankylosis of joint, knee [arthrofibrosis following total knee arthroplasty]
S1320XA	Dislocation of unspecified parts of neck, initial encounter

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S1320XD	Dislocation of unspecified parts of neck, subsequent encounter
S1329XA	Dislocation of other parts of neck, initial encounter
S1329XD	Dislocation of other parts of neck, subsequent encounter

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