Chiropractic Services
Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Chiropractic Services		
MNG #: 050	**☒SCO ☒One Care** **☒ MA Medicare Premier** **☒ MA Medicare Value** **☐ RI Medicare Preferred** **☐ RI Medicare Value** **☐ RI Medicare Maximum**	**Prior Authorization Needed?** **☐Yes (always required)** **☒Yes (only in certain situations. See this MNG for details)** **☐No**
Benefit Type: **☒ Medicare** **☒ Medicaid**	**Approval Date:** 3/4/2021	**Effective Date:** 05/22/2021
Last Revised Date: 9/2/2021; 6/10/2022; 10/12/2023; 11/9/2023; 3/14/2024	**Next Annual Review Date:** 03/04/2022; 9/2/2022; 6/10/2023; 10/12/2024	**Retire Date:**

OVERVIEW:

Chiropractic Manipulative Treatment (CMT) is a form of manual treatment to influence joint and neurophysiological function. This treatment may be accomplished using a variety of techniques. Medicare covers limited chiropractic services when performed by a chiropractor who is licensed or legally authorized to furnish chiropractic services by the State or jurisdiction in which the services are furnished.

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 and called subluxation.

Definitions

Manual Techniques- Procedures by which the hands directly contact the body to treat the articulations and/or soft tissue.

Spinal Manipulation/CMT- Spinal manipulation is a technique where practitioners use their hands or a device to apply a controlled thrust to a joint of the spine. The amount of force can vary, but the thrust moves the joint more than it would on its own.

Musculoskeletal Disorder- Soft-tissue injuries caused by sudden or sustained exposure to repetitive motion, force, vibration, and awkward positions. These disorders can affect the muscles, nerves, tendons, joints and cartilage in your upper and lower limbs, neck and lower back.

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Maintenance Therapy- A treatment plan that seeks to prevent disease, promote health, and prolong and enhance the quality of life; or therapy that is performed to 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.

DECISION GUIDELINES:
All chiropractic visits require prior authorization for Medicare (MAPD) members. NOTE: Evaluation and management visits (CPT 99202 and 99203) do not require authorization.

The initial 36 visits of chiropractic treatment do not require prior authorization for One Care and SCO members. **Visits exceeding 36 per calendar year require prior authorization and may be requested in increments of up to 8 visits.**

Clinical Coverage Criteria:
Commonwealth Care Alliance covers chiropractic treatments when all of the following are documented in the clinical record and submitted for review: Member's diagnosis, cause(s) of discomfort and functional limitations are clearly documented.

a. Member has a painful acute (defined as less than 12 weeks duration) musculoskeletal disorder.
b. The specific and objectives measurable functional goals of the treatment are clearly documented.
c. PROMIS-29, PEG-3 or similar measure of members' level of function and comfort is provided.
d. Member engagement and compliance with more effective interdisciplinary care when clinically indicated including:
    i. Behavioral Counselling,
    ii. Physical Therapy, and
    iii. A Pain Clinic evaluation

LIMITATIONS/EXCLUSIONS:

1. CCA does not cover spinal manipulation services for the treatment of:
    a. non-musculoskeletal disorders including, but not limited to, colic, bronchitis, enuresis, asthma, hypertension, gastrointestinal disorders, infections, fatigue, idiopathic scoliosis, or mental or nervous conditions which are considered investigational.
    b. chronic conditions without objectively measurable improvement
    c. asymptomatic members or in members without an identifiable clinical condition
    d. maintenance therapy as defined above
2. CCA does not cover spinal manipulation services for the treatment of the following conditions as they are considered absolute contraindications to treatment:
    a. Acute arthropathies are characterized by acute inflammation and ligamentous laxity and anatomic subluxation or dislocation, including acute rheumatoid arthritis and ankylosing spondylitis.
    b. Acute fractures and dislocations or healed fractures and dislocations with signs of instability.

c. An unstable os odontoideum;
d. Malignancies that involve the vertebral column.
e. Infection of bones or joints of the vertebral column.
f. signs and symptoms of myelopathy or cauda equina syndrome.
g. For cervical spinal manipulations, vertebrobasilar insufficiency syndrome; and A significant major artery aneurysm near the proposed manipulation.

3. CCA considers spinal manipulation under general anesthesia, in the absence of vertebral fracture, experimental and investigational.
4. Commonwealth Care Alliance will limit the following:
   All prior authorization requests must meet the clinical coverage criteria above and be accompanied by documentation in the medical record of the provider's initial assessment or reassessment of response and progress to prior treatments as evidenced by increased function and member satisfaction.

CODING:
When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

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
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions

Disclaimer
Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual© criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that

may require coverage for a specific service. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

RELATED REFERENCES

1. National Library of Medicine, Chiropractic Care: Attempting a Risk–Benefit Analysis. E. Ernst, MD, PhD, FRCP, Am J Public Health. 2002 October; 92(10): 1603–1604. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447290/
2. Commonwealth of Massachusetts Provider Manual Series: Chiropractor Manual. https://www.mass.gov/lists/chiropractor-manual-for-masshealth-providers#-subchapter-5:-administrative-and-billing-instructions-for-all-masshealth-providers
3. Local Coverage Article A57889 Chiropractic Services. National Government Services, Inc. Original effective date 1/1/2020. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57889&ver=3&keywordtype=starts&keyword=chiropr&bc=0
4. CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 240.1.3B. https://www.cms.gov/medicare/prevention/prevntiongeninfo/downloads/bp102c15.pdf
5. Local Coverage Article, Billing and Coding Services Chiropractic Service, A 56273, July 27, 2023. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56273#:~:text=Coverage%20of%20Chiropractic%20services%20is,comparison%20to%20the%20other%20vertebrae.
6. 130 CMR: DIVISION OF MEDICAL ASSISTANCE 130 CMR 441.000: CHIROPRACTOR SERVICES. https://www.mass.gov/doc/130-cmr-441-chiropractor-services/download#:~:text=The%20MassHealth%20agency%20requires%20that,per%20member%20per%20calendar%20year

REVISION LOG:

REVISION DATE	DESCRIPTION

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6/10/2022	Template changed to include PA requirements and benefit type. Formatting updated to include numbers. Clinical eligibility and Regulatory notes updated.
10/12/2023	Revised the description of covered service, definitions of terms, and simplified the interdisciplinary chronic pain management standard of care while removing reference to the HOPE program. Added list of contraindications for member safety. Updated and confirmed current resources and references.
11/9/23	Limitations section updated to clarify prior authorization requirement for all visits, MAPD.
12/14/23	Remove prior authorization requirement for initial chiropractic visit for MAPD
12/31/23	Utilization Management Committee approval.
3/14/24	Added language to clarify initial evaluations (CPT 99202, 99203) are covered.

APPROVALS:

Stefan Topolski, MD	Medical Director
CCA Senior Clinical Lead [Print]	**Title [Print]**
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Signature	**Date**
CCA Senior Operational Lead [Print]	**Title [Print]**
Signature	**Date**
Nazlim Hagmann, MD	Chief Medical Officer
CCA CMO or Designee [Print]	**Title [Print]**
Nazlim Hagmann	12/1/23
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