



**Subject:** Chiropractic Policy

**Effective Date:** 4/2016

**Revision Date:** 4/2020

## **DESCRIPTION**

The OSU Health Plan limits coverage of chiropractic services to the treatment of the conditions and/or diagnoses listed in this policy, where the legally licensed chiropractor is practicing within the scope of his/her license. These diagnoses must include appropriate clinical information to support the medical necessity for such treatments.

## **POLICY**

OSU Health Plan may request treatment plans and progress notes for medical review. We reserve the right to review past records and claims submissions.

OSU Health Plan requires fully documented treatment plan and SOAP notes for each visit billed to include:

1. Appropriate and legible SOAP chart notes documentation.
2. Progress reports and notes which document the following:
  - a. Diagnosis or diagnoses must support the level of care provided.
  - b. Medical necessity of the care provided must be demonstrated and may be subject to review (see criteria below).
  - c. Procedures performed must be within the scope of licensure as defined by the appropriate licensing boards within Ohio or the state in which the procedure is performed.

The OSU Health Plan considers chiropractic services medically necessary when all of the following criteria are met:

- The member has a neuromusculoskeletal disorder that is covered in this policy; and
- The medical necessity for treatment is clearly documented; and
- Improvement is documented within the initial 2 weeks of chiropractic care.

If no improvement is documented within the initial 2 weeks, additional chiropractic treatment is considered not medically necessary unless the chiropractic treatment is modified.

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

Once the maximum therapeutic benefit has been achieved, continuing chiropractic treatment is considered not medically necessary.

Maintenance chiropractic manipulation is not covered.

## **PRIOR AUTHORIZATION**

Prior authorization is not required for chiropractic services. However, OSU Health Plan may request treatment plans and progress notes for medical review. We reserve the right to review past records and claims submissions.

## **EVALUATION AND MANAGEMENT SERVICES**

A new patient evaluation and management (E&M) service is eligible for reimbursement in addition to the Chiropractic Manipulative Therapy (CMT 98940-98943) once per every three years. Providers billing a new E&M service must be from a different practice if billing sooner than three years.

Established patient E&M codes (9921X) may be used every 4 weeks thereafter if the member's condition requires above and beyond the usual pre-service and post-services associated with the procedure. An established patient E&M code may be used more frequently than every 4 weeks for a change in the member's condition (i.e., different diagnosis). The appropriate modifier (-25) must be used to indicate an E&M code is being used along with the additional chiropractic manipulative treatments (CMT) being addressed. Medical records to support the additional E&M service may be requested and the provider shall make these records available upon request. Any other services apart from an E&M service provided on the same day by the same provider in addition to the Chiropractic treatment will be reviewed separately for medical necessity.

## **MODALITIES**

Up to two therapeutic modalities (e.g. ultrasound, hot packs, and electrical muscle stimulation 97XXX, G0283) may be billed in addition to CMT. Radicular symptoms (sciatica, brachial neuralgia) may justify traction as a third modality.

## **PHYSICAL THERAPY SERVICES**

Physical therapy not performed at the time of chiropractic treatment, and not billed in the chiropractic E&M or CMT fee is not covered unless the site is an approved PAR provider for physical therapy services according to the OSU Faculty and Staff Health Plans Specific Plan Details Document. Group therapy is not covered (ie, CPT 97150).

## **X-RAY SERVICES**

Regional X-rays may be appropriate on the first visit with the following conditions and if same X-rays were not already performed recently:

- History of previous trauma to the same body region
- History of fracture, neoplasm or arthritis in the same region
- History of cancer that could conceivably metastasize to the involved region
- Elderly patients
- Suspicion of osteoporosis

Follow up x-rays are rarely appropriate unless there has been a new injury, change in condition or failure to respond to treatment. Requests for follow up x-rays and/or full spine x-rays will prompt a file review.

## **DURABLE MEDICAL EQUIPMENT**

Standard over the door traction (HCPC code E0942) can be dispensed by a Chiropractor. All other DME must be provided by a participating approved DME Provider.

## **LEVELS AND FREQUENCY OF CODES**

Frequent use of higher level codes (99214, 99215, 99204, 99205, 98942, 98943) may prompt a file review. Use of 98943 alone should be denied as provider liability.

The network average is expected to be 8-10 visits per case. An excessive number of visits may prompt a file review. OSU Health Plan reserves the right to review past records and claims submissions to determine medical necessity.

## BENEFIT/COVERAGE ISSUES

Refer to The Ohio State University Faculty and Staff Health Plans Specific Plan Details Document.

### RELATED CPT CODES

98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions.
98941	spinal, three to four regions
98942	spinal, five regions
98943	extraspinal, one or more regions

### DIAGNOSES WHICH MAY SUPPORT MEDICAL NECESSITY

**ICD-10 Codes covered if selection criteria are met:**

*Information in the [brackets] below has been added for clarification purposes.*

*Codes requiring a 7th character are represented by "+"*

G24.3	Spasmodic torticollis
G54.0 – G55	Nerve root and plexus disorders
G56.00 – G56.93	Mononeuritis of upper limb
G57.00 – G59	Mononeuritis of lower limb
G71.0 – G72.9	Primary disorders of muscles and other myopathies
G80.0 – G80.9	Cerebral palsy
M05.00 – M08.99	Rheumatoid arthritis and other inflammatory polyarthropathies
M12.00 – M13.89	Other and unspecified arthropathies
M15.0 – M19.93	Osteoarthritis and allied disorders
M20.001 – M25.9	Other joint disorders
M35.3 M75.00 – M79.9	Rheumatism, shoulder lesions and enthesopathies [excludes back]
M40.00 – M40.57, M42.00 – M54.9	Deforming dorsopathies, spondylitis and other Dorsopathies [excluding scoliosis]
M85.30 – M85.39	Osteitis condensans
M89.00 – M89.09	Algoneurodystrophy
M91.10 – M94.9	Osteochondropathies
M95.3	Acquired deformity of neck
M95.5	Acquired deformity of pelvis
M95.8	Other specified acquired deformities of musculoskeletal system
M95.9	Acquired deformities of musculoskeletal system, unspecified
M99.00 – M99.09	Segmental and somatic dysfunction
M99.10 – M99.19	Subluxation complex (vertebral)
M99.83 – M99.84	Other acquired deformity of back or spine
Q65.00 – Q68.8	Congenital musculoskeletal deformities
Q72.70 – Q72.73, Q74.1 – Q74.2	Congenital malformations of lower limb, including pelvic girdle
Q71.60 – Q71.63, Q74.0, Q74.9, Q87.89	Congenital malformations of upper limb, including shoulder girdle
Q76.0 – Q76.49	Congenital malformations of spine
Q77.0 – Q77.1 Q77.4 – Q77.5 Q77.7 – Q77.9 Q78.9	Osteochondrodysplasia
S13.0XX+ - S13.9XX+, S23.0XX+ - S23.9XX+, S33.0XX+ - S33.9XX+, S43.001+ - S43.92X+, S53.001+ - S53.499, S63.001+ - S63.92X+, S73.001+ - S73.199+, S83.001 - S83.92X+, S93.01X+ - S93.699+	Dislocation and sprains of joints and ligaments
S14.2XX+ - S14.9XX+,	Injury to nerve roots and spinal plexus

S24.2XX+ - S24.9XX+, S34.21X+ - S34.9XX+	
S16.1XX+	Strain of muscle, fascia and tendon at neck level
S23.41X+ - S23.429+, S33.4XX+, S33.8XX+ - S33.9XX+	Sprain of other ribs, sternum and pelvis
S29.002+, S29.012+, S29.092+	Injury or strain of muscle, fascia and tendon of thorax
S39.002+, S39.012+, S39.092+	Injury or strain of muscle, fascia and tendon of lower back
S44.00X+ - S44.92X+	Injury of nerves at shoulder and upper arm level
S46.011+ - S46.019+, S46.111+ - S46.119+, S46.211+ - S46.219+, S46.311+ - S46.319+, S46.811+ - S46.819+, S46.911+ - S46.919+	Injury of muscle, fascia and tendon at shoulder and upper arm level
S74.00X+ - S74.92X+	Injury of nerves at hip and thigh level
S76.011+ - S76.019+, S76.111+ - S76.119+, S76.211+ - S76.219+, S76.311+ - S76.319+, S76.811+ - S76.819+, S76.911+ - S76.919+	Injury of strain of muscle, fascia and tendon at hip and thigh level
S84.00X+ - S84.92X+	Injury of nerves at lower leg level
S86.011+ - S86.019+, S86.111+ - S86.119+, S86.211+ - S86.219+, S86.311+ - S86.319+, S86.811+ - S86.819+, S86.911+ - S86.919+	Injury of muscle, fascia and tendon at lower leg level
S94.011+ - S94.019+, S94.111+ - S94.119+, S94.211+ - S94.219+, S94.311+ - S94.319+, S94.811+ - S94.819+, S94.911+ - S94.919+	Injury of nerves at ankle and foot level
S96.011+ - S96.019+, S96.111+ - S96.119+, S96.211+ - S96.219+, S96.311+ - S96.319+, S96.811+ - S96.819+, S96.911+ - S96.919+	Injury of muscle, fascia and tendon at ankle and foot level

### EXPERIMENTAL AND INVESTIGATIONAL

The OSU Health Plan considers chiropractic services experimental and investigational for all other indications, including but not limited to any of the following conditions, because there is inadequate scientific research assessing the efficacy of chiropractic services compared with placebo, sham chiropractic or other modalities of treatment in these conditions:

Asthma	Migraine
Attention deficit hyperactivity disorder	Nocturnal enuresis
Autism	Otitis media
Cervicogenic headache	Pervasive developmental disorder
Colic	Post traumatic seizures
Chronic obstructive pulmonary disease	Premenstrual symptoms
Depression	Scoliosis [and kyphoscoliosis], idiopathic; resolving infantile
Diseases of the digestive system	idiopathic scoliosis; and progressive infantile idiopathic
Disorders of the foot and ankle	scoliosis
Dysmenorrhea	Temporomandibular joint disorder
Epilepsy and recurrent seizures	Tension headache
Hypertension	Unspecified convulsions [seizure disorder NOS]
Infertility	Vertigo

Improvement of brain function Maternal care for breech presentation Menopausal and female climacteric states	
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The OSU Health Plan considers the following chiropractic procedures experimental and investigational:

Active Release Technique Active Therapeutic Movement (ATM2) Advanced Biostructural Correction (ABC) Chiropractic Technique Applied Spinal Biomechanical Engineering Atlas Orthogonal Technique Bioenergetic Synchronization Technique Biogeometric Integration Blair Technique Bowen Technique Chiropractic Biophysics Technique Coccygeal Meningeal Stress Fixation Technique ConnectX (an instrument-assisted connective tissue therapy program) Cox decompression manipulation/ technique Cranial Manipulation Directional Non-Force Technique FAKTR (Functional and Kinetic Treatment with Rehab) Approach Gonzalez Rehabilitation Technique Inertial traction (inertial extensilizer decompression table)	IntraDiscNutrosis program Koren Specific Technique Manipulation for infant colic Manipulation for internal (non-neuromusculoskeletal) disorders (Applied Kinesiology) Manipulation Under Anesthesia Moire Contourographic Analysis Network Technique Neural Organizational Technique Neuro Emotional Technique NUCCA (National Upper Cervical Chiropractic Association) procedure Origin Insertion Release Technique Positional release therapy Sacro-Occipital Technique Spinal Adjusting Devices (ProAdjuster, PulStarFRAS, Activator) Therapeutic (Wobble) Chair Upledger Technique and Cranio-Sacral Therapy Vertebral Axial Decompression (VAX-D) Webster Technique (for breech babies) Whitcomb Technique
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## REFERENCES

- Aetna. (2018, June 6). *Chiropractic services*. Retrieved from [http://www.aetna.com/cpb/medical/data/100\\_199/0107.html](http://www.aetna.com/cpb/medical/data/100_199/0107.html)
- American Medical Association. (2015). *Standard edition current procedural terminology*.
- Chaibi A Benth JS, Tuchin PJ, Russell MB. Chiropractic spinal manipulative therapy for migraine: A three-armed, single-blinded, placebo, randomized controlled trial. *Eur J Neurol*. 2017;24(1):143-153.
- Dobson D, Lucassen PLBJ, Miller JJ, Vlieger AM, Prescott P, Lewith G. Manipulative therapies for infantile colic. *Cochrane Database of Systematic Reviews* 2012, Issue 12. Art. No.: CD004796. DOI: 10.1002/14651858.CD004796.pub2
- Gross A, Langevin P, Burnie SJ, Bédard-Brochu M, Empey B, Dugas E, Faber-Dobrescu M, Andres C, Graham N, Goldsmith CH, Brønfort G, Hoving JL, LeBlanc F. Manipulation and mobilisation for neck pain contrasted against an inactive control or another active treatment. *Cochrane Database of Systematic Reviews* 2015, Issue 9. Art. No.: CD004249. DOI: 10.1002/14651858.CD004249.pub4
- Hondras MA, Linde K, Jones AP. Manual therapy for asthma. *Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD001002. DOI: 10.1002/14651858.CD001002.pub2
- Huang T, Shu X, Huang YS, Cheuk DKL. Complementary and miscellaneous interventions for nocturnal enuresis in children. *Cochrane Database of Systematic Reviews* 2011, Issue 12. Art. No.: CD005230. DOI: 10.1002/14651858.CD005230.pub2

MCG Health, LLC. (2018). Spinal Manipulation Therapy (SMT), Chiropractic and Other. Ambulatory Care Guideline A-0331 22<sup>nd</sup> Edition.

Moore CS, Sibbritt DW, Adams J. A critical review of manual therapy use for headache disorders: Prevalence, profiles, motivations, communication and self-reported effectiveness. *BMC Neurol.* 2017a;17(1):61.

Moore C, Adams J, Leaver A, et al. The treatment of migraine patients within chiropractic: Analysis of a nationally representative survey of 1869 chiropractors. *BMC Complement Altern Med.* 2017b;17(1):519.

Proctor M, Hing W, Johnson TC, Murphy PA, Brown J. Spinal manipulation for dysmenorrhoea. *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No.: CD002119. DOI: 10.1002/14651858.CD002119.pub3

Rubinstein SM, Terwee CB, Assendelft WJJ, de Boer MR, van Tulder MW. Spinal manipulative therapy for acute low-back pain. *Cochrane Database of Systematic Reviews* 2012, Issue 9. Art. No.: CD008880. DOI: 10.1002/14651858.CD008880.pub2

Rubinstein SM, van Middelkoop M, Assendelft WJJ, de Boer MR, van Tulder MW. Spinal manipulative therapy for chronic low-back pain. *Cochrane Database of Systematic Reviews* 2011, Issue 2. Art. No.: CD008112. DOI: 10.1002/14651858.CD008112.pub2

Silberstein, S. D. (2000). Practice parameter: Evidence-based guidelines for migraine headache (an evidence-based review): Report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology*, 55, 754-762.

Shekelle, P.& Vernon, H. (2018). Spinal manipulation in the treatment of musculoskeletal pain. *UpToDate*. Retrieved from [http://www.uptodate.com/contents/spinal-manipulation-in-the-treatment-of-musculoskeletal-pain?source=search\\_result&search=chiropractic&selectedTitle=1~37](http://www.uptodate.com/contents/spinal-manipulation-in-the-treatment-of-musculoskeletal-pain?source=search_result&search=chiropractic&selectedTitle=1~37)