



Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Chiropractic Services		
MNG #: 50	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MAPD-MA Medicare Preferred <input checked="" type="checkbox"/> MAPD-MA Medicare Value <input checked="" type="checkbox"/> MAPD-RI Medicare Preferred <input checked="" type="checkbox"/> MAPD-RI Medicare Value <input checked="" type="checkbox"/> DSNP-RI Medicare Maximum	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input checked="" type="checkbox"/>	Informational: <input checked="" type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Approval Date: 3/4/2021	Effective Date: 05/22/2021
Last Revised Date: 9/2/2021	Next Annual Review Date: 03/04/2022; 9/2/2022	Retire Date:

OVERVIEW:

Chiropractic services attempt to diagnose, treat, and prevent pain of the neck and back as well as mechanical disorders of the musculoskeletal system. Chiropractic services emphasize manual techniques, including joint adjustment or manipulation, with a particular focus on head and spine joints which a chiropractor may believe to be misaligned, called subluxation.

Chiropractic care has not been shown to be superior to other medical treatments for musculoskeletal pain. It is associated with a five times higher, though still rare risk of stroke of the vertebrobasilar artery system (the arteries traveling up the posterior cervical spine) after neck manipulation. The full incidence of chiropractic complications has not been determined. The risk-benefit ratio of chiropractic care appears to recommend non-procurement. Nonetheless, Chiropractic care is approved by Medicare and joint manipulation, or ‘popping,’ does appear to provide an immediate if short-lived satisfactory sensory experience for treatment subjects.

DECISION GUIDELINES:

Clinical Eligibility:

CCA considers spinal manipulation services medically necessary for acute musculoskeletal conditions of the spine which meet the following conditions below:

- Member has the condition documented in care plan; *and*
- The member has a painful musculoskeletal disorder; *and*
- The medical necessity for treatment is clearly documented; *and*
- Improvement is documented within the initial four weeks of chiropractic care.

Determination of need:

Clinical conditions for which chiropractic therapy is being considered must be documented in the chart as follows -



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- 1) Give our member's causes of discomfort and functional limitations
- 2) Document a PROMIS-29 or similar measure of our members' level of function and comfort
- 3) Give the specific, objective, measurable functional goals of treatment
- 4) Show member engagement and compliance with HOPE guidelines (if applicable) including
 - a) Behavioral Counselling,
 - b) Physical Therapy, and
 - c) A Pain Clinic evaluation
- 5) Show increased function and member satisfaction when requesting an extension/renewal.

LIMITATIONS/EXCLUSIONS:

CCA does not cover spinal manipulation services for the treatment of non-musculoskeletal disorders including, but not limited to, colic, bronchitis, enuresis, asthma, hypertension, gastrointestinal disorders, infections, fatigue, idiopathic scoliosis, or mental and nervous conditions which are considered investigational.

Spinal manipulation for the treatment of chronic conditions or for maintenance care without objectively measurable improvement is considered not medically necessary and not covered. Additionally, chiropractic manipulation in asymptomatic members or in members without an identifiable clinical condition is considered not medically necessary and not covered.

CCA considers spinal manipulation under general anesthesia, in the absence of vertebral fracture, investigational.

KEY CARE PLANNING CONSIDERATIONS:

If no improvement is documented, additional chiropractic treatment is considered not medically necessary unless the chiropractic treatment is modified.

If no improvement is documented within 30 days despite modification of chiropractic treatment, continued chiropractic treatment is considered not medically necessary.

Once the maximum therapeutic benefit has been achieved, continuing chiropractic care is considered not medically necessary.

AUTHORIZATION:

CPT Code	Description
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions
98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions
98942	Chiropractic manipulative treatment (CMT); spinal, five regions



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98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
HCPCS Code	Description
S8990	Physical or manipulative therapy performed for maintenance rather than restoration.

The initial 36 visits of chiropractic care do not require prior authorization per the CCA Provider Manual. Additional visits exceeding 36 per calendar year require a prior authorization. The care team/requesting provider must reassess the member for response and progress before requesting additional visits in increments of 8 visits or less per prior authorization, which will be reviewed for medical necessity as detailed in this MNG.

REGULATORY NOTES:

N/A

RELATED REFERENCES

High Opiate Patient Engagement (HOPE) members are patients with chronic pain and a care plan to limit opiate pain therapy to safer lowered doses. HOPE members may benefit from and are eligible for these DST-guided services even when they do not meet all criteria. Clinicians requesting these services or an extension of these services for HOPE members please do the following:

- 1) Read the SOP's [Approach to Chronic Pain SOP 090](#) & [Pain Management in HOPE Members SOP091](#)
- 2) Consider your member's causes of discomfort and functional goals
- 3) Imagine how a different application of this service and/or more of this service may help them achieve higher function
- 4) Write this explanation for your request for central authorization of unusual or additional services beyond what this DST normally recommends
- 5) Document a PROMIS-29 measure of our members' level of function and comfort
- 6) All HOPE variations to this standard DST-driven care need to be reviewed quarterly (every 3 months)
- 7) Quarterly reviews must show member engagement/compliance with HOPE guidelines including both **BH and **Complementary/Alternative therapy
- 8) Quarterly reviews must show increased function or maintenance of function if that is the goal and member satisfaction with a new PROMIS-29 evaluation in order to consider a further extension of HOPE-related services. Member satisfaction alone is not sufficient to continue services.
- 9) CCA's goal remains to improve members' safe and successful function without opiate pain medication. When this happens then HOPE-related service extensions may be tapered and discontinued as tolerated

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447290/>



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http://www.hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/policies/medical_policies.html?CFID=205603071&CFTOKEN=4c1756738943fa70-E4690CB2-F2C8-A291-55EAF112160F9899

http://www.aetna.com/cpb/medical/data/100_199/0107.html

https://www.wfc.org/website/index.php?option=com_content&view=article&id=90&Itemid=110

ATTACHMENTS:

EXHIBIT A	
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REVISION LOG:

REVISION DATE	DESCRIPTION

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Signature

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3/4/2021

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