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Chiropractic Services

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:

This policy provides guidance for the utilization management teams of Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS) with review of requests for the coverage of chiropractic services. Chiropractic is a health care discipline that focuses on diagnosis and treatment of mechanical disorders of the musculoskeletal system, primarily the spine.

Policy Detail:

Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, Individual and Family Policy to determine eligibility and coverage because employer group and government contracts may vary. Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services LLC follows Medicare's National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership.

I. Description
   A. Chiropractic is a health care discipline that focuses on diagnosis and treatment of mechanical disorders of the musculoskeletal system, primarily the spine. The services are provided by a Chiropractor, Doctor of Chiropractic (D.C), or chiropractic physician. The primary treatment utilized is known as manipulation or adjustment. The manipulations are most commonly of the spine, though they may also give adjustments to extremities and other joints. Joint conditions typically fall into acute or chronic conditions. Acute is when the condition is related to a new injury or exacerbation which is identified by x-ray or physical examination. Chronic is when the condition is not expected to significantly improve or be resolved with further treatment, but when continued; services can produce some functional improvement.

II. Medical Indications
   A. Chiropractic services are covered for musculoskeletal and neuromuscular disorders when **ALL** the following criteria are met:
      1. Chiropractic care must be performed by a licensed healthcare professional acting within their state specific licensure and scope of practice; **AND**
      2. Services provided must be of the complexity and nature to require that they are performed by a licensed chiropractor or provided under their direct supervision; **AND**

3. Services must be provided in accordance with an ongoing written plan of care that is in accordance with applicable federal and state laws and regulations and nationally accepted professional standards of care; **AND**
4. A reasonable estimate as to the time when these goals will be achieved; **AND**
5. Frequency and duration of the treatments provided must be reasonable and customary under the generally accepted standards of practice for chiropractic care; **AND**
6. Initial evaluation/assessment/history and physical; **AND**
7. Specific chiropractic techniques, treatments, or exercises to be used along with identification of spinal and/or body region treated; **AND**
8. The individual must have a musculoskeletal or neuromusculoskeletal condition, creating a functional impairment, necessitating an appropriate, medically necessary evaluation and treatment services; **AND**
9. There must be reasonable expectation of recovery or improvement in function to support the onset and continuation of therapeutic level care plan; **AND**
10. The services should be reflective of an acute care model and episodic in nature; ongoing care after the condition has stabilized or an individual's condition has reached a clinical plateau, may not qualify as medically necessary covered services.

III. Coverage

A. Chiropractic services are a covered benefit deemed medically necessary per the criteria listed above.

B. NHP/NHIC/NHAS follows the criteria with the policy for application to its Medicare Advantage membership. Local Coverage Article A57889 is referenced for chiropractic services.

IV. Limitations/Exclusions:

A. Maintenance therapy is not considered to be reasonable and necessary. Therapy is considered maintenance when clinical improvement cannot be expected from continuous ongoing care and the chiropractic becomes supportive instead of corrective.

B. Chiropractic coverage extends only to treatment by means of manual manipulation of the spine to correct a subluxation.

C. Services not aimed at diagnosis and/or treatment of disorders of the musculoskeletal system.

D. Services are not expected to result in practical improvement in the level of function within a reasonable period.

E. Chiropractic services are limited to two (2) weeks if no improvement is documented, additional chiropractic treatments are not considered medically necessary unless the treatment is modified.

F. If no clinical improvement is documented within 30 days despite modification of treatment, continued chiropractic services are not considered medically necessary.

G. If the plan of care is not followed or modified; the request will be reviewed for medical necessity.

H. Traction, massage therapy, and ultrasound are not medically necessary.

I. The following chiropractic procedures are considered experimental:
1. Active release technique
2. Active therapeutic movement
3. Advanced biostructural correction chiropractic technique
4. Applied spinal biomechanical engineering

5. Atlas orthogonal technique
6. Bioenergentic synchronization technique
7. Biogeometric integration
8. Blair technique
9. Bowen technique
10. Chiropractic biophysics technique
11. Chiropractic care for temporomandibular joint disorders
12. Coccygeal meningeal stress fixation technique
13. ConnecTX (an instrument-assisted connective tissue therapy program)
14. Cox decompression manipulation/technique
15. Cranial Manipulation
16. Cybex back system/Biodex
17. Digital postural analysis
18. Digital radiographic mensuration
19. Dry hydrotherapy/aqua massage/hydromassage
20. Dry Needling
21. Elastic therapeutic tape/taping (Kinesio tape, KT tape)
22. H-Wave
23. Iontophoresis or phonophoresis
24. Low lever laser therapy
25. MedX lumbar/cervical machines
26. Microcurrent electrical nerve stimulation
27. Non-invasive interactive neurostimulation
28. NUCCA (National Upper Cervical Chiropractic Association) Procedure
29. Spinal/paraspinal ultrasound
30. Surface electromyography/ paraspinal electromyography
31. Thermography
32. Vertebral axial decompression therapy and devices

V. References:

A. Centers for Medicare and Medicaid Services (CMS) Local Coverage Article A57889, Chiropractic services, effective 01/01/2020
B. MCG, Ambulatory Care 26th Edition – Spinal Manipulation Therapy (SMT), Chiropractic and Other, ACG: A-0331(AC)
C. Medicare Benefit Policy Manual Chapter 15-Covered Medical and other Health Services Table of contents (Rev. 10880, 08-06-2021), 30.5 Chiropractor's Services (Rev. 23, Issued: 10-08-04, Effective: 10-01-04, Implementation: 10-04-04) B3-2020.26

Regulatory Citations:

UM2

Related Documents:

CPT Codes:

98940	Chiropractic manipulative treatment (CMT); spinal 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal 3-4 regions
*CPT codes are subject to change as codes are retired or new ones developed	

Disclaimer:

Contract language as well as state and federal laws take precedence over any medical policy. Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at www.cms.gov.

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only. Network Health's medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.

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