MEDICAL POLICY

Excellus
A nonprofit independent licensee of the Blue Cross Blue Shield Association

MEDICAL POLICY DETAILS	
Medical Policy Title	**Chiropractic Care**
Policy Number	**10.01.02**
Category	**Government Mandate**
Original Effective Date	**08/25/99**
Committee Approval Date	**11/15/01, 11/21/02, 12/11/03, 03/04/05, 02/23/06, 02/22/07, 02/28/08, 02/26/09, 02/25/10, 02/24/11, 02/27/12, 02/28/13, 02/27/14, 02/26/15, 02/25/16, 04/27/17, 02/22/18, 02/28/19, 04/23/20, 06/24/21**
Revised Effective Date	**10/20/21**
Archived Date	**N/A**
Archive Review Date	**N/A**
Product Disclaimer	• *If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.* • *If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.*

POLICY STATEMENT

I. Based upon our criteria and assessment of the peer-reviewed literature, chiropractic care has been medically proven to be effective and, therefore, is considered **medically appropriate** for diagnosis and management of neuromusculoskeletal conditions, within the boundaries set by state licensure, by a licensed Doctor of Chiropractic (DC).

II. Based upon our criteria and assessment of the peer-reviewed literature, chiropractic care has been medically proven to be effective and, therefore, is considered **medically appropriate** when all of the following criteria are met:
   A. There is documented history, examination, and diagnosis of a neuromusculoskeletal condition;
   B. There is a reasonable expectation of recovery or improvement in function;
   C. Treatment is provided in accordance with standards of generally accepted chiropractic practice;
   D. The diagnostic procedures and therapeutic interventions are clearly related to the patient's symptoms/condition being treated; and
   E. Individualized treatment plans incorporate objective measures of patient-based outcomes.

III. Maintenance care begins when the therapeutic goals of a treatment plan have been achieved or when no additional functional progress is apparent or expected to occur. Maintenance care is considered **not medically necessary**.

IV. Based on our criteria and assessment of the peer-reviewed literature, chiropractic care has not been medically proven to be effective and, therefore, is considered **not medically necessary** as a treatment intervention to restore spinal curves or in treatment of idiopathic scoliosis in an asymptomatic patient.

V. Based on our criteria and assessment of the peer-reviewed literature, routine or repeat x-ray use to assess the function or structure of the spine has not been medically proven to be effective and, therefore, is considered **not medically necessary** in the absence of red flags or clinical reasons to suspect serious underlying pathology.

VI. Based upon our criteria and assessment of the peer-reviewed literature, chiropractic care has not been medically proven to be effective and, therefore, is considered **investigational** when it is rendered for non-neuromusculoskeletal conditions (e.g., infantile colic, childhood asthma, hypertension, primary dysmenorrhea).

Refer to Corporate Medical Policy #7.01.76 Spinal Manipulation under Anesthesia.

Refer to Corporate Medical Policy #8.01.12 Physical Therapy which includes dry needling.

POLICY GUIDELINES

I. Coverage of chiropractic care is limited to medically necessary services provided by a licensed DC, within the scope of their license, in connection with the detection or correction of spinal misalignment or mechanical/myofascial extremity pain.

II. Contraindications include, but are not limited to, recent compression fracture, severe osteoporosis, inflammatory arthropathy in the active systemic stage, or locally if acute inflammation is present, infections, cauda equina syndrome, progressive or sudden neurological deficit and visceral disease.

III. All chiropractic care is subject to retrospective utilization review for determining medical necessity. Coverage for services determined to be not medically necessary will be denied.

IV. Examples of red flags, which may indicate the possibility of a more serious underlying condition, include back pain and/or back pain with radiculopathy in one or more of the following settings:
   A. history of cancer,
   B. unexplained weight loss,
   C. immunosuppression,
   D. urinary infection,
   E. intravenous drug use,
   F. prolonged use of corticosteroids,
   G. back pain not improved with conservative management,
   H. history of significant trauma,
   I. minor fall or heavy lift in a potentially osteoporotic or elderly individual,
   J. prolonged use of steroids,
   K. acute onset of urinary retention or overflow incontinence,
   L. loss of anal sphincter tone or fecal incontinence,
   M. saddle anesthesia, or
   N. global or progressive motor weakness in the lower limbs.

DESCRIPTION

Chiropractic is a health care profession that focuses on disorders of the musculoskeletal system (primarily the spine) and the nervous system, and their effects on general health. Chiropractic services are used to treat neuromusculoskeletal complaints, including, but not limited to, back pain, neck pain, pain in the joints of the arms or legs, and headaches. DCs often referred to as chiropractors, practice a hands-on, drug-free approach to health care that includes patient examination, diagnosis, and treatment. Chiropractors have broad diagnostic skills and are trained to recommend therapeutic and rehabilitative exercises, as well as to provide nutritional, dietary, and lifestyle counseling.

One of the most common and well-known therapeutic procedures performed by DCs is spinal manipulation (sometimes referred to as a "chiropractic adjustment"). The purpose of spinal manipulation is to restore joint mobility by manually applying a controlled force into joints that have become hypomobile – or restricted in their movement – as a result of a tissue injury or restriction. Manipulation, or adjustment, of the affected joint and tissues, restores mobility, potentially alleviating pain and muscle tightness, and restoring function.

New York State law requires that contracts providing physician services, medical, major medical, or similar comprehensive-type coverage, shall include coverage for chiropractic care. Chiropractic care in New York State is defined as detecting and correcting structural imbalance, distortion, or subluxations in the human body through manual or mechanic means, for the purpose of removing nerve interference effects related to distortion, misalignment, or subluxation of or in the vertebral column.

RATIONALE

Chiropractic care has been utilized for the treatment of idiopathic scoliosis, however scientific evidence is limited, and the efficacy of manual therapy for correcting the scoliotic curve or progression of the curve has not been established in the peer-reviewed published scientific literature. Chiropractic manipulation may be used to improve joint mobility and relieve pain associated with scoliosis.

Plain film radiographs should not be used as a screening procedure without clinical indications. The decision for radiographic re-examination should be based on patient symptoms, physical findings, and the potential impact of the results of the examination on the treatment plan and on the net health outcome for the patient. A literature review performed by Corso et al. (2020) did not identify any relevant studies that investigated the diagnostic or therapeutic utility of cervical, thoracic or lumbar radiographs (in the absence of red flags) for the functional or structural evaluation of the spine. Similarly, Jenkins et al. (2018) found limited evidence to support routine spinal x-rays and strong evidence to support potential harms associated with routine spinal x-rays. Without indicators of serious pathology, the increase in information available from x-ray adds little additional benefit to patient health, and may unnecessarily increase patient concern, increase the risk of developing chronic pain, contribute to fear-avoidance behaviors, and contribute to low-value care.

The long-term safety and effectiveness of the use of chiropractic management and manual therapies in the treatment of non-neuromusculoskeletal conditions, including but not limited to hypertension, asthma, colic and otitis media have not been proven in the medical literature through quality research, such as long-term, randomized, controlled clinical trials. A systematic review was conducted during a Global Summit in September 2019 to evaluate the medical literature on the use of spinal manipulative therapy (SMT) to manage non-musculoskeletal disorders (Côté et al., 2021). Based on six randomized controlled trials, SMT was found to not be superior to sham interventions for the treatment of non-musculoskeletal disorders. The researchers concluded there is no evidence of an effect of SMT for the management of non-musculoskeletal disorders including infantile colic, childhood asthma, hypertension, and primary dysmenorrhea.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Not Medically Necessary = (NMN)*

Modifiers

Code	Description
AT	Acute or active treatment (this modifier should be used when reporting service 98940, 98941, 98942)

CPT Codes

Code	Description
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
S8990 **(NMN)**	Physical or manipulative therapy performed for maintenance rather than restoration

Copyright © 2021 American Medical Association, Chicago, IL

HCPCS Codes

Code	Description
No code(s)	

ICD10 Codes

Code	Description
Numerous	

REFERENCES

Blancette MA, et al. Effectiveness and Economic Evaluation of Chiropractic Care for the Treatment of Low Back Pain: A Systematic Review of Pragmatic Studies. PLoS One 2016 Aug 3;11(8):e0160037.

*Bronfort G, et al. Spinal manipulation, medication, or home exercise with advice for acute and subacute neck pain: a randomized trial. Ann Intern Med 2012 Jan 3;156(1 Pt 1):1-10.

*Bronfort G, et al. Spinal manipulation and home exercise with advice for subacute and chronic back-related leg pain: a trial with adaptive allocation. Ann Intern Med 2014 Sep 16;161(6):381-91.

*Bryans R, et al. Evidence-based guidelines for the chiropractic treatment of adults with headache. J Manipulative Physiol Ther 2011 Jun;34(5):274-89.

*Bryans R, et al. Evidence-based guidelines for the chiropractic treatment of adults with neck pain. J Manipulative Physiol Ther 2014 Jan;37(1):42-63.

*Bussières AE, et al. Diagnostic imaging practice guidelines for musculoskeletal complaints in adults-an evidence-based approach-part 3: spinal disorders. J Manipulative Physiol Ther 2008 Jan;31(1):33-88.

Bussieres AE, et al. Spinal manipulative therapy for low back pain-time for an update. Can Fam Physician 2017 Sep;63(9):669-672.

Bussières AE, et al. Spinal manipulative therapy and other conservative treatments for low back pain: a guideline from the Canadian Chiropractic Guideline Initiative. J Manipulative Physiol Ther 2018 May;41(4):265-293.

*Corso M, et al. The clinical utility of routine spinal radiographs by chiropractors: a rapid review of the literature. Chiropr Man Therap 2020 Jul 9;28(1):33.

*Côté P, et al. The global summit on the efficacy and effectiveness of spinal manipulative therapy for the prevention and treatment of non-musculoskeletal disorders: a systematic review of the literature. Chiropr Man Therap 2021 Feb 17;29(1):8.

Coulter ID, et al. Manipulation and mobilization for treating chronic nonspecific neck pain: a systematic review and meta-analysis for an appropriateness panel. Pain Physician 2019 Mar;22(2):E55-E70.

DeVocht JW, et al. The effect of chiropractic treatment on the reaction and response times of special operation forces military personnel: study protocol for a randomized controlled trial. Trials 2016 Sept 20 17:457.

Driehuis F, et al. Spinal manual therapy in infants, children and adolescents: A systematic review and meta-analysis on treatment indication, technique and outcomes. PLoS One 2019 Jun 25;14(6):e0218940.

Globe G, et al. Clinical practice guideline: chiropractic care for low back pain. J Manipulative Physiol Ther 2016 Jan;39(1):1-22.

Hawk C, et al. Best practices for chiropractic care for older adults: a systematic review and consensus update. J Manipulative Physiol Ther 2017 May;40(4):217-229.

Hawk C, et al. Best Practices for chiropractic management of patients with chronic musculoskeletal pain: a clinical practice guideline. J Altern Complement Med 2020 Oct;26(10):884-901.

Hays RD, et al. Group and individual-level change on health-related quality of life in chiropractic patients with chronic low back or neck pain. Spine (Phila Pa 1976) 2019 May 1;44(9):647-651.

*Jenkins HJ, et al. Current evidence for spinal X-ray use in the chiropractic profession: a narrative review. Chiropr Man Therap 2018 Nov 21;26:48.

Leininger B, et al. Cost-effectiveness of spinal manipulative therapy, supervised exercise, and home exercise for older adults with chronic neck pain. Spine J 2016 Nov;16(11):1292-1304.

Lisi AJ, et al. Chiropractic integrated care pathway for low back pain in veterans: results of a Delphi consensus process. J Manipulative Physiol Ther 2018 Feb;41(2):137-148.

Lynge S, et al. Effectiveness of chiropractic manipulation versus sham manipulation for recurrent headaches in children aged 7-14 years - a randomised clinical trial. Chiropr Man Therap 2021 Jan 7;29(1):1.

Maiers M, et al. Short- or long-term treatment of spinal disability in older adults with manipulation and exercise. Arthritis Care Res (Hoboken) 2019 Nov;71(11):1516-1524.

New York State Consolidated Insurance Law. Article 32 § 3216 [https://codes.findlaw.com/ny/insurance-law/isc-sect-3216.html]. Accessed 3/6/21.

New York Insurance Law Insurance Law § 3221(k)(11) [http://codes.findlaw.com/ny/insurance-law/isc-sect-3221.html]. Accessed 3/6/21.

*Paige NM, et al. Association of spinal manipulative therapy with clinical benefit and harm for acute low back pain: Systematic review and meta-analysis. JAMA 2017 Apr 11;317(14):1451-1460.

*Patel ND, et al. ACR appropriateness criteria low back pain. J Am Coll Radiol 2016 Sep;13(9):1069-78.

Rist PM, et al. The impact of spinal manipulation on migraine pain and disability: a systematic review and meta-analysis. Headache 2019 Apr;59(4):532-542.

Rubinstein SM, et al. Benefits and harms of spinal manipulative therapy for the treatment of chronic low back pain: systematic review and meta-analysis of randomised controlled trials. BMJ 2019 Mar 13;364:l689.

* Schneider M, et al. Comparison of spinal manipulation methods and usual medical care for acute and subacute low back pain: a randomized clinical trial. Spine (Phila Pa 1976) 2015 Feb 15;40(4):209-17.

Thomas JS, et al. Effect of spinal manipulative and mobilization therapies in young adults with mild to moderate chronic low back pain: A randomized clinical trial. JAMA Netw Open 2020 Aug 3;3(8):e2012589.

*Walker BF, et al. Short-term usual chiropractic care for spinal pain: a randomized controlled trial. Spine (Phila Pa 1976) 2013 Nov 15;38(24):2071-8.

Ward MM, et al. 2019 Update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network recommendations for the treatment of ankylosing spondylitis and nonradiographic axial spondyloarthritis. Arthritis Care Res (Hoboken) 2019 Oct;71(10):1285-1299.

*Westrom KK, et al. Individualized chiropractic and integrative care for low back pain: the design of a randomized clinical trial using a mixed-methods approach. Trials 2010 Mar 8 11:24.

Whalen W, et al. Best-practice recommendations for chiropractic management of patients with neck pain. J Manipulative Physiol Ther 2019 Dec 20. [Epub ahead of print]

Wirth B, et al. An observational study on trajectories and outcomes of chronic low back pain patients referred from a spine surgery division for chiropractic treatment. Chiropr Man Therap 2019 Feb 5;27:6.

*Key Article

KEY WORDS

Chiropractic Care

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is a Local Coverage Article (LCA) (A57889) effective 1/1/20 that can be found at: https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57889&ver=3&DocID=A57889&SearchType=Advanced&bc=EAAAAAgAAAAA&