

Chiropractic Services

Date of Origin: 03/2004

Last Review Date: 01/24/2024

Effective Date: 02/01/2024

Dates Reviewed: 02/2005, 02/2006, 02/2007, 02/2008, 02/2009, 02/2011, 01/2012, 01/2013, 11/2014, 01/2016, 01/2017, 01/2018, 01/2019, 01/2020, 01/2021, 01/2022, 01/2023, 01/2024

Developed By: Medical Necessity Criteria Committee

I. Description

Chiropractic care is a branch of the healing arts that is based on the relationship between the neuroskeletal and musculoskeletal structures and functions of the body. The primary focus of chiropractic care is the relationship between the spinal column and the nervous system as it relates to the restoration and maintenance of health. However, all other peripheral articular structures and adjacent tissues may be treated by a chiropractic physician, depending on the scope of practice.

II. Criteria: CWQI: HCS-0016

- A. For plans with a chiropractic rider and plans that do not limit chiropractic services, Moda Health will cover chiropractic services when it is administered by a healthcare provider who is a legally qualified chiropractic physician practicing within the scope of his/her license and when **all** of the following criteria are met:
 - a. The patient has a neuromusculoskeletal disorder; and
 - b. The medical necessity for treatment is documented.
- B. **Continuation** of chiropractic care is considered medically necessary until maximum therapeutic benefit has been achieved. This can be determined by documentation that the patient has not responded clinically between treatments, which would indicate the patient has plateaued and reached the maximum therapeutic benefit. The member should be transitioned to a home exercise and stretching program once maximum therapeutic benefit has been achieved.
- C. Maintenance programs that prevent regression of a condition or function are NOT covered

III. Experimental and investigational procedures:

1. When manipulation is provided for the following conditions, this is considered investigational and not covered (not an all-inclusive list);
 - A. Spinal manipulation under anesthesia
 - B. Thermography
 - C. Paraspinal Electromyography (EMG)/Surface scanning EMG
 - D. Manipulation for non-neuromusculoskeletal conditions (i.e infectious disease)
 - E. Chiropractic/manipulative management of scoliosis
 - F. Dry hydrotherapy
 - G. Chiropractic manipulation of infants for non-neuromusculoskeletal conditions.

- H. Graston technique
- I. Spinopathy
- J. Thermomechanical massage

2. Manipulation of infants for ALL the following non-neuromusculoskeletal indications (not an all-inclusive list) is considered investigational and not covered;
 - A. Infants with gastro-intestinal disorders including constipation
 - B. Infants with excessive intestinal gas
 - C. Infants with gastroesophageal reflux disease

IV. Information Submitted with the Prior Authorization Request:

1. Chart notes from PCP or specialist documenting diagnosis
2. Original evaluation and progress notes from the chiropractic provider including a plan for continued therapy.

V. Applicable CPT or HCPC codes including but not limited to:

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

VI. CPT and HCPC codes not covered including but not limited to:

Codes	Description
22505	Manipulation of spine requiring anesthesia, any region
S3900	Surface electromyography (EMG)
S8990	Physical or manipulative therapy performed for maintenance rather than restoration

VII. Annual Review History

Review Date	Revisions	Effective Date
01/2013	Annual Review: Added table with review date, revisions, and effective date. Dr. Engrav signature replaced Dr. Mills.	01/2013
12/2013	Annual Review: Added transition to home exercise and stretching program in criteria section II. Updated website addresses in references.	12/19/2013
12/2014	Annual Review: No changes	12/03/2014
01/2016	Annual Review: No changes	01/27/2016

01/2017	Annual Review: No changes	01/25/2017
1/2018	Annual Review: No changes	01/25/2018
01/2019	Annual Review: No changes	02/01/2019
01/2020	Annual Review: Minor grammar changes	02/01/2020
01/2021	Annual Review: No changes	02/01/2021
01/2022	Annual Review: No changes	02/01/2022
01/2023	Annual Review: Added dx listed as E/I	02/01/2023
01/2024	Annual Review: No changes	02/01/2024
02/2024	Update: added non-musculoskeletal conditions considered investigational relating to musculoskeletal manipulation for infants	

VIII. References

1. Oregon Board of Chiropractic Examiners, Guide to Policy & Practice Questions Issues. Accessed December, 2019 <https://www.oregon.gov/obce/Pages/Scope.aspx>
2. Oregon Revised Statutes; Chapter 684 - Chiropractors. Accessed December 2019 https://www.oregonlegislature.gov/bills_laws/ors/ors684.html
3. Oregon Board of Chiropractic Examiners; Oregon Administrative Rules; Chapter 811, Accessed December, 2019 <https://www.oregon.gov/obce/Pages/Laws-Rules.aspx>
4. Oregon Chiropractic Practices and Utilization Guidelines, Accessed December 2019 https://www.oregon.gov/obce/Documents/OCPUG_Revised_Sept2019.pdf
5. Sandefur, Ruth, Coulter Ian, Chiropractic in the United States: Training, Practice and Research, Chapter V: Licensure and Legal Scope of Practice, September, 1997.
6. Peer Specialty Review
7. Physician Advisors