



CLINICAL GUIDELINES

CMM-310: Manipulation of the Spine Under Anesthesia

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.

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Indications

- 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.
- Manipulation under anesthesia should be performed in conjunction with an active rehabilitation/therapeutic exercise program.

Non-Indications

- 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**.
- 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**.

Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required. Pre- authorization requirements vary by individual payor.

CPT®	Code Description/Definition
22505	Manipulation of spine requiring anesthesia, any region.

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary's policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so.

References

1. American Chiropractic Association 2006 House of Delegates Meeting – Resolutions; Manipulation Under Anesthesia (MUA).
2. American College of Occupational and Environmental Medicine. Occupational Medicine Practice Guideline, 2nd Ed. 2008.
3. Buchmann J, Wende K, Kundt G, Haessler F. Manual treatment effects to the upper cervical apophysial joints before, during, and after endotracheal anesthesia: a placebo-controlled comparison. *Am J Phys Med Rehabil.* 2005 Apr;84(4):251-7.6.
4. Dagenais S, Mayer J, Wooley J, Haldeman S. Evidence-informed management of chronic low back pain with medicine-assisted manipulation. *Spine J.* 2008 Jan-Feb;8(1):142-9.
5. Dan N, Saccasan P. Serious complications of lumbar spinal manipulation. *Med J Austral.* 1983;2(12):672-3.
6. Greenman, P. Manipulation with the patient under anesthesia. *J Am Osteopath Assoc.* 1992 Sept; 92(9): 1159-60, 1167-70.
7. Kivimaki J, Pohjolainen T, Malmivaara A, et al. Manipulation under anesthesia with home exercises versus home exercises alone in the treatment of frozen shoulder: a randomized, controlled trial with 125 patients.[see comment]. *J Shoulder Elbow Surg.* 16(6):722-6, 2007 Nov-Dec.
8. Kohlbeck F, Haldeman S. Medication-assisted spinal manipulation. *Spine J.* 2002;2(4):288-302.
9. Lavernia C, Cardona D, Rossi MD, Lee D. Multimodal pain management and arthrofibrosis. *J Arthroplasty.* 23(6 Suppl 1):74-9, 2008 Sep.
10. National Academy of Manipulation Under Anesthesia Physicians National Guidelines.
11. Ongley M, Klein R, Dorman T, et al. A new approach to the treatment of chronic low back pain. *Lancet.* 1987;2(8551):143-6.
12. Palmieri N, Smoyak S. Chronic low back pain: a study of the effects of manipulation under anesthesia. *J Manipulative Physiol Ther.* 2002;25(e8).
13. West D, Mathews R, Miller M, Kent G. Effective management of spinal pain in one hundred seventy-seven patients evaluated for manipulation under anesthesia. *J Manipulative Physiol Ther.* 1999 Jun;22(5):299-308.
14. Workloss Data Institute. Official Disability Guidelines.
15. Xiong X, Bean A, Anthony A, et al. Manipulation for cervical spinal dislocation under general anesthesia: serial review for 4 years. *Spinal Cord.* 1998 Jan;36(1):21-4.