



Subject: Skeletal Manipulation under Anesthesia*

Effective Date: September 14, 2004

Department(s): Utilization Management

Policy: Skeletal manipulation under anesthesia (MUA) is reimbursable under Plans administered by QualCare, Inc. only for the bones or joints and clinical circumstances listed in this Policy.

Objective: To provide proper and consistent reimbursement and to delineate clinical circumstances under which a specific therapeutic intervention is covered

Procedure:

A. The following indications for MUA of the **axial skeleton (spine or pelvis) are covered** when the **dislocation or fracture** is documented by imaging studies that include but are not limited to plain x-ray, computerized axial tomographic (CAT) scan, or magnetic resonance imaging and only when the procedure is performed by an allopathic physician (MD) or osteopathic physician (DO):

1. Closed reduction of a vertebral dislocation (CPT **22315**)
2. Closed reduction of a fracture of a bone
 - a. Vertebra (**22315**)
 - b. Vertebral process (**22305**)

- c. Vertebral body (22310)
- d. Pelvic ring(27194, 27198)

B. MUA for acute or chronic pain syndromes of the spine (CPT 22505) in the absence of fracture or dislocation is not reimbursable, whether performed by allopathic physician (MD), osteopathic physician (DO), or chiropractor (DC). This is because the efficacy and safety of this procedure is not supported by a sufficient body of peer-reviewed literature. It is therefore deemed still experimental, investigational or unproven.

C. For the following indications in the **appendicular (non-spine) skeleton, MUA is covered only** under the following clinical circumstances and only when the procedure is performed by an allopathic physician (MD) or osteopathic physician (DO):

1. **Shoulder:** adhesive capsulitis that is unresponsive to at least 6 weeks of conservative measures that include physical therapy and non-steroidal anti-inflammatory (NSAID) agent(s) AND at least one intra-articular corticosteroid injection (CPT **23700**)
2. **Knee:** arthrofibrosis following trauma or surgery (including but not limited to ligament surgery or total knee arthroplasty) that is unresponsive to at least 6 weeks of physical therapy (CPT **27570**)
3. The following closed treatments of **fractures or dislocations of bones in the appendicular skeleton**, which may include manipulation under anesthesia, are covered only when the procedure is performed by an allopathic physician (MD) or osteopathic physician (DO):

- a. Distal femur (27510)
- b. Femoral Shaft (27502)

- c. Knee (27538, 27570, 27552, 27562)
- d. Supracondylar or transcondylar femur (27503)
- e. Radius (wrist/forearm) 25605)
- f. Lunate (wrist) (25690)
- g. Scaphoid (carpal navicular) (25624)
- h. Other carpal bone (25635, 25680)
- i. Radius and ulnar shafts (25565)
- j. Thumb (26641, 26645, 26650, 26755)
- k. Finger (26725, 26727)
- l. Carpometacarpal joint (26670, 26675, 26676)
- m. Hip (27252)
- n. Elbow (24620, 24605)
- o. Humerus, proximal (23605)
- p. Shoulder (23655, 23675)
- q. Ankle (28545)

4. **The following joint MUAs, whether single or in combination, are not covered for the management of acute or chronic pain conditions** as these are not supported by a sufficient body of peer-reviewed literature and are therefore deemed still experimental, investigational or unproven:

- a. Ankle (27860)
- b. Any part of the vertebral column (22505)
- c. Elbow (24300)
- d. Wrist (25259)
- e. Finger (26340, 26675)
- f. Hip (27275)
- g. Pelvis (27194)
- h. Temporomandibular (21073)

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Revised By/Date: M. McNeil, MD 06/02/16
Approved By/Date: QM Committee 6/21/16
Revised By/Date: M. McNeil, MD 03/09/18
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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.