



CLINICAL GUIDELINES

CMM-310: Manipulation of the Spine Under Anesthesia

Version 1.1

Effective February 4, 2021



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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

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