



## Corporate Medical Policy

### Chiropractic Services

**File Name:** chiropractic\_services  
**Policy Number:** OTH8030  
**Origination:** 06/2000  
**Last Review:** 9/2007  
**Next Review:** 9/2009

#### Description of Procedure or Service

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Chiropractic medicine is a science which is based on the relationship between the structure and function of the human body. Services rendered are intended to support the spinal column and nervous system functions.

#### Policy

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**BCBSNC will provide coverage for Chiropractic Services when they are determined to be medically necessary because the medical criteria and guidelines shown below are met.**

#### Benefits Application

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Please refer to individual certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

Some BCBSNC benefit plans include chiropractic services under rehabilitative services.

#### When Chiropractic Services are covered

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Chiropractic Services are considered medically necessary when **ALL** of the following criteria are met:

1. The patient has clinical symptoms of a condition that may be improved or resolved by standard chiropractic therapy.
2. A clear and appropriate treatment plan is documented, including symptoms/diagnosis being treated, diagnostic procedures and treatment modalities used, results of diagnostic procedures, treatments, anticipated length of treatments.
3. The chiropractic diagnostic procedures, treatments are clearly related to the patient's symptoms/condition.
4. Chiropractic care is performed within the scope of the license of a chiropractor.

## Policy: Chiropractic Services

### When Chiropractic Services are not covered

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Chiropractic Services are not covered in any of the following circumstances:

1. [Maintenance programs](#) or supportive care.
2. The following therapeutic modalities:
  - a. acupuncture;
  - b. counseling (considered integral to the visit);
  - c. low level laser therapy (cold laser therapy) is considered investigational for all indications; **or**
  - d. dry hydrotherapy (i.e., Aquamed, Sidmar).
3. According to North Carolina General Statute 90-51 "Extent and limitation of license - Chiropractors shall not prescribe for or administer to any person any medicine or drugs, nor practice osteopathy or surgery".
4. Spinal manipulations and other treatment modalities can be provided manually or with the assistance of mechanical or electrical devices. There will be no additional reimbursement for the use of the device or for the device itself. It is considered part of the manipulation and should not be reported separately.
5. Therapeutic manipulation/modalities
  - a. that are not clearly related to symptoms and/or diagnostic x-rays **OR**
  - b. that are not likely to result in long term improvement of a member's symptoms/conditions.
6. Nutritional supplements.
7. Services beyond benefit plan visit limitations or services that are excluded from the benefit plan.
8. Vertebral axial traction or decompression including computerized decompression devices designed to provide mechanical traction is discussed under a separate policy. See BCBSNC medical policy entitled Vertebral Axial Decompression, Policy number OTH8160. (Examples: VAX-D, DRX 9000).
9. Hot and cold packs maybe considered integral to other modalities and procedures provided.
10. Paraspinal surface electromyography is discussed under a separate policy. See BCBSNC medical policy entitled Paraspinal Surface Electromyography (Policy number MED1302).
11. Spinal manipulation under anesthesia is discussed under a separate policy. See BCBSNC medical policy entitled, Spinal Manipulation Under Anesthesia (policy number OTH8150).
- 12. *Electrodiagnostic studies unless rendered by a Certified Chiropractic Neurologist. See BCBSNC medical policy entitled, Electrodiagnostic Studies (policy number MED1119).***

### Policy Guidelines

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- A. The use of an evaluation and management (EM) code is considered medically necessary no more than once a month unless it is clearly documented that there has been significant interval change to warrant re-examination and/or change in treatment plan.
- B. For chiropractors who are specifically trained in the fitting and management of foot orthotics, the prescribing of foot orthotics may be considered within their scope of practice. (For coverage of foot orthotics, please see Medical Policy entitled Orthotics)

## Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: 95831, 95832, 95833, 95834, 95851, 95852, 95857, 95860, 95861, 95863, 95864, 95867, 95868, 95869, 95870, 95872, 95900, 95903, 95904, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97530, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97799, 98940, 98941, 98942, 98943, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, S3900, S8948, S9090.*

Constant Attendance Modalities, 97110-97039, and Therapeutic Procedures, 97110-97542, will be limited to a maximum of one hour (4 units) for the **combinations** of codes submitted.

97140 services will be denied as integral or mutually exclusive to 98940-98943 services unless submitted with a -59 modifier, indicating a distinct procedural service.

95831-95834 services will be denied as integral or incidental to 99201-99205 services unless submitted with a -59 modifier, indicating a distinct procedural service.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Medical records may be requested when the scope, duration or frequency of chiropractic care exceeds standard practice; or if a modifier (e.g., -59) is used more frequently than expected or may not be consistent with claims history.

When records are requested, they should include:

1. office visit notes which should include:
2. patient name, identifying number, and date of visit
3. physical exam
4. diagnostic studies and results
5. results of previous treatments
6. planned treatments and/or diagnostic studies
7. communication to referral source (when appropriate)
8. follow-up
9. diagnostic x-rays and/or x-ray reports, which should include:
  10. patient name, identifying number and date of procedure
  11. name of provider performing and interpreting the study
  12. clear directional markers
  13. specific description and diagnosis of x-ray findings
  14. overall treatment plan

## Policy Key Words

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Key Words: Chiropractic Services, Chiropractor, Spinal Manipulation, Trigger Point Therapy, DRX 9000, VAX-D, Vertebral, Axial, Decompression, OTH8030.

## Medical Term Definitions

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### Maintenance program

drills, techniques, and exercises that preserve the patient's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved and when no further functional progress is apparent or expected to occur.

## Scientific Background and Reference Sources

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Bronfort, G. Spinal manipulation: current state of research and its indications. *Neurologic Clinics*. February 1999;17(1):92-111

Hurwitz EL, Coulter ID, Adams AH, et al. Use of chiropractic services from 1985 through 1991 in the united states and canada. *Am J Public Health*. 1998;88:771-776

Shekelle PG, Coulter I, Hurwitz EL, et al. Congruence between decisions to initiate chiropractic spinal manipulation for low back pain and appropriateness criteria in North America. *Ann Intern Med*. 1998 Jul 1;129(1):9-17.

Argoff CE, Wheeler AH. Spinal and radicular pain disorders. *Neurologic Clinics*. November 1998;16(4):833-849.

April 2000, Consultant Advisory Panel review.

Medical Policy Advisory Group - Review - 4/20/00

Specialty Matched Consultant Advisory Panel 9/2000

Medical Policy Advisory Group - 9/2000

Specialty Matched Consultant Advisory Panel - 3/2002

Specialty Matched Consultant Advisory Panel - 10/2003

Specialty Matched Consultant Advisory Panel - 10/2005

Specialty Matched Consultant Advisory Panel - 9/2007

AquaMed Dry Hydrotherapy. JTL Enterprises, Inc. Accessed 9/15/2008 from <http://aquamed.com>.

Sidmar Dry Hydromassage. Princeton, MN: Sidmar Manufacturing, Inc.; Accessed 9/15/2008 from <http://www.sidmar.com>.

Senior Medical Director review 9/22/2008

Senior Medical Director review 1/2009

## Policy Implementation/Update Information

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4/00 Policy reviewed by Medical Policy Advisory Group

6/00 New policy.

## Policy: Chiropractic Services

- 7/00 Coding and billing instructions added to billing section. System coding changes.
- 9/00 Specialty Matched Consultant Advisory Panel. Medical Policy Advisory Group review. Approved. Typographical errors corrected. No change in criteria.
- 12/00 Hot and cold packs added to the list of therapeutic modalities that are not covered. "When Chiropractic Services are not covered" section reworded for clarity. Definition of Maintenance programs streamlined.
- 04/01 Changes in formatting.
- 05/01 Added statement indicating that the prescribing of foot orthotics may be within the scope of practice of chiropractors who have been specifically trained in the fitting and management of foot orthotics.
- 04/02 Specialty Matched Consultant Advisory Panel review. No changes to policy.
- 6/02 "When Chiropractic Services are not covered" section clarified regarding the use of hot or cold packs.
- 7/02 Hot and cold pack usage further defined in "When Chiropractic Services are not covered" section.
- 3/04 Individual CPT codes listed for CPT code ranges 99201-99205; 99211-99215; 97010-97028; 97032-97039; 97110-97799; 98940-98943; 95831-95904 under Billing/Coding section. Benefits Application and Billing/Coding sections updated for consistency. Specialty Matched Consultant Advisory Panel 10/2003. No changes to policy. Reaffirm.
- 10/20/05 Specialty Matched Consultant Advisory Panel review 10/3/2005. No change to policy intent. Changed the word "ameliorated" to "improved" in #1 of the "When covered" section. Added additional information to #8 under "When not covered" to include "computerized decompression devices designed to provide mechanical traction" and "10. paraspinal surface electromyography is discussed under a separate policy. See BCBSNC medical policy entitled Paraspinal Surface Electromyography (Policy number MED1302)". Removed CPT codes from "Billing/Coding section; "95857, 95858, 95875, 97150, 97532, 97533, 97601, 97602, 97780, and 97781" as they are either not applicable to the policy or deleted. Removed list of "The most commonly used and recognized codes". Added "DRX9000, VAX-D, Decompression, Axial, and OTH8030" to "Policy Key Words" section. References added.
- 1/19/06 Removed deleted CPT codes 97020, 97504, 97520, and 97703.
- 9/18/06 Added 4.g. to the "When not covered" section to indicate "low level laser therapy (cold laser therapy) for all indications, including but not limited to: pain relief, arthritis, carpal tunnel syndrome, Raynaud's phenomenon, fibromyalgia, other musculoskeletal disorders, chronic non-healing wound, and neurological dysfunctions." HPCPS code S8948 added to "Billing/Coding" section. Notification given 9/18/06. Effective date 11/27/06.
- 1/17/07 Clarified under "When Not Covered" "4.G. low level laser therapy (cold laser therapy) is considered investigational for all indications".
- 10/8/07 Specialty Matched Consultant Advisory Panel review 9/13/2007. Removed reference to physical therapy under the "When Not Covered" section. Added for clarification in the "When Not Covered" section; "5. spinal manipulations and other treatment modalities can be provided manually or with the assistance of mechanical or electrical devices. There will be no additional reimbursement for the use of the device or for the device itself. It is considered part of the manipulation and should not be reported separately." and "12. spinal manipulation under anesthesia is discussed under a separate policy. See BCBSNC medical policy entitled, Spinal Manipulation Under Anesthesia (policy number OTH8150)." Updated x-ray codes on the table of Standard Treatment Durations for Chiropractic Care. References added.
- 10/20/08 Added "4. f. dry hydrotherapy (i.e., Aquamed, Sidmar)" under the "When Not Covered" section. Removed statement from the "Table" sections indicating; "For any diagnosis not listed, care plans

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may be reviewed on an individual consideration basis." References added. Notification given 10/20/08. Effective date 2/2/09

2/16/09 Discussed policy with Senior Medical Director 1/9/09. Reviewed the "When Covered" and "When Not Covered" section and revised extensively. Removed the word "neuromusculoskeletal" from number 1. in the "When Covered" section. Under the "When Not Covered" section removed in 1. reference to "preventive or wellness care", reference for condition other than those related to neuromusculoskeletal conditions, and reference to diagnostic procedures/tests not within the routine scope of chiropractic. Under number 2 a. removed "traction (axial or longitudinal)". In 3. expanded the information according to North Carolina General Statute 90-51 "Extent and limitation of license - Chiropractors shall not prescribe for or administer to any person any medicine or drugs, nor practice osteopathy or surgery" Removed "6b.that do not have a clearly defined and achievable end point." Added #12. "Electrodiagnostic studies unless rendered by a Certified Chiropractic Neurologist. See BCBSNC medical policy entitled, Electrodiagnostic Studies (policy number MED1119)." "Policy Guidelines" section revised and the Chiropractic Tables were removed.

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## Corporate Medical Policy

### Vertebral Axial Decompression (VAX-D)

**File Name:** vertebral\_axial\_decompression\_(VAX-D)  
**Policy Number:** OTH8160  
**Origination:** 4/1999  
**Last Review:** 5/2007  
**Next Review:** 5/2009

#### Description of Procedure or Service

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Vertebral Axial Decompression is one type of mechanical lumbar traction that has been investigated as a treatment method to reduce [intradiscal](#) pressure and relieve low back pain associated with lumbar [disc herniation](#), [degenerative disc disease](#), [posterior facet syndrome](#), [sciatica](#) or [radiculopathy](#). Herniated and degenerated discs can cause pain by compressing the spinal nerves near the bulging disc.

Decompression therapy is a noninvasive, nonsurgical approach to treating chronic low back pain and is based on the theory that reducing pressure in the intervertebral discs and/or intervertebral joint spaces will relieve back pain.

The decompression procedure is performed using a specially designed computerized mechanical table. Several types of automated tables are marketed specifically for disc decompression. The patient is strapped to the lower part of the table using a pelvic harness. The table is then mechanically separated in the middle and distractive force is applied until the desired tension is reached. The amount of distractive force used is individually tailored and lasts about 60 seconds per application. Each treatment session lasts approximately 30 minutes. The process of distraction and relaxation is fully computerized and should be monitored by a licensed healthcare practitioner. Repeated cycles of this negative pressure over multiple treatment sessions are reported to be necessary for permanent results.

#### Policy

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**BCBSNC will not provide coverage for Vertebral axial decompression because it is considered investigational. BCBSNC does not cover investigational services.**

#### Benefits Application

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Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy. See Limitations and Exclusions for investigational services.

#### When Vertebral Axial Decompression is covered

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Not applicable

## Policy: Vertebral Axial Decompression (VAX-D)

### When Vertebral Axial Decompression is not covered

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Vertebral Axial Decompression is considered investigational. BCBSNC does not cover investigational services.

### Policy Guidelines

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There is inconclusive evidence in the peer-reviewed medical literature, in terms of clinical effectiveness and safety to support the use of any method of vertebral axial decompression for the treatment of low back pain. Specifically, the few studies showing a semblance of efficacy have not demonstrated that mechanized spinal distraction therapy is superior to, or even comparable with, existing treatment.

The American Medical Association, the U.S. Food and Drug Administration, and Medicare all consider decompression therapy to be a form of traction. The use of traction for back pain continues to be debated.

Currently, there is no adequate scientific evidence that proves that vertebral axial decompression is an effective adjunct to conservative therapy. In addition, vertebral axial decompression devices have not been adequately studied as alternatives to back surgery. (Refer to separate policy number MED1263, "Investigational Experimental Services")

### Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: S9090*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

### Policy Key Words

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**Key Words:** Vertebral Axial Decompression, VAX-D, Low Back Pain, DRX9000, DRS System, mechanical traction, OTH8160.

### Medical Term Definitions

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#### **Degenerative Disc Disease**

gradual deterioration of the disc between the vertebrae. The water and protein content of the body's cartilage changes and becomes weaker due to age and general wear and tear.

#### **Disc herniation**

The discs are pads that serve as "cushions" between each vertebral body to minimize the impact of movement on the spinal column. Each disc is designed like a jelly donut with a central softer component. This softer component can rupture (herniate) and push through the surrounding outer ring. A her-

## **Policy: Vertebral Axial Decompression (VAX-D)**

niated disc can press on and irritate adjacent nerves.

### **Intradiscal**

refers to the disc between two vertebrae. The intervertebral disc is a combination of strong connective tissues which hold one vertebra to the next and acts as a cushion between the vertebrae.

### **Posterior Facet Syndrome**

also known as Posterior Joint Dysfunction. The bones of the spine are connected in the front by intervertebral discs and in the back by paired joints. These paired joints are commonly called "facet joints." Posterior Facet Syndrome is back pain caused by inflammation of the lining of the facet joints.

### **Radiculopathy**

nerve irritation caused by damage to the disc between the vertebrae.

### **Sciatica**

pain, numbness and/or tingling along the sciatic nerve which travels deep in the buttock down the back of the leg to the foot.

## **Scientific Background and Reference Sources**

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BCBSA Medical Policy Reference Manual - 5/97

Specialty Matched Consultant Advisory Panel - 11/1999

Medical Policy Advisory Group - 12/2/1999

Specialty Matched Consultant Advisory Panel - 5/2001

BCBSA Medical Policy Reference Manual - 7/12/2002; 8.03.09

Specialty Matched Consultant Advisory Panel - 5/2003

ECRI Target Report #832 (2002, October). Decompression therapy for chronic low back pain. Retrieved on March 29, 2005 from [http://www.target.ecri.org/summary/detail.aspx?doc\\_id=1743&q=decompression+therapy&anm](http://www.target.ecri.org/summary/detail.aspx?doc_id=1743&q=decompression+therapy&anm).

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.09, 10/9/03.

ECRI Custom Hotline Response (2005, September). Decompression therapy for chronic low back pain. Retrieved on October 7, 2005 from [http://www.ta.ecri.org/Hotline/Prod/summary/detail.aspx?e=5&doc\\_id=7653&q=decompression+therapy+for+chronic+low+back+pain&anm](http://www.ta.ecri.org/Hotline/Prod/summary/detail.aspx?e=5&doc_id=7653&q=decompression+therapy+for+chronic+low+back+pain&anm).

Centers for Medicare and Medicaid Services. National Coverage Determination 160.16. Retrieved 3/9/07 from [http://www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=160.16&ncd\\_version=1&bas-ket=ncd%3A160%2E16%3A1%3AVertebral+Axial+Decompression+%28VAX%2DD%29](http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=160.16&ncd_version=1&bas-ket=ncd%3A160%2E16%3A1%3AVertebral+Axial+Decompression+%28VAX%2DD%29)

Washington State Department of Labor and Industries. Health Technology Assessment Update for Powered Traction Devices for Intervertebral Decompression (June 14, 2004). Retrieved 3/9/07 from <http://www.lni.wa.gov/ClaimsIns/Files/OMD/TractionTechAssessJun142004.pdf>

Washington State Department of Labor and Industries. Health Technology Assessment Update for Vertebral Axial Decompression (Vax-D) (1999). Retrieved 3/9/07 from <http://www.lni.wa.gov/ClaimsIns/Files/OMD/VAXDTA.pdf>

Medicare Services Advisory Committee (MSAC). Assessment report for Vertebral axial decompression (VAX-D). MSAC Application number 1012. Canberra, Australia: MSAC; June 2001. Retrieved 3/9/07 from [http://www.msac.gov.au/internet/msac/publishing.nsf/content/1012-1/\\$FILE/msac1012.pdf](http://www.msac.gov.au/internet/msac/publishing.nsf/content/1012-1/$FILE/msac1012.pdf)

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.09, 3/7/06

## Policy: Vertebral Axial Decompression (VAX-D)

### Policy Implementation/Update Information

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- 4/99 Original policy issued
- 7/99 Reformatted, Medical Term Definitions added.
- 12/99 Reaffirmed, Medical Policy Advisory Group
- 5/01 System change. Revised. Added statement under Benefits Application to refer to the policy for Urinary Incontinence, Treatment. Specialty Matched Consultant Advisory Panel. No changes to policy. Coding format change.
- 5/03 Specialty Matched Consultant Advisory Panel review. No criteria changes.
- 6/2/2005 Specialty Matched Consultant Advisory Panel Review on 5/23/2005. No changes made to the policy statement. OTH 8160 added as key word. Benefits application and Billing/Coding sections updated for consistent policy language. References added.
- 11/3/05 Revised description of procedure. Removed FDA statement from Policy Guidelines and added rationale. Added "DRX9000, DRS System and mechanical traction" to Policy Key Words. Added Medical Term Definitions. Updated Reference Source. No changes to policy criteria.
- 6/18/07 Routine biennial review. Updated references. Specialty Matched Consultant Advisory Panel Review on 5/18/07. No changes to policy coverage criteria.

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## Corporate Medical Policy

# Spinal Manipulation under Anesthesia

**File Name:** spinal\_manipulation\_under\_anesthesia  
**Policy Number:** OTH8150  
**Origination:** 5/1998  
**Last Review:** 9/2005

**Active policy, no longer scheduled for routine literature review.**

### Description of Procedure or Service

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In the upper and lower extremities, manipulation with the patient under anesthesia (MUA) may be performed as a treatment of arthrofibrosis (an inflammatory condition that causes decreased motion), particularly of the shoulder (i.e., frozen shoulder) or knee. In the spine, manipulation under anesthesia may be performed as a closed treatment of vertebral fracture or dislocation. This policy does not address the treatment of vertebral fractures or dislocations. In the absence of vertebral fracture or dislocation, MUA, performed either with the patient sedated or under general anesthesia, is thought to eliminate involuntary muscle activity and associated resistance which may have limited the success of prior attempts of spinal manipulation or adjustment in the conscious patient. Spinal manipulation under anesthesia is a non-invasive means of manually adjusting a patient's spine while the patient is anesthetized. This is considered an alternative to managing low back pain. In MUA, a low velocity/high amplitude technique may be used in contrast to the high velocity/low amplitude technique that is used in the typical spinal adjustment. A single session of MUA may be offered, followed by a series of outpatient sessions, or a series of up to 5 sessions of MUA may be offered, also followed by outpatient sessions. In some instances the MUA may be accompanied by corticosteroid injections.

### Policy

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**BCBSNC does not cover Spinal Manipulation under Anesthesia because it is considered investigational. Scientific literature review does not substantiate the effectiveness of using anesthesia in conjunction with spinal manipulation. BCBSNC does not cover investigational services.**

**This policy does NOT address the treatment of vertebral fractures or dislocations by spinal MUA.**

### Benefits Application

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Please refer to certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

### When Spinal Manipulation Under Anesthesia is covered

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Not applicable

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## Policy: Spinal Manipulation under Anesthesia

### When Spinal Manipulation Under Anesthesia is not covered

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Spinal manipulation under anesthesia, in the absence of vertebral fracture or dislocation, is considered investigational. BCBSNC does not cover investigational services.

### Policy Guidelines

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#### Dislocation versus Subluxation

Spinal manipulation under anesthesia is frequently performed for chronic low back pain related to subluxation, considered investigational, according to the above policy; therefore, a distinction must be made between subluxation and dislocation. According to the chiropractic literature, a subluxation can be defined as a restriction or loss of normal range of motion of the joint causing dysfunction of the spinal motion segment or peripheral joints. A dislocation can be defined as a disruption in the joint integrity. Typically, a subluxation cannot be detected with imaging studies, while a dislocation can.

#### Coding Issues

CPT code 22505 explicitly identifies spinal manipulation under anesthesia. According to the *CPT Assistant*, codes having the descriptor "requiring anesthesia" mean requiring general anesthesia. Therefore, use of CPT code 22505 in conjunction with conscious sedation or regional anesthesia is an inappropriate use of the code. In these instances CPT codes for chiropractic manipulative treatment (98940-98942) may be used.

### Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable code(s): 22505, 00640*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

### Policy Key Words

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Key Words: Spinal Manipulation, Spinal Manipulation under Anesthesia, MUA, Spinal MUA, OTH8150

### Medical Term Definitions

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Not applicable

### Scientific Background and Reference Sources

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Physician Advisory Group, 4/25/96

Consultant Review, 4/96

MPAG, 11/98

## Policy: Spinal Manipulation under Anesthesia

Medical Policy Advisory Group - 12/99  
Specialty Matched Consultant Review - 7/20/2001  
BCBSA Medical Policy Reference Manual 8.01.40; 5/15/02  
Specialty Matched Consultant Review - 8/2003  
BCBSA Medical Policy Reference Manual 8.01.40; 10/9/03  
BCBSA Medical Policy Reference Manual 8.01.40; 3/15/05  
Specialty Matched Consultant Review - 9/2005  
BCBSA Medical Policy Reference Manual 8.01.40; 3/7/06  
Medical Director Review - 7/2007

### Policy Implementation/Update Information

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5/18/96 Original process to deny anesthesia services related to spinal manipulation as investigational was recommended by the Physician Advisory Group 4/25/96 and implemented via the claims system.

5/20/98 Policy developed.

9/2/98 Reviewed for clarification. Changed policy to reflect that anesthesia used in spinal manipulation is investigational.

6/99 Reformatted, Description of Procedure or Service revised, Medical Term Definitions added.

12/99 Medical Policy Advisory Group

10/00 System coding changes.

9/01 Specialty Matched Consultant Review. No change in policy.

8/02 Scientific Background and Reference Sources added. System coding change. Billing and Coding section clarified.

10/03 Specialty Matched Consultant Review 8/2003. "Description of Procedure" section revised for clarity. Under "Policy" section, added statement that this policy does not address the treatment of vertebral fractures or dislocations by spinal MUA. "Benefits Application" section revised. Under "When not covered" section, revised to state "Spinal manipulation under anesthesia, in the absence of vertebral fracture or dislocation, is considered investigational. BCBSNC does not cover investigational services." Policy guidelines added. CPT code 00640 added to Billing/Coding section.

10/8/05 Specialty Matched Consultant Review - 9/14/05. No change in policy.

8/27/07 "Description" section revised. "Policy Guidelines" added to clarify dislocation versus subluxation. Reviewed policy on 7/19/2007 with Medical Director and policy status changed to: "Active policy, no longer scheduled for routine literature review." since there have been no changes in the policy statement. Reference Sources added.

## **Policy: Spinal Manipulation under Anesthesia**

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