



Status

Active

Medical and Behavioral Health Policy

Section: Medicine

Policy Number: II-116

Effective Date: 08/27/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

SPINAL MANIPULATION UNDER ANESTHESIA

Description: Spinal manipulation under anesthesia (SMUA) consists of passive movements and stretching of joints performed while the patient receives anesthesia (usually general anesthesia or moderate sedation). 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. SMUA is generally performed with an anesthesiologist in attendance. Manipulation has also been performed after injection of local anesthetic into lumbar zygapophyseal and/or sacroiliac joints under fluoroscopic guidance (SMUJA) and after epidural injection of corticosteroid and local anesthetic (SMUESI).

The mobilization, stretching, and traction procedures performed during SMUA 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. This therapy may also be applied to the thoracolumbar or cervical area if considered necessary to address the low back pain. The procedure lasts 15–20 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 consecutive days for best results. Care after SMUA may include 4–8 weeks of active rehabilitation with manual therapy including spinal manipulative therapy and other modalities.

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: All forms of spinal manipulation under anesthesia (SMUA) (including spinal manipulation under joint anesthesia [SMUJA] and spinal manipulation after epidural anesthesia and corticosteroid injection [SMUESI]) are considered **INVESTIGATIVE** for the treatment of chronic spinal (i.e., cranial, cervical, thoracic, lumbar) pain and chronic sacroiliac and pelvic pain.

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

CPT:

22505 Manipulation of spine requiring anesthesia, any region

Policy History:

Developed August 12, 2009

Most recent history:

Reviewed August 10, 2011

Reviewed August 8, 2012

Reviewed August 14, 2013

Reviewed August 13, 2014

**Cross
Reference:**

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