



MEDICAL COVERAGE POLICY SERVICE: Chiropractic Services

Policy Number: 214

Effective Date: 03/01/2024

Last Review: 12/29/2023

Next Review: 12/29/2024

Important note: Unless otherwise indicated, medical policies will apply to all lines of business. Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

SERVICE: Chiropractic Services

PRIOR AUTHORIZATION: Not required.

POLICY: Please review the plan’s EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details. BSWHP coverage of chiropractic care depends on the contract benefit language. Some plans do not cover this service.

Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination). Please refer to [A58345 Medicare Billing and Coding: Chiropractic Services](#) for coverage / limitations and [Medicare Provider Manual, Pub 100-2, sections 30.5 and 240](#) for additional details. Medicare NCD or LCD specific InterQual criteria may be used when available. If there are no applicable NCD or LCD criteria, use the criteria set forth below.

“Chiropractic services are specifically limited to treatment of members who have acute symptoms/signs due to subluxation or acute exacerbation / recurrence of symptoms / signs due to subluxation.

No other diagnostic or therapeutic service furnished by a chiropractor or under the chiropractor’s order is covered. This means that if a chiropractor orders, takes, or interprets an x-ray, or any other diagnostic test, the x-ray or other diagnostic test, will not be covered.”

For Medicaid plans, please confirm coverage as outlined in the [Texas Medicaid Provider Procedures Manual | TMHP](#) (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

BSWHP may consider chiropractic care medical necessary when the following criteria are met:

1. The member has a clearly documented neuromuscular condition related to acute, or acute exacerbation due to, subluxation that may be relieved by chiropractic treatment; **AND**
2. A treatment plan is documented that includes symptoms being treated, interventions planned, including frequency and duration, and treatment goals; **AND**
3. Improvement is expected within the initial month, or 12 episodes of treatment.



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If no improvement is documented within the initial month or 12 episodes of treatment, additional chiropractic treatment will be considered not medically necessary.

Note: Treatment quantity limits defined in plan contracts or Medicare rules supersede the limits defined in this document.

Continued chiropractic treatments beyond those in the initial month or 12 episodes of treatment may require review for medical necessity. (See "Treatment Quantity Limit" below.)

Once therapeutic benefit has been achieved with little subsequent improvement with treatment visits, continuing chiropractic care is considered not medically necessary.

Exclusions:

- Chiropractic care for asymptomatic persons or persons without identifiable clinical condition is considered not medically necessary.
- Continuing chiropractic care when the condition is neither improving nor worsening is considered not medically necessary.
- Manipulation is not covered and is unproven for non-neuromusculoskeletal conditions (e.g., attention-deficit hyperactivity disorder, dysmenorrhea, epilepsy; gastro-intestinal disorders, and scoliosis: not an all-inclusive list).

Treatment quantity limit:

- Medicare related plans - CMS recommends review for medical necessity if more than 12 chiropractic treatments are requested in a calendar month OR if more than 30 (or less – see "LCD excerpts" in appendix) chiropractic treatments are requested in a calendar year.
- Commercial product limits - If the "Evidence of Coverage," or plan document, does not specify an annual limit for chiropractic treatments, then requests in excess of 30 chiropractic treatments per calendar year will be subject to medical review.

Evaluation and Management services:

Only certain manipulative services/codes are covered under Medicare. Evaluation and management services are NOT covered under Medicare-related plans.

Furthermore, some plans ONLY cover manipulative treatment, thus no other services, including evaluation and management services, are covered in those situations.

For non-Medicare-related plans and plans where therapy is not limited to manipulative treatment: New and established outpatient evaluation and management (E/M) services (CPT codes 99201-99205,



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99211-99215) may be used by chiropractors when the key components (history, examination, medical decision making), as required by coding rules, are present in the clinical documentation. According to the American Chiropractic Association, it is usually inappropriate to bill an established outpatient E/M service during the same visit as chiropractic manipulative treatment because manipulative codes already include a brief pre-manipulation assessment.

https://www.acatoday.org/LinkClick.aspx?fileticket=z_rnnFyWbaE%3D&portalid=60

Non-manipulative services:

Non-manipulative therapy provided by chiropractors will be subject to the same authorization and review requirements that for other providers of those services.

MANDATES: None

CODES:

Important note:

Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes	98940 – 98942 - Chiropractic manipulative treatment spinal (All lines of business) Where benefit package permits, the following codes are applicable, EXCEPT Medicare-related lines of business: 98943 Chiropractic manipulative treatment (CMT); extra-spinal 97001-97799 Physical medicine and rehabilitation (at contracted providers) E/M codes. (See comment and limitations in paragraph above): 99201-99204 Evaluation and management of a new patient 99211-99214 Evaluation and management of an established patient
CPT Codes Not Covered	

POLICY HISTORY:

Status	Date	Action
New	05/28/2015	New policy
Review	07/07/2016	Major revision. Updated criteria
Review	12/01/2016	Major revision again.
Review	06/13/2017	No changes
Review	05/22/2018	Removed E/M code restrictions
Review	08/22/2019	No changes
Review	09/24/2020	Re-formatted for SWHP/FirstCare. Minor language updates.
Review	10/28/2021	No changes



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Review	10/27/2022	Updated LCA reference
Reviewed	12/29/2023	Formatting changes and added hyperlinks to CMS and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy

- http://www.novitas-solutions.com/LCDSearchResults/faces/spaces/search/page/lcd.jspx?Jurisdiction=JH&medicareType=Part+B&_afWindowMode=0&lcdID=L34816&_afLoop=1003227542944000&State=Texas&_adf.ctrl-state=9nwtvgtye_4
- Lee AC, Li DH, Kemper KJ. Chiropractic care for children. Arch Pediatr Adolesc Med. 2000;154(4):401407.
- Ernst E. Prevalence of use of complementary/alternative medicine: A systematic review. Bull World Health Organ. 2000;78(2):252-257.
- Pirotta MV, Cohen MM, Kotsirilov V, et al. Complementary therapies: Have they become accepted in general
- Shekelle PG. What role for chiropractic in health care? N Engl J Med. 1998;339(15):1074-1075.
- Berman BM, Singh BB, Hartnoll SM, et al. Primary care physicians and complementary-alternative medicine: Training, attitudes, and practice patterns. J Am Board Fam Pract. 1998;11(4):272-281.
- Shekelle PG, Coulter I. Cervical spine manipulation: Summary report of a systematic review of the literature and a multidisciplinary expert panel. J Spinal Disord. 1997;10(3):223-228.
- Turow VD. Chiropractic for children. Arch Pediatr Adolesc Med. 1997;151(5):527-528.
- Koes BW, Assendelft WJ, van der Heijden GJ, et al. Spinal manipulation for low back pain. An updated systematic review of randomized clinical trials. Spine. 1996;21(24):2860-2873.
- Abenhaim L, Bergeron AM. Twenty years of randomized clinical trials of manipulative therapy for back pain: A review. Clin Invest Med. 1992;15(6):527-535.
- Bigos S, Bowyer O, Braen G, et al. Acute low back problems in adults. Clinical Practice Guideline No. 14. AHCPR Publication No. 95-0642. Rockville, MD: Agency for Health Care Policy and Research (AHCPR); December 1994.
- Stig L, Nilsson Y, Leboeuf-Yde C, et al. Recovery pattern of patients treated with chiropractic spinal manipulative therapy for long-lasting or recurrent low back pain. J Manipulative Physiol Ther. 2001;24(4):288-291.
- Vernon HT. The effectiveness of chiropractic manipulation in the treatment of headache: An exploration in the literature. J Manipulative Physiol Therapeut. 1995;18(9):611-617.
- Hurwitz EL, Aker PD, Adams AH, et al. Manipulation and mobilization of the cervical spine: A systematic review of the literature. Spine. 1996;21(15):1746-1760.
- Koes BW, Assendelft WJ, van der Heijden GJ, Bouter LM. Spinal manipulation for low back pain: An updated systematic review of randomized clinical trials. Spine. 1996;21(24):2860-2871.
- Assendelft WJ, Koes BW, van der Heijden GJ, Bouter LM. The effectiveness of chiropractic for treatment of low back pain: An update and attempt at statistical pooling. J Manipulative Physiol Therapeut. 1996;19(8):499-507.
- American Chiropractic Association (ACA). ACA Definitions. Public Policy on Insurance. Arlington, VA: ACA; 2002. Available at: <http://www.amerchiro.org/insurance/policy/definitions.html>. Accessed June 24, 2002.
- Hondras MA, Linde K, Jones AP. Manual therapy for asthma. Cochrane Database Syst Rev. 2005;(2):CD001002.
- Astin JA, Ernst E. The effectiveness of spinal manipulation for the treatment of headache disorders: A systematic review of randomized clinical trials. Cephalalgia. 2002;22(8):617-623.



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20. Hughes S, Bolton J. Is chiropractic an effective treatment in infantile colic? *Arch Dis Child*. 2002;86(5):382384.
21. Canadian Coordinating Office for Health Technology Assessment (CCOHTA). Spinal manipulation for lower back pain. Ottawa, ON: CCOHTA; 2002.
22. Alberta Heritage Foundation for Medical Research (AHFMR). A selected inventory of abstracts for systematic reviews on chiropractic services. Interim Report for Expert Advisory Panel and the Research Team. Edmonton, AB; AHFMR; October 2002.
23. Ernst E. Serious adverse effects of unconventional therapies for children and adolescents: A systematic review of recent evidence. *Eur J Pediatr*. 2003;162(2):72-80.
24. Hestboek L, Leboeuf-Yde C. Are chiropractic tests for the lumbo-pelvic spine reliable and valid: A systematic critical literature review. *J Manipulative Physiol Therapeut*. 2000;23(4):258-275.
25. Ernst E, Harkness E. Spinal manipulation: A systematic review of sham-controlled, double-blind, randomized clinical trials. *J Pain Symptom Management*. 2001;22(4):879-889.
26. Gross AR, Hoving JL, Haines TA, et al. Manipulation and mobilisation for mechanical neck disorders. *Cochrane Database Systematic Rev*. 2002;3:CD004249.
27. Husereau D, Clifford T, Aker P, et al. Spinal manipulation for infantile colic. Technology Report Issue 42. Ottawa, ON: Canadian Coordinating Office for Health Technology Assessment (CCOHTA); 2003.
28. Balon JW, Mior SA. Chiropractic care in asthma and allergy. *Ann Allergy Asthma Immunol*. 2004;93(2 Suppl 1):S55-S60.
29. Patterson J. Spinal manipulation for chronic low back pain. Bazian Ltd., eds. London, UK: Wessex Institute for Health Research and Development, University of Southampton; 2004.
30. Oduneye F. Spinal manipulation for chronic neck pain. Bazian Ltd., eds. London, UK: Wessex Institute for Health Research and Development, University of Southampton; 2004.
31. Jackson BL, Harrison DD, Robertson GA, Barker WF. Chiropractic biophysics lateral cervical film analysis reliability. *J Manipulative Physiol Ther*. 1993;16(6):384-391.
32. Harrison DD, Janik TJ, Harrison GR, et al. Chiropractic biophysics technique: A linear algebra approach to posture in chiropractic. *J Manipulative Physiol Ther*. 1996;19(8):525-535.
33. Haas M, Taylor JA, Gillette RG. The routine use of radiographic spinal displacement analysis: A dissent. *J Manipulative Physiol Ther*. 1999;22(4):254-259.
34. Gore DR. Roentgenographic findings in the cervical spine in asymptomatic persons: A ten-year follow-up. *Spine*. 2001;26(22):2463-2466.
35. Colloca CJ, Polkinghorn BS. Chiropractic management of Ehlers-Danlos syndrome: A report of two cases. *J Manipulative Physiol Ther*. 2003;26(7):448-459.
36. Brown A, Angus D, Chen S, et al. Costs and outcomes of chiropractic treatment for low back pain. Technology Report No. 56. Ottawa, ON: Canadian Coordinating Office for Health Technology Assessment (CCOHTA); July 2005.
37. Wyatt K. Premenstrual syndrome. In: *Clinical Evidence*. London, UK: BMJ Publishing Group; October 2002.
38. Binder A. Neck pain. In: *Clinical Evidence*. London, UK: BMJ Publishing Group; May 2005.
39. Kilgour T, Wade S. Infantile colic. In: *Clinical Evidence*. London, UK: BMJ Publishing Group; September 2004.
40. van Tulder M, Koes B. Low back pain (acute). In: *Clinical Evidence*. London, UK: BMJ Publishing Group; October 2003.
41. van Tulder M, Koes B. Low back pain (chronic). In: *Clinical Evidence*. London, UK: BMJ Publishing Group; October 2003.
42. Jordan J, Konstantinou K, Morgan TS, Weinstein J. Herniated lumbar disc. In: *Clinical Evidence*. London, UK: BMJ Publishing Group; May 2005.
43. Proctor ML, Farquhar CM. Dysmenorrhoea. In: *Clinical Evidence*. London, UK: BMJ Publishing Group; July 2005.
44. Drover JM, Forand DR, Herzog W. Influence of active release technique on quadriceps inhibition and strength: A pilot study. *J Manipulative Physiol Ther*. 2004;27(6):408-413.
45. Ricotti V, Delanty N. Use of complementary and alternative medicine in epilepsy. *Curr Neurol Neurosci Rep*. 2006;6(4):347-353.
46. Proctor ML, Hing W, Johnson TC, Murphy PA. Spinal manipulation for primary and secondary dysmenorrhoea. *Cochrane Database Syst Rev*. 2006;(3):CD002119.
47. Cambron JA, Cramer GD, Winterstein J. Patient perceptions of chiropractic treatment for primary care disorders. *J Manipulative Physiol Ther*. 2007;30(1):11-16.



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48. Devocht JW, Long CR, Zeitler DL, Schaeffer W. Chiropractic treatment of temporomandibular disorders using the activator adjusting instrument: A prospective case series. *J Manipulative Physiol Ther.* 2003;26(7):421-425.
49. Fuhr AW, Menke JM. Status of activator methods chiropractic technique, theory, and practice. *J Manipulative Physiol Ther.* 2005;28(2):e1-e20.
50. Evans JM, Collins DL, Grundy RH. Pilot study of patient response to multiple impulse therapy for musculoskeletal complaints. *J Manipulative Physiol Ther.* 2006;29(1):51.e1-51.e7.
51. Hurwitz EL, Morgenstern H, Kominski GF, et al. A randomized trial of chiropractic and medical care for patients with low back pain: Eighteen-month follow-up outcomes from the UCLA low back pain study. *Spine.* 2006;31(6):611-622.
52. Hurwitz EL, Morgenstern H, Harber P, et al. A randomized trial of medical care with and without physical therapy and chiropractic care with and without physical modalities for patients with low back pain: 6-month follow-up outcomes from the UCLA low back pain study. *Spine.* 2002;27(20):2193-2204.
53. Hurwitz EL, Morgenstern H, Harber P, et al. Second Prize: The effectiveness of physical modalities among patients with low back pain randomized to chiropractic care: Findings from the UCLA low back pain study. *J Manipulative Physiol Ther.* 2002;25(1):10-20.
54. Haas M, Group E, Kraemer DF. Dose-response for chiropractic care of chronic low back pain. *Spine J.* 2004;4(5):574-583.
55. Hsieh CY, Adams AH, Tobis J, et al. Effectiveness of four conservative treatments for subacute low back pain: A randomized clinical trial. *Spine.* 2002;27(11):1142-1148.
56. Kawchuk GN, Prasad NG, McLeod RC, et al. Variability of force magnitude and force duration in manual and instrument-based manipulation techniques. *J Manipulative Physiol Ther.* 2006;29(8):611-618.
57. Pfefer M, Cooper SR, Menke JM. Comparison of mechanical force, manually assisted Activator manipulation versus manual side posture (HVLA) manipulation in patients with low back pain. *J Chiropract Med.* 2007 [submitted].
58. Yates RG, Lamping DL, Abram NL, Wright C. Effects of chiropractic treatment on blood pressure and anxiety: A randomized, controlled trial. *J Manipulative Physiol Ther.* 1988;11(6):484-488.
59. Weber SM, Grundfast KM. Modern management of acute otitis media. *Pediatr Clin N Am.* 2003;50:399411.
60. Ernst E. Chiropractic manipulation for non-spinal pain -- a systematic review. *N Zealand Med J.* 2003;116(1179):1-9.
61. Vohra S, Johnston BC, Cramer K, Humphreys K. Adverse events associated with pediatric spinal manipulation: A systematic review. *Pediatrics.* 2007;119:e275-e283.
62. Ernst E, Canter PH. A systematic review of systematic reviews of spinal manipulation. *J R Soc Med.* 2006;99:192-196.
63. Everett CR, Patel RK. A systematic literature review of nonsurgical treatment in adult scoliosis. *Spine.* 2007;32(19 Suppl):S130-S134.
64. McElroy-Cox C. Alternative approaches to epilepsy treatment. *Curr Neurol Neurosci Rep.* 2009;9(4):313318.
65. Borusiak P, Biedermann H, Bosserhoff S, Opp J. Lack of efficacy of manual therapy in children and adolescents with suspected cervicogenic headache: Results of a prospective, randomized, placebo-controlled, and blinded trial. *Headache.* 2010;50(2):224-230.
66. Ferrance RJ, Miller J. Chiropractic diagnosis and management of non-musculoskeletal conditions in children and adolescents. *Chiropr Osteopat.* 2010;18:14.
67. Ohm J. About the Webster protocol. International Chiropractic Pediatric Association. ICPA: Media, PA. 2006. Available at: http://icpa4kids.com/about/webster_technique.htm. Accessed January 13, 2012.
68. Lewis C, Barrett J, Lopez W, et al. A pilot study of the ATM2 (Active Therapeutic Movement) device for use in the treatment of low back pain. *J Man Manip Ther.* 2006;14(3):178.
69. Cohain JS. Turning breech babies after 34 weeks: The if, how, & when of turning breech babies. *Midwifery Today Int Midwife.* 2007;(83):18-19, 65.
70. Ernst E. Chiropractic spinal manipulation for infant colic: A systematic review of randomised clinical trials. *Int J Clin Pract.* 2009;63(9):1351-1353.
71. Ernst E. Chiropractic treatment for gastrointestinal problems: A systematic review of clinical trials. *Can J Gastroenterol.* 2011;25(1):39-40.
72. Baker GA, Farabaugh RJ, Augat TJ, Hawk C. Algorithms for the chiropractic management of acute and chronic spine-related pain. *Topics in Integrative Health Care* 2012,;3(4): ID: 3.4007. Available at: <http://www.tihcj.com/Articles/Algorithms-for-the-Chiropractic-Management-of-Acute-and-Chronic-Spine-Related-Pain.aspx?id=0000381>. Accessed February 14, 2013.



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Next Review: 12/29/2024

- 73. New York State Workers' Compensation Board. New York mid and low back injury medical treatment guidelines. Second edition, January 14, 2013. Available at: <http://www.wcb.ny.gov/content/main/hcpp/MedicalTreatmentGuidelines/MidandLowBackInjuryMTG2012.pdf>. Accessed February 14, 2013.
- 74. New York State Workers' Compensation Board. New York neck injury medical treatment guidelines. Second edition, January 14, 2013. Available at: <http://www.wcb.ny.gov/content/main/hcpp/MedicalTreatmentGuidelines/NeckInjuryMTG2012.pdf>. Accessed February 14, 2013.
- 75. New York State Chiropractic Association. Cervical spine injury chiropractic practice parameters and guidelines. Available at: http://www.nysca.com/w/files/NYS_CA_proposed_WC_C-spine_guideline.pdf. Accessed February 14, 2013.

Note:

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSA's.