Mass General Brigham
Health Plan

Medical Policy
Chiropractic Services

Policy Number: 013

	Commercial and Qualified Health Plans±	MassHealth*	Medicare Advantage
Authorization required Visits 21 and beyond	X		X
No Prior Authorization	X	X	X
Not Covered			

*MassHealth plans limit coverage for chiropractic services to a total of 20 office visits per benefit year.
± Commercial and Qualified health plans with a chiropractor benefit; please refer to plan materials for PA requirements and benefit limit.

Overview
The purpose of this document is to describe the guidelines Mass General Brigham Health Plan uses to determine medical necessity for chiropractic services as a treatment for neuromuscular and/or musculoskeletal conditions.

Coverage Guidelines
Mass General Brigham Health Plan covers chiropractic services for medically necessary examination, evaluation, and diagnosis of the presence or absence of neuromuscular and/or musculoskeletal conditions. Mass General Brigham Health Plan covers medically necessary chiropractic services for the treatment of neuromuscular and/or musculoskeletal illnesses, injuries, conditions, or disorders including:

1. The administration of chiropractic adjustments or manipulations, either by hand or by instrumentation, to the body for the purpose of maintaining, restoring, or improving biomechanical and/or neurological integrity or functioning in the human body; and
2. The administration, dispensing, or prescribing of supportive procedures and therapies.

Coverage Criteria
Medical necessity for chiropractic services is determined through InterQual® criteria, which Mass General Brigham Health Plan has customized. To access the criteria, log in to Mass General Brigham Health Plan's provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources Menu.

Exclusions

1. Chiropractic services are not covered for member 0 to 24 months of age.
2. Maintenance therapy, treatment of a condition that is not improving or resolving.

Medicare Variation
Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for coverage determinations.

At the time of Mass General Brigham Health Plan's most recent policy review, Medicare includes coverage guidelines for the following:

- LCD: Outpatient Physical and Occupational Therapy Services (L33631).
- LCD: Billing and Coding: Outpatient Physical and Occupational Therapy Services (A56566).
- LCD: Chiropractic Services-Medical Policy Article (A57889)

Definitions

Chiropractic Services: Services rendered by a licensed chiropractor that consist of manual technique where the hands are used to manipulate, mobilize, adjust, stimulate, or otherwise influence the synovial joints and paraspinal tissues in the spinal column. The goal is to store 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.

Chiropractic Manipulative Treatment: The correction of misalignments, subluxations, or segmental joint dysfunction of the bony articulations of the vertebral column, the pelvis, and adjacent areas.

Maintenance Therapy: A treatment plan that seeks to prevent disease, promote health, and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy.

Supportive Procedures and Therapies: Modes of care which may be administered dispensed or prescribed in addition to the primary Chiropractic procedure (i.e., Chiropractic adjustments or techniques/manipulative techniques). Such supportive procedures and therapies include but are not limited to the use of braces, casting, supports, traction, thermal modalities, ultrasound, electrical modalities, hydrotherapy, myotherapy, dietary and nutritional advice and/or supplementation, and rehabilitative exercise therapy. The purpose of supportive procedures and therapies is to aid the chiropractor in assisting a patient to achieve a timely and favorable clinical outcome. A chiropractor shall not be required to apply supportive procedures and therapies in the practice of chiropractic.

Categories of Spinal Joint Problems:

1. Acute: A patient's condition is considered to be acute when the patient is being treated for a new injury, identified by x-ray or physical exam. The result of chiropractic treatment is expected to be an improvement in, or arrest of progression of the patient's condition. This result should be obtained within a reasonable and generally predictable period of time. Some patients with acute conditions may require several weeks of treatment, (e.g., up to three months), while others require a much shorter duration of treatment. Initially, services may be more frequent, but Mass General Brigham Health Plan would expect to see a decrease in frequency as a result of the improvement in the patient's condition.
2. Chronic: A patient's condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment (as is the case with an acute condition), but where continued therapy can be expected to result in some functional improvement.
3. Exacerbation: A temporary marked deterioration of the patient's condition due to an acute flare-up of the condition being treated. This must be documented in the patient's medical record, including the date of occurrence, nature of the onset, or other patient factors that will support the medical necessity of treatments for this condition.
4. Recurrence: A return of symptoms of a previously treated condition that has been quiescent for 30 or more days. This may require the re-institution of therapy.

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

This list of codes applies to commercial and MassHealth plans only.

CPT/HCPCS Codes	Code Description
97010	Application of a modality to one or more areas; hot or cold packs
97012	Application of a modality to 1 or more areas; traction, mechanical
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97016	Application of a modality to 1 or more areas; vasopneumatic devices
97018	Application of a modality to one or more areas; paraffin bath
97022	Application of a modality to one or more areas; whirlpool
97024	Diathermy (e.g. microwave)
97026	Infrared
97028	Application of a modality to one or more areas; ultraviolet
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033	Iontophoresis, each 15 minutes
97034	Application of a modality to one or more areas; contrast baths, each 15 minutes
97035	Ultrasound
97036	Application of a modality to one or more areas; Hubbard tank, each 15 minutes
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97140	Manual therapy techniques (e.g. mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes
98940	CMT, spinal, one to two regions
98941	CMT, spinal, three to four regions
98942	CMT, spinal, five regions
98943	CMT, extraspinal, 1 or more regions
99202	Office or other outpatient visit for the evaluation and management of a new patient, low to moderate severity. Physicians typically spend 20 minutes face to face with the patient and/or family.
99203	Office or other outpatient visit for the evaluation and management of a new patient, moderate severity. Physicians typically spend 30 minutes face to face with the patient and/or family.

99204	Office or other outpatient visit for the evaluation and management of a new patient, moderate to high severity. Physicians typically spend 45 minutes face to face with the patient and/or family.
99205	Office or other outpatient visit for the evaluation and management of a new patient, moderate to high severity. Physicians typically spend 60 minutes face to face with the patient and/or family.
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
99212	Office or other outpatient visit for the evaluation and management of an established patient, self-limited or minor. Physicians typically spent 10 minutes face to face with the patient and/or family.
99213	Office or other outpatient visit for the evaluation and management of an established patient, low to moderate severity. Physicians typically spent 15 minutes face to face with the patient and/or family.
99214	Office or other outpatient visit for the evaluation and management of an established patient, moderate to high severity. Physicians typically spent 25 minutes face to face with the patient and/or family.
99215	Office or other outpatient visit for the evaluation and management of an established patient, moderate to high severity. Physicians typically spent 40 minutes face to face with the patient and/or family.

Related Policies

- Chiropractic Services Provider Payment Guidelines

Effective

August 2024: Annual Update. Added exclusion for Maintenance Therapy.
June 2023: Annual Update. Medicare language added. Medicare Variation language added. References updated.
June 2022: Annual Update.
June 2021: Annual Update. References updated.
June 2020: Annual Update. Minor formatting in Table on page 1.
June 2019: Annual Update. References updated.
October 2018: Revised exclusion language to reflect not covered age 0-24 months.
July 2018: Annual Update. Revised language under authorization table. Added exclusion: *Chiropractic Services for newborns under the age of 1 are considered experimental /investigational-and not covered.*
April 2018: Added codes.
February 2017: McKesson's InterQual® criteria replaced the chiropractic services criteria in the policy.
November 2016: Effective Date

References

The Commonwealth of Massachusetts. MassHealth Provider Manual Series 130 CMR 441.000: Chiropractic Manual

The Commonwealth of Massachusetts. 233 CMR Board Of Registration Of Chiropractors 4.00. Standards of practice and professional conduct

Carnes D, Plunkett A, Ellwood J, Miles C. Manual therapy for unsettled, distressed and excessively crying infants: a systematic review and metanalyses. *BMJ Open* 2018;8(1):e019040. Doi: 10.1136/bmjopen-2017-019040

National Government Services. Local Coverage Determination (LCD): Outpatient Physical and Occupational Therapy Services (L33631). Revision Effective Date: 01/01/2020. Available: Medical Policies - NGSMEDICARE

National Government Services. Local Coverage Determination (LCD): Billing and Coding: Outpatient Physical and Occupational Therapy Services (A56566). Revision Effective Date: 08/01/2022. Available: Medical Policies - NGSMEDICARE

Clar C, Tsertsvadze A, Court R, et al. Clinical effectiveness of manual therapy for the management of musculoskeletal and nonmusculoskeletal conditions: systematic review and update of UK evidence report. *Chiropractic & Manual Therapies* 2014; 22:12

Ferrance RJ, Miller J. Chiropractic diagnosis and management of non-musculoskeletal conditions in children and adolescents. *Chiropractic & Osteopathy* 2010;18(1).

Globe G, Farabaugh RJ, Hawk C, et al. Clinical Practice Guideline: Chiropractic Care for Low Back Pain. *Journal Manipulative Physiology Therapy* 2016;39(1):1-22.

Posadzki, P. Myeong Soo Lee, Ernst E. Osteopathic Manipulative Treatment for Pediatric Conditions: A Systematic Review. *Pediatrics* 2013;132;140.

Gotlib A, Rupert R. Chiropractic manipulation in pediatric health conditions – an updated systematic review. *Chiropractic & Osteopathy Chiropr Osteopat* 2008;16(1):11.

Haas M, Groupp E, Kraemer DF. Dose-response for chiropractic care of chronic low back pain. *The Spine Journal* 2004;4(5):574–83.

Hawk C, Schneider M, Dougherty P, Gleberzon BJ, Killinger LZ. Best Practices Recommendations for Chiropractic Care for Older Adults: Results of a Consensus Process. *Journal of Manipulative and Physiological Therapeutics* 2010;33(6):464–73.

Hawk C, Amorin-Woods L, Evans MW. et. al. The Role of Chiropractic Care in Providing Health Promotion and Clinical Preventive Services for Adult Patients with Musculoskeletal Pain: A Clinical Practice Guideline. J Altern Complement Med. 2021 Oct;27(10):850-867. doi: 10.1089/acm.2021.0184. Epub 2021 Jul 26. PMID: 34314609.

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.

Kemper K, Drutz JE, Torchia M. Overview of complementary and alternative medicine in pediatrics [Internet]. 2016 [cited 2016 Oct 20]

Rubinstein 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. 364:l689.

Senna MK, Machaly SA. Does maintained spinal manipulation therapy for chronic non-specific low back pain results in better long term outcome? *Spine* 2011;36(18):1427-37.

Vohra S, Johnston BC, Cramer K, et al. Adverse events associated with pediatric spinal manipulation: A systematic review. *Pediatrics* 2007;119(1).

Wang P, Zuo G, Du S-Q, et al. Meta-analysis of the therapeutic effect of acupuncture and chiropractic on cervical spondylosis radiculopathy: A systematic review and meta-analysis protocol. Medicine (Baltimore). 2020;99(5):e18851.

Weis CA, Pohlman K, Draper C, et al. Chiropractic care of adults with postpartum-related low back, pelvic girdle, or combination pain: A systematic review. *J Manipulative Physiol* Ther. 2020 Augf print