This version incorporates accepted revisions prior to 12/31/15

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CMM-310.1 Definition

✓ **Adhesive capsulitis** is a condition of the shoulder which has resulted from disease, injury or surgery where there is severe limitation of the range of motion and pain due to scarring in and/or around the shoulder joint.

✓ **Arthrofibrosis** is a condition affecting large joints of the appendicular skeletal system which has resulted from disease, injury or surgery resulting in pain and restricted range of motion due to internal scarring of the joint, with consequent stiffness.

CMM-310.2 General Guidelines

✓ **Spine**: 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.

  o 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.

✓ **Shoulder**: Manipulation under anesthesia (MUA) may be considered medically necessary for patients with documented chronic, refractory adhesive capsulitis which has resulted from disease, injury or surgery causing:

  o Severe, disabling pain and a documented loss of shoulder function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment; and
• Patient demonstrates reduction in both their active and passive range of motion of at least 50 percent when compared with the unaffected shoulder; and

• Patient has not responded sufficiently to at least eight (8) weeks of active exercise and manual therapy designed to increase joint mobility and range of motion.

✓ Manipulation under anesthesia should be performed in conjunction with an active rehabilitation/therapeutic exercise program. 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.

✓ **Knee**: Manipulation under anesthesia (MUA) may be considered medically necessary for patients with documented knee arthrofibrosis which has resulted from disease, injury (i.e. fracture) or surgery (i.e. knee arthroplasty) causing:

  • Severe, disabling pain and a documented loss of knee function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment; and

  • Patient demonstrates less than 90º of flexion eight (8) weeks to six (6) months after surgery or trauma; and

  • Patient has not responded sufficiently to at least eight (8) weeks of manual therapy designed to increase joint mobility and range of motion in conjunction with therapeutic exercise.

✓ Manipulation under anesthesia should be performed in conjunction with an active rehabilitation/therapeutic exercise program. 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.
✓ Other Joints: The use of manipulation of a patient who is either sedated or under general anesthesia may be considered medically necessary as a closed treatment of fracture or dislocation. Based on the lack of evidence of long term efficacy and safety, in the absence of fracture or dislocation, the use of manipulation under sedation or general anesthesia for other joints of the body is considered not medically necessary.

CMM-310.3 Procedure (CPT®) Codes

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<tr>
<th>CPT®</th>
<th>Code Description/Definition</th>
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<tr>
<td>22505</td>
<td>Manipulation of spine requiring anesthesia, any region.</td>
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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.

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.

CMM-310.4 References


