



FEP Medical Policy Manual

FEP 8.01.40 Manipulation Under Anesthesia

Effective Policy Date: July 1, 2023

Original Policy Date: June 2012

Related Policies:

None

Manipulation Under Anesthesia

Description

Description

Manipulation under anesthesia consists of a series of mobilization, stretching, and traction procedures performed while the patient is sedated (usually with general anesthesia or moderate sedation).

OBJECTIVE

The objective of this evidence review is to evaluate whether manipulation under anesthesia improves the net health outcome in individuals with chronic spinal, sacroiliac, or pelvic pain.

POLICY STATEMENT

Spinal manipulation and manipulation of other joints performed during the procedure (eg, hip joint) with the individual under anesthesia, spinal manipulation under joint anesthesia, and spinal manipulation after epidural anesthesia and corticosteroid injection are considered **investigational** for treatment of chronic spinal (cranial, cervical, thoracic, lumbar) pain and chronic sacroiliac and pelvic pain.

Spinal manipulation and manipulation of other joints under anesthesia involving serial treatment sessions is considered **investigational**.

Manipulation under anesthesia involving multiple body joints is considered **investigational** for the treatment of chronic pain.

POLICY GUIDELINES

This policy does not address manipulation under anesthesia for fractures, completely dislocated joints, adhesive capsulitis (eg, frozen shoulder), and/or fibrosis of a joint that may occur following total joint replacement.

BENEFIT APPLICATION

Experimental or investigational procedures, treatments, drugs, or devices are not covered (See General Exclusion Section of brochure).

FDA REGULATORY STATUS

Manipulative procedures are not subject to regulation by the U.S. Food and Drug Administration.

RATIONALE

Summary of Evidence

For individuals who have chronic spinal, sacroiliac, or pelvic pain who receive manipulation under anesthesia, the evidence includes case series, observational studies, and nonrandomized comparative studies. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Scientific evidence on spinal manipulation under anesthesia, spinal manipulation with joint anesthesia, and spinal manipulation after epidural anesthesia and corticosteroid injection is very limited. No randomized controlled trials (RCTs) have been identified. Evidence on the efficacy of manipulation under anesthesia over several sessions or for multiple joints is also lacking. Safety outcomes in these settings are poorly described. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American Association of Manipulation Under Anesthesia Providers

In 2014, The American Association of Manipulation Under Anesthesia Providers published consensus-based guidelines for the practice and performance of manipulation under anesthesia.¹³ The guidelines included patient selection criteria (see below), establishing medical necessity, frequency and follow-up procedures, parameters for determining manipulation under anesthesia progress, general post-manipulation under anesthesia therapy, and safety. The guidelines recommended 3 consecutive days of treatment, based on the premise that serial procedures allow a gentler yet effective treatment plan with better control of biomechanical force. The guidelines also recommended follow-up therapy without anesthesia over 8 weeks after manipulation under anesthesia that included all fibrosis release and manipulative procedures performed during the manipulation under anesthesia procedure to help prevent re-adhesion.

Patient selection criteria include, but are not limited to, the following:

- "The patient has undergone an adequate trial of appropriate care...and continues to experience intractable pain, interference to activities of daily living, and/or biomechanical dysfunction.
- "Sufficient care has been rendered prior to recommending manipulation under anesthesia. A sufficient time period is usually considered a minimum of 4 to 8 weeks, but exceptions may apply depending on the patient's individual needs....
- "Physical medicine procedures have been utilized in a clinical setting during the 6 to 8 week period prior to recommending manipulation under anesthesia.

- "Diagnosed conditions must fall within the recognized categories of conditions responsive to manipulation under anesthesia. The following disorders are classified as acceptable conditions for utilization of manipulation under anesthesia:
 1. "Patients for whom manipulation of the spine or other articulations is the treatment of choice; however, the patient's pain threshold inhibits the effectiveness of conservative manipulation.
 2. "Patients for whom manipulation of the spine or other articulations is the treatment of choice; however, due to the extent of the injury mechanism, conservative manipulation has been minimally effective...and a greater degree of movement of the affected joint(s) is needed to obtain patient progress.
 3. "Patients for whom manipulation of the spine or other articulations is the treatment of choice by the doctor; however due to the chronicity of the problem, and/or the fibrous tissue adhesions present, in-office manipulation has been incomplete and the plateau in the patient's improvement is unsatisfactory.
 4. "When the patient is considered for surgical intervention, manipulation under anesthesia is an alternative and/or an interim treatment and may be used as a therapeutic and/or diagnostic tool in the overall consideration of the patient's condition.
 5. "When there are no better treatment options available for the patient in the opinions of the treating doctor and patient."¹³,

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

REFERENCES

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13. Gordon R, Cremata E, Hawk C. Guidelines for the practice and performance of manipulation under anesthesia. *Chiropr Man Therap.* Feb 03 2014; 22(1): 7. PMID 24490957

POLICY HISTORY - THIS POLICY WAS APPROVED BY THE FEP® PHARMACY AND MEDICAL POLICY COMMITTEE ACCORDING TO THE HISTORY BELOW:

Date	Action	Description
June 2012	New policy	
September 2013	Replace policy	Policy updated with literature search. Policy title changed to "Manipulation under Anesthesia, to include joints other than the spine. Policy statement unchanged.
March 2014	Replace policy	Policy updated with literature search. Reference 2, 9 and 10 added. Policy statement unchanged.
December 2016	Replace policy	Policy updated with literature review; references 5 and 10 added. Policy statement unchanged.
December 2017	Replace policy	Policy updated with literature review through June 22, 2017; no references added. Policy statement unchanged.
June 2018	Replace policy	Policy updated with literature review through February 5, 2018; no references added. Policy statements unchanged.
June 2019	Replace policy	Policy updated with literature review through February 18, 2019; no references added. Policy statement unchanged.
June 2020	Replace policy	Policy updated with literature review through February 11, 2020; no references added; references removed. Policy statements unchanged.
June 2021	Replace policy	Policy updated with literature review through March 2, 2021; no references added. Policy statements unchanged.
June 2022	Replace policy	Policy updated with literature review through February 18, 2022; no references added. Policy statements unchanged.
June 2023	Replace policy	Policy updated with literature review through February 24, 2023; references added. Policy statements unchanged.

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