MEDICAL POLICY

Excellus
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Medical Policy Title	**Chiropractic Care**
Policy Number	**10.01.02**
Current Effective Date	**October 22, 2026**
Next Review Date	**October 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service.
(Link to Product Disclaimer)

POLICY STATEMENT(S)

I. Chiropractic care 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. Chiropractic care is considered **medically appropriate** when **ALL** the following criteria are met:

   A. There is a 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;

   E. Individualized treatment plans incorporate objective measures of patient-based outcomes.

III. Chiropractic care is considered **not medically necessary** as a treatment intervention to restore spinal curves or in treatment of idiopathic scoliosis in an asymptomatic patient.

IV. Routine or repeat x-ray use to assess the function or structure of the spine is considered **not medically necessary** in the absence of red flags or clinical reasons to suspect serious underlying pathology.

V. Chiropractic care is considered **investigational** when it is rendered for non-neuromusculoskeletal conditions (e.g., infantile colic, childhood asthma, hypertension, primary dysmenorrhea).

RELATED POLICIES

Corporate Medical Policy

8.01.24 Therapies (Speech, Physical and Occupational)

11.01.03 Experimental or Investigational Services

POLICY GUIDELINE(S)

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 has 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 – because 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.

SUPPORTIVE LITERATURE

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 (Cote 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.

Cabanillas-Barea et al (2023) conducted a systematic review and meta-analysis that evaluated the effectiveness of osteopathy and chiropractic techniques in reducing crying time and increasing sleep time in babies with infantile colic. The outcome measures were hours spent crying and/or sleeping. Five studies with 422 babies total were evaluated. Complementary treatments failed to decrease the crying time (mean difference -1.08, 95% CI: -2.17 to 0.01) and to increase sleeping time (mean

difference 1.11, 95% CI: -0.20 to 2.41) compared with no intervention. Authors concluded that osteopathy and chiropractic treatment failed to reduce the crying time and increase sleeping time in babies with infantile colic, compared to no additional intervention.

Trager et al (2026) conducted an evidence-based clinical practice guideline development study for the chiropractic management of adults with cervicogenic headache (CGH) and tension-type headache (TTH). The authors performed an umbrella review of systematic reviews and clinical practice guidelines on nonpharmacological interventions for adults with CGH or TTH published from 2017 to August 2023. Thirty-two relevant articles (31 systematic reviews and 1 clinical practice guideline) were identified and considered “high” or “acceptable” quality. Strong recommendations for CGH chiropractic management include offering spinal manipulation and offering multimodal therapy that includes spinal manipulation and any combination of joint mobilization, soft tissue, and/or modalities. Strong recommendations for TTH management include providing spinal manipulation combined with joint mobilization, soft tissue techniques, and/or modalities, and offering joint mobilization and/or soft tissue techniques. The authors concluded that Chiropractors may appropriately care for individuals with CGH and TTH using a variety of nonpharmacological interventions, including the use of spinal manipulative therapy for patients with CGH, whereas patients with TTH should receive spinal manipulative therapy as a component of multimodal care.

PROFESSIONAL GUIDELINE(S)

American Chiropractic Association. Available from: https://www.acatoday.org/ [accessed 2026 Sep 28]

REGULATORY STATUS

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.

The United States Food and Drug Administration (FDA) regulates medical devices. All devices including related components require FDA approval before marketing and use in the United States to ensure they are safe and effective for human use. Refer to the FDA Medical Device website. Available from: https://www.fda.gov/medical-devices [accessed 2026 Sep 28]

The FDA lists the most serious type of medical device recalls as well as early alert communications about corrective actions being taken by companies that the FDA believes are likely to be the most serious type of recalls on our website by the date that the FDA posts the information on our website. Available from: Medical Device Recalls | FDA [accessed 2026 Sep 28]

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).

- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

Code Modifier

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

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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

HCPCS Codes

Code	Description
N/A	

ICD10 Codes

Code	Description
Multiple Codes	

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New York State Senate [Internet]. Consolidated Laws of New York. Insurance. Article 32 § 3221. 2026 Jun 5 [accessed 2026 Sep 28]. Available from: https://www.nysenate.gov/legislation/laws/ISC/3221

Trager RJ, et al. Chiropractic management of adults with cervicogenic or tension-type headaches: development of a clinical practice guideline. J Integr Complement Med. 2026 Apr;32(4):325-344.

Whalen W, et al. Best practices for chiropractic management of adult patients with mechanical low back pain: a clinical practice guideline for chiropractors in the United States. J Manipulative Physiol Ther. 2022 Oct;45(8):551-565.

SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Article - Chiropractic Services – Medical Policy Article (A57889) [accessed 2026 Sep 28]

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.

- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) 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.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION	
Committee Approval Dates	
08/25/99, 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, 10/20/21, 07/21/22, 07/20/23, 07/18/24, 07/17/25, 07/16/26, 10/22/26	
Date	**Summary of Changes**
10/22/26	• Off cycle, full review; not medically necessary maintenance care criteria removed.
07/16/26	• Annual review; policy intent unchanged.
07/17/25	• Annual review; Policy intent unchanged.
01/01/25	• Summary of changes tracking implemented.
08/25/99	• Original effective date