1. **Purpose**
   The purpose of this policy is to establish criteria for the medical necessity of manipulation under anesthesia.

2. **Definitions**
   2.1. Adhesive capsulitis is a condition of the shoulder which has resulted from disease, injury or surgery where there is severe limitation of the range of motion and pain due to scar tissue in and/or around the shoulder joint.

   2.2. Arthrofibrosis is a condition affecting large joints of the appendicular skeletal system which has resulted from disease, injury or surgery resulting in pain and restricted range of motion due to internal scarring of the joint, with consequent stiffness.

3. **Statement of Policy**
   3.1. **Spine:**
      3.1.1 The use of manipulation of the spine when the patient is either sedated or under general anesthesia may be considered medically necessary as a closed treatment of traumatically induced vertebral fracture or dislocation in an emergent situation to mitigate the potential for neurological compromise when the decision for an open reduction has been considered by a qualified physician.

      3.1.2. In the absence of traumatically induced vertebral fracture or dislocation, based on the lack of evidence of long term efficacy and safety, the use of manipulation of the spine under sedation or general anesthesia is considered not medically necessary.

   3.2. **Shoulder:**
      3.2.1 Manipulation under anesthesia (MUA) may be considered medically necessary for patients with documented chronic, refractory adhesive capsulitis which has resulted from disease, injury or surgery causing:

         • Severe, disabling pain and a documented loss of shoulder function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment; and
• Patient demonstrates reduction in both their active and passive range of motion of at least 50 percent when compared with the unaffected shoulder; and

• Patient has not responded sufficiently to at least eight (8) weeks of active exercise and manual therapy designed to increase joint mobility and range of motion.

3.2.2. Manipulation under anesthesia should be performed in conjunction with an active rehabilitation/therapeutic exercise program. Manipulations performed in isolation without the patient participating in an active rehabilitation program in conjunction with a home exercise program is considered not medically necessary.

3.3. Knee:

3.3.1 Manipulation under anesthesia (MUA) may be considered medically necessary for patients with documented knee arthrofibrosis which has resulted from disease, injury (i.e., fracture) or surgery (i.e., knee arthroplasty) causing:

• Severe, disabling pain and a documented loss of knee function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment; and

• Patient demonstrates less than 90° of flexion eight (8) weeks to six (6) months after surgery or trauma; and

• Patient has not responded sufficiently to at least eight (8) weeks of manual therapy designed to increase joint mobility and range of motion in conjunction with therapeutic exercise.

3.3.2. Manipulation under anesthesia should be performed in conjunction with an active rehabilitation/therapeutic exercise program. Manipulations performed in isolation without the patient participating in an active rehabilitation program in conjunction with a home exercise program is considered not medically necessary.

3.4. Other Joints:

3.4.1 The use of manipulation of a patient who is either sedated or under general anesthesia may be considered medically necessary as a closed treatment
of fracture or dislocation. Based on the lack of evidence of long term efficacy and safety, in the absence of fracture or dislocation, the use of manipulation under sedation or general anesthesia for other joints of the body is considered not medically necessary.

4. References

4.1. Scientific:
The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding manipulation under anesthesia and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.

- American Chiropractic Association 2006 House of Delegates Meeting – Resolutions; Manipulation Under Anesthesia (MUA).


• Workloss Data Institute. Official Disability Guidelines.


4.2. Related Triad Medical Policies:

• *TMMP 18 – Medical Necessity*

### CPT Codes

This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>22505</td>
<td>Manipulation of spine requiring anesthesia, any region</td>
</tr>
<tr>
<td>23700</td>
<td>Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)</td>
</tr>
<tr>
<td>24300</td>
<td>Manipulation, elbow, under anesthesia</td>
</tr>
<tr>
<td>27275</td>
<td>Manipulation, hip joint, requiring general anesthesia</td>
</tr>
<tr>
<td>27570</td>
<td>Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)</td>
</tr>
<tr>
<td>27860</td>
<td>Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)</td>
</tr>
</tbody>
</table>
This list may not be all inclusive and is not intended to be used for coding/billing purposes.

### Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/23/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>06/10/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review Formatting changes completed.</td>
</tr>
<tr>
<td>08/06/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes to policy text.</td>
</tr>
<tr>
<td>07/22/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.2.1 3rd bullet, deleted in conjunction with and rehabilitative exercises and added active exercise and “…:” §3.3.1. added “i.e.” before fracture and knee arthroplasty. Removed §5. Attachments and §5.1. Provider Manual as the provider manual has been re-written administratively. Added CPT Code table.</td>
</tr>
<tr>
<td>08/16/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>09/24/2009</td>
<td>Level 1, 2, 3</td>
<td>New policy.</td>
</tr>
</tbody>
</table>

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.