MANIPULATION UNDER ANESTHESIA

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member’s specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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MANIPULATION UNDER ANESTHESIA (cont.)

Description:

Manipulation Under Anesthesia (MUA):
MUA consists of a series of mobilization, stretching, and traction procedures to the spine and lower extremities performed while the individual receives anesthesia (usually general anesthesia or moderate sedation). Anesthesia or sedation is used to reduce pain, spasm, and reflex muscle guarding that may interfere with the delivery of therapy and to allow the therapist to break up joint and soft-tissue adhesions with less force than would be required to overcome individual resistance or apprehension. Manipulation is intended to break up fibrous and scar tissue to relieve pain and improve range of motion. Manipulation is also performed after injection of local anesthetic into lumbar zygapophyseal and/or sacroiliac joints under fluoroscopic guidance (MUJA) and after epidural injection of corticosteroid and local anesthetic (MUESI). Spinal manipulation under anesthesia has also been combined with other joint manipulation during multiple sessions. Together, these may be referred to as medicine-assisted manipulation (MAM).

Serial MUA:
MUA performed on consecutive days.

Criteria:

COVERAGE FOR MANIPULATION UNDER ANESTHESIA IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

- Single or serial manipulation under anesthesia is considered **medically necessary** for **ANY** of the following indications:
  1. Post-surgical arthrofibrosis of shoulder or adhesive capsulitis (i.e., frozen shoulder) when there is failure of conservative treatment (e.g., medications, physical therapy or articular injections)
  2. Arthrofibrosis of the knee following trauma or knee surgery
  3. Reduction of a displaced fracture (e.g., long bones)
  4. Reduction of acute/traumatic dislocation (e.g., shoulder)
  5. Chronic contracture of upper or lower extremity joint (e.g., fixed contracture from a neuromuscular condition) after failure of conservative treatment (e.g., physical therapy)
MANIPULATION UNDER ANESTHESIA (cont.)

Criteria: (cont.)

- Single or serial manipulation under anesthesia for any of the following joints or combination of joints, including multiple body joint manipulation under anesthesia is considered experimental or investigational based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

These joints include, but are not limited to:

- Ankle
- Elbow
- Finger
- Hip
- Pelvis
- Sacroiliac
- Spine
- Temporomandibular
- Thumb
- Wrist

Resources:

Literature reviewed 09/27/16. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

MANIPULATION UNDER ANESTHESIA (cont.)

Resources: (cont.)


