

MedStar Health, Inc. POLICY AND PROCEDURE MANUAL

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SUBJECT: Chiropractic Services and Adjunctive Procedures
(Children under 13 years of age)
INDEX TITLE: Medical Management
ORIGINAL DATE: January 2013

This policy applies to the following lines of business: (Check those that apply.)

COMMERCIAL	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Fully Insured	<input type="checkbox"/> Individual Product	<input type="checkbox"/> Marketplace (Exchange)	<input checked="" type="checkbox"/> All
GOVERNMENT PROGRAMS	<input type="checkbox"/> MA HMO <input type="checkbox"/> MA PPO <input type="checkbox"/> MA C-SNP <input type="checkbox"/> MA D-SNP <input checked="" type="checkbox"/> MA All					
	<input type="checkbox"/> Medicaid					
OTHER	<input checked="" type="checkbox"/> Self-funded/ASO					

I. POLICY

It is the policy of MedStar Health, Inc. to recognize chiropractic services and adjunctive procedures as appropriate and consistent with good medical practice and will provide coverage for children under 13 years of age when the services are medically necessary and covered by the member's benefit plan.

Covered chiropractic services include evaluation and management, manipulation, therapeutic exercise, and adjunctive procedures that are appropriate and medically necessary for neuromusculoskeletal conditions.

Children under 13 years of age require prior authorization as specified in the indications of this policy unless exceptions are outlined in individual plan benefits.

Coverage is limited to medically necessary services provided by a licensed doctor of chiropractic, within the scope of his/her license. A chiropractor can perform adjunctive procedures, as defined in this policy, if he/she is licensed in the state in which the provider practices to perform adjunctive procedures. Coverage of adjunctive procedures is as specified in this policy.

All denials are based on medical necessity and appropriateness, and are made by the MedStar Health, Inc. Medical Director (Medical Director). Chiropractic services and adjunctive procedures for adults and children 13 years old and over, refer to PAY111.MH Chiropractic Services and Adjunctive Procedures (Adults and Children 13 years old and over)



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II. DEFINITIONS

Adjunctive Procedures - are physical measures, such as mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage and mobilization.

High Velocity Manipulative Thrust Techniques (Dynamic Thrust) - are a form of manipulation where the practitioner applies a short, sharp motion usually applied to the spine. This maneuver is designed to release structures with a restricted range of movement.

Manipulation/adjustment - refers to a wide variety of manual and mechanical interventions that may be high or low velocity; short or long lever thrusts; high or low amplitude; with or without recoil. Procedures are usually directed at specific joints or anatomic regions.

Therapeutic exercise - is scientifically supervised physical activity that maintains or increases muscle tone, strength and flexibility. Therapeutic exercise is not an adjunctive procedure.

III. PURPOSE

The purpose of this policy is to provide medically necessary indications for chiropractic services and adjunctive procedures for children under 13 years old.

IV. SCOPE

This policy applies to various departments as indicated by the Benefit and Reimbursement Committees. These include, but are not limited to: Medical Management, Benefit Configuration and Claims Departments.

V. PROCEDURE

Chiropractic is as a branch of the healing arts dealing with the relationship between the articulations of the vertebral column, as well as other articulations, and the neuro-musculoskeletal system and the role of these relationships in the restoration and maintenance of health. The term shall include systems of locating misaligned or displaced vertebrae of the human spine and other articulations, the examination preparatory to the adjustment or manipulation of such misaligned or displaced vertebrae and other articulations, the adjustment or manipulation of such misaligned or displaced vertebrae and other articulations, the furnishing of necessary patient care for the restoration and maintenance of health, and the use of board-approved scientific instruments of analysis, including X-ray. The term shall also include diagnosis, provided that such diagnosis is necessary to determine the nature and appropriateness of chiropractic treatment and the use of adjunctive procedures and therapeutic exercises in treating misaligned or dislocated vertebrae or articulations and related conditions of the nervous system. The licensee must



be certified in accordance with this Act to use adjunctive procedures. The term shall not include the practice of obstetrics or gynecology, the reduction of fractures or major dislocations, or the use of drugs or surgery.

The scientific literature regarding the safety and effectiveness of manipulation/manual procedures has been focused on adults, and great care must be taken when extrapolating this information to the pediatric population. In addition, the range of diagnostic possibilities in the pediatric population differs significantly from adults, and management of certain conditions is best served with involvement of a pediatrician. For these reasons MedStar Health will require medical director prior authorization for chiropractic treatment of children under the age of 13.

B. Specific Indications

On a case-by-case basis in situations where the scope of illness requires co-management, the MedStar Health Medical Director shall require evaluation by a Pediatrician or Primary Care Physician prior to initiating therapy.

Indications for Chiropractic Services Include All of the Following:

1. Documented primary, neuro-musculoskeletal symptoms involving the spine, paraspinal soft tissues, and extremities.
2. Subluxations of the spine must be evidenced with corresponding musculoskeletal symptoms for approval of Chiropractic services.
3. Manipulation or Chiropractic Manipulation Therapy (CMT) is appropriate to reduce symptoms and/or to restore function that has been compromised by illness or injury.

Indications for Adjunctive Procedures:

Adjunctive procedures are appropriate to reduce symptoms and/or restore function that has been compromised by illness or injury (Refer to Section C - Codes and Billing Guidelines).

Indications for Therapeutic Exercise:

Therapeutic exercise is appropriate to reduce symptoms and/or restore function by building strength, endurance and flexibility of the affected region (Refer to Section C- Codes and Billing Guidelines).

C. Codes and Billing Guidelines

The codes for treatments and procedures applicable to this policy are for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Codes and Billing Guidelines for Chiropractic Services:

1. Initial Assessment

- The initial assessment (evaluation and management [E/M]) does not require prior authorization but will be subject to audits for policy compliance.

Note: After the initial assessment, a complete member summary must be submitted with any prior authorization request for manipulation and/or adjunctive services. This assessment must include a detailed history of symptoms and illness, an exam, a summary of prior testing and management efforts, a diagnosis and a treatment plan.

2. Additional E/M Services

- Additional E/M services within the same treatment plan may be reported separately using the modifier -25, if the member's condition requires a significant separately identifiable E/M service above and beyond the usual pre and post service work associated with the procedure.
- Supporting documentation may be requested for all E/M codes with a modifier -25 (Refer to Section E- Information Required for Review).

3. 97140 Manual Therapy (adjunctive service)

- 97140 Manual therapy code may not be used with CMT codes 98940-98943. It is considered an inherent component of the CMT codes and it is not eligible for separate reimbursement when reported on the same date of service.
- Exception: When 97140 is performed on a separate body region unrelated to the CMT code, this procedure may be considered for separate payment. In this instance modifier -59 should be appended to 97140 and billed accordingly.
- Appropriate information that identifies the separate body region, unrelated to the CMT code, should be documented in the member's chart.

4. MedStar Health may request office notes to audit claims data.

Covered Chiropractic Services:

1. For a given visit, coverage will be limited to chiropractic services, as follows:

- One (1) service with a CMT Code: 98940-98943,
And
- One (1) of the following adjunctive modality codes:
97012, 97014, 97032, 97033, 97035, 97140 (CPT code 97140 only used for
exception referenced previously),
And
- One (1) service with CPT code 97110 (therapeutic exercise performed to build
strength, endurance and flexibility).

Or

- One (1) service with a **CMT** Code: 98940-98943 and Two (2) Therapeutics and no
Adjunctive.

Or



- One (1) service with a **CMT** Code: 98940-98943 and Two (2) Adjunctives and no Therapeutic.
2. Network providers are required to have a copy of their adjunctive procedures certificate on file prior to billing.
 3. Any out-of-network provider billing for adjunctive procedures is required to submit a copy of his/her adjunctive procedures certificate with each claim.
 4. MedStar Health may request office notes to audit claims data.

Covered Adjunctive Procedures:

The following CPT codes represent procedures identified as adjunctive procedures that shall be covered by MedStar Health, when medically necessary, unless an individual product has benefit exclusions or other limitations that apply to chiropractic care:

- 97012 Application of a modality to one or more areas; traction, mechanical (unattended)
- 97014 Application of a modality to one or more areas; electrical stimulation (unattended)
- 97032 Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
- 97033 Application of a modality to one or more areas; iontophoresis (attended), each 15 minutes
- 97035 Application of a modality to one or more areas; ultrasound (attended), each 15 minutes
- 97140 Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (See Codes and Billing Guidelines for Chiropractic Services for exception allowing this code to be used)

E. Limitations, Contraindications and Non Covered Services

Limitations

1. For initial authorizations, the number of approved treatments and the duration of approved care will be determined by a MedStar Health Medical Director, based on medical necessity and appropriateness, but will not exceed 30 days or 8 visits without subsequent authorization.

2. Subsequent authorization will require additional information detailing the member's clinical and functional changes since the initial submission, and progress toward the treatment goals.

Contraindications:

Contraindications to high velocity manipulative thrust techniques to an area of involvement weakened by disease or injury may exist and require avoidance or modification of the procedure:

1. **Absolute Contraindication** – Any circumstance which renders a form of treatment or clinical intervention inappropriate because it places the member at undue risk. Examples of absolute contraindications for high velocity manipulative procedures to an area weakened by disease or injury include any of the following:
 - Acute rheumatoid, rheumatoid-like and nonspecific arthropathies
 - Acute fractures and/or dislocations
 - Healed fractures with signs of instability
 - Os Odontoideum with or without cervical 1-cervical 2 instability
 - Infection of bone and/or joint
 - Malignancy
 - Acute myelopathy and/or cauda equina syndrome
 - Vertebrobasilar insufficiency
 - Significant aneurysm involving a major blood vessel
 - Chiari Type 1 malformation
2. **Relative Contraindication** – any circumstance which may place the member at undue risk unless the treatment approach is modified. Examples of relative contraindications for high velocity manipulative procedures to an area weakened by disease or injury include any of the following:
 - Articular hypermobility or situations where the stability of the joint is uncertain
 - Diagnosis or risk for osteoporosis/bone demineralization
 - Bleeding disorder and/or anticoagulant therapy
 - Benign bone tumors (spine)
 - Radiculopathy with progressive neurological signs.

Not Covered

1. **Chiropractic Services Not Covered:**

Chiropractic services are not covered for treatment of non-neuromusculoskeletal symptoms or conditions. The following is a list of conditions that are considered in this category and not covered (list is not all inclusive):

- Fibromyalgia
- Asthma
- Carpal tunnel syndrome
- Infantile colic
- Otitis media
- Dysmenorrhea



- Substitute or supplement to childhood immunization
- Infectious diseases
- Autism
- Learning disabilities
- Emotional disorders
- Post-traumatic stress disorder
- Temporomandibular joint syndrome (TMJ)
- Neurovascular disorders
- Disorders of the immune system
- Enuresis
- Cardiovascular disease
- Metabolic disorders and Nutritional Therapy
- Chronic pelvic pain related to non-musculoskeletal conditions

2. Chiropractic Care Not Covered:

Chiropractic care is not covered for chiropractic treatments, procedures, or devices that have not been scientifically shown to be safe, biologically plausible or effective. These include the following (this list is not all inclusive):

- Applied Spinal Biomechanical Engineering
- BioEnergetic Synchronization Technique (B.E.S.T.)
- Cranial Manipulation – Cranial Osteopathy
- Upledger Technique
- Sacro-Occipital Technique
- Coccygeal Meningeal Stress Fixation Technique
- Directional Non-force Technique
- Manipulation for internal visceral disorders
- Applied Kinesiology
- Manipulation under anesthesia
- Moire Contourographic Analysis
- Network Technique
- Neural Organizational Technique
- Thermography
- Paraspinal Surface Electromyography (SEMG)
- Spinoscopy
- Neurocalometer
- Nervoscope
- Manual (handheld) devices with the thrust of the force of the device being controlled manually may be used by a chiropractor in performing manual manipulation of the spine. However, no additional payment is available for use of the device.

3. Adjunctive Procedures Not Separately Payable:

The following procedure codes are not eligible for separate payment:

- 97010 Application of a modality to one or more areas; hot or cold packs
- 97020 Application of a modality to one or more areas; microwave (unattended)
- 97024 Application of a modality to one or more areas; diathermy (unattended)



- 97026 Application of a modality to one or more areas; infrared (unattended)
- 97124 Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, or percussion)

Not Medically Necessary and Not Covered:

Additional visits in the following circumstances are considered not medically necessary and not covered:

- When there is no improvement within fourteen calendar days of treatment and the treatment is not modified,
- When there is no improvement within thirty calendar days of treatment despite treatment modification,
- If there is no significant improvement or therapeutic benefit has reached a plateau
- If the member's condition becomes worse or regresses,
- If the therapeutic goals have been reached,
- If the member has become asymptomatic.

E. Information Required for Review

1. For initial requests - a complete member assessment must be submitted for approval of manipulation and/or adjunctive services. This assessment must include, but is not limited to all of the following:
 - a. A detailed history of symptoms and illness
 - b. An exam
 - c. A summary of prior testing and management efforts
 - d. A diagnosis
 - e. A treatment plan
2. If further care is needed beyond the initial approval, an additional request with a clinical update must be submitted and reviewed. This update must include, but is not limited to all of the below:
 - A summary of the member's progress in terms of symptoms and disabilities along with any change in history,
 - An exam,
 - Ancillary testing,
 - Treatment plan, and
 - Any input from providers co-managing for this condition.

NOTE: The treatment plan should include:

- Diagnosis,
- Examination findings,
- The specific type of manual and/or adjunctive procedures planned,
- The specific area that will be treated,
- Functional limitations/impairment characteristics,
- Specific treatment goals with estimates of when they will be met,
- Frequency of proposed treatment encounters



- Documentation from a Pediatrician or Primary Care Physician when requested by the Medical Director

F. Review Process

1. The Medical Management ancillary service staff reviews the request according to the established criteria. If the case does not meet the established criteria, it is referred to a Medical Director.
2. If referred, the Medical Director determines if the requested service is medically necessary and appropriate.
3. The Medical Management ancillary service staff completes the review process and communicates the review decision according to the Timeliness of UM Decisions policy for the member's benefit plan.

G. Variations

CHIP Product

Chiropractic Services and Adjunctive procedures are not covered for CHIP.

Medicare Special Needs Product (SNP)

Manual manipulation of the spine to correct subluxation is the only covered service for SNP.

Initial CMT sequence of visits limited to no more than thirty calendar days and 12 visits for Medicare.

Commercial, Medicare and Special Needs (SNP) Products

Other **Non-Covered** Chiropractic Services include:

- H. Maintenance care:** chiropractic services performed repetitively to maintain a level of function, or when no expectation of additional functional improvement is likely to occur.
- I. Preventive care:** chiropractic services performed for the purpose of preventing symptoms, conditions or illnesses.
- J. Scoliosis correction and spinal curve restoration:** chiropractic services performed primarily to reduce scoliosis create optimal segmental or regional alignment or the normal physiological spinal curves in the absence of related musculoskeletal symptoms.

K. Records Retention

Records Retention for documents, regardless of medium are provided within the MedStar Health, Inc. Policy and Procedure CORP.028.MH Records Retention.

L. References

Medical Literature/Clinical Information:

1. Hawk C, Schneider M, Ferrance RJ et al. Best practices recommendations for chiropractic care for infants, children and adolescents: results of a consensus process. J



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