
Chiropractic Care

MEDICAL POLICY NUMBER: 251

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INSTRUCTIONS FOR USE: Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

SCOPE: Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP*

Medicare**

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

COVERAGE CRITERIA

Initial Treatment

Note: In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

- I. Chiropractic physical medicine services (e.g., manipulation and adjunct therapeutic procedures and modalities) may be considered **medically necessary** when **all** of the following conditions are met (A. –E.):
 - A. A neuromusculoskeletal condition has been diagnosed and documented (e.g. spinal axis aches, strains, sprains, nerve pains, functional mechanical disabilities of the spine); **and**
 - B. The level of spinal subluxation bears a direct causal relationship to the patient's symptoms and the symptoms are directly related to the level of the subluxation that has been diagnosed; **and**
 - C. The condition is one that can be relieved by standard chiropractic management in order to reduce pain and disability; **and**
 - D. Chiropractic care is being performed by a qualified provider of chiropractic services (see [Policy Guidelines](#)) who is practicing within the scope of their license as defined by state law; **and**
 - E. The patient has a treatment plan that clearly documents all of the following (1.-5.):
 1. A history and examination that document the symptoms to be treated; **and**
 2. Diagnostic tests and results; **and**
 3. A prescribed treatment plan (see [Policy Guidelines](#)) that is expected to result in

30%-50% therapeutic improvement over a 2-6 week period of time (see [Policy Guidelines](#)); **and**

4. A clinical rationale/justification for the frequency and duration of planned adjunctive physiotherapeutic modalities; **and**
5. An estimation of length of treatment based on pre-set goals.

- II. Chiropractic physical medicine services (e.g., manipulation and adjunct therapeutic procedures and modalities) are considered **not medically necessary** when criterion I. above is not met.

Continuation of Chiropractic Care

- III. Continuation of chiropractic care may be considered **medically necessary** when **all** of the following are met (A.-D.):
 - A. Criterion I. above has been met; **and**
 - B. A maximum therapeutic benefit has not yet been reached (e.g. a pre-injury level of functioning has not yet been reached) as validated by evidence-based self-reporting instruments and the treating physician's documented objective examination findings; **and**
 - C. Progress report has been submitted, which indicates that the patient is making functional progress. The progress report should include all of the following (1.-3.)
 1. Member's functional level at the beginning of chiropractic care; **and**
 2. Member's current status, relative to functional level at baseline; **and**
 3. Any change in member's prognosis, treatment plan and/or goals and why; **and**
 - D. Documentation indicates continuation of chiropractic care will progressively improve function over a specific period of time.
- IV. Continuation of chiropractic care is considered **not necessary** when criterion III. above is not met.

Repeat Chiropractic Care

- V. For repeat therapies, chiropractic manipulation and adjunct physiotherapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) may be considered **medically necessary** for an acute exacerbation or re-injury when **all** of the following criteria are met (A.-E.):
 - A. Patient has reached maximal therapeutic benefit with prior chiropractic treatment; **and**
 - B. Patient has documented current areas of pain and activity intolerance via accepted self-reporting psychometric instruments; **and**
 - C. Patient was compliant with a self-directed home care program; **and**
 - D. Therapeutic improvement is expected with continued treatment; **and**
 - E. The anticipated length of treatment does not exceed 6 visits within a 3 week period.

- VI. Repeat chiropractic care is considered **not necessary and not covered** when criterion V. above is not met.

Non-Coverage Criteria

- VII. Chiropractic manipulation and adjunct therapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) are considered **not medically necessary** for **any** of the following (A.-C.):
- A. Manipulations or modalities that are not related to the individual's symptoms, not likely to result in sustained improvement, or do not have defined endpoints, including maintenance, preventive or supportive care or care provided to prevent reoccurrences or slow deterioration;
 - B. Services are provided to reduce potential risk factors where significant improvement is not expected;
 - C. Duplicated services, when provided by a physical therapist or other health professional.
- VIII. The following non-medical, educational, or training treatments/programs are considered **not medically necessary** (A.-D.):
- A. Work hardening programs;
 - B. Back school;
 - C. Vocational rehabilitation programs and any program with the primary goal of returning an individual to work;
 - D. Services for the purpose of enhancing athletic performance or for recreation.

Note: These treatments/programs may be specifically excluded under many benefit plans

- IX. Chiropractic manipulation and adjunct therapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) for non-neuromusculoskeletal conditions are considered **not medically necessary**.
- X. The following procedures or devices are **not medically necessary** (A.-C.):
- A. Digital radiographic mensuration;
 - B. Digital postural analysis;
 - C. Therapeutic (wobble) chair.

Link to [Evidence Summary](#)

POLICY CROSS REFERENCES

None

The full Company portfolio of current Medical Policies is available online and can be [accessed here](#).

Provider of chiropractic services

Services must be delivered by a qualified provider of chiropractic services acting within the scope of their license as regulated by the Federal and State governments. Generally, only those healthcare practitioners who hold an active license, certification, or registration with the applicable state board or agency may provide services under the direction and supervision of a chiropractor (e.g. licensed massage therapist, physical therapist) but the scope and extent of such services, when provided as part of a chiropractic treatment plan and billed by the chiropractor, may be regulated by the applicable state board responsible for licensure of the chiropractor. Aides, athletic trainers, exercise physiologists, life skills trainers, and rehabilitation technicians do not meet the definition of a qualified practitioner regardless of the level of supervision. Aides and other nonqualified personnel as listed above are limited to non-skilled services such as preparing the individual, treatment area, equipment, or supplies; assisting a qualified therapist or assistant; and transporting individuals. They may not provide any direct treatments, modalities, or procedures.¹

Therapeutic improvement

To track improvement over the 2-6 week period, patients should sign and date self-reported scores on psychometric instruments, which document current levels of pain and activity intolerance (e.g., pain drawings, visual analog scale, numeric pain scoring, revised Oswestry, neck disability index etc.). Response to chiropractic treatment typically occurs within two to four weeks.

Treatment Plan

For acute, subacute, chronic and postsurgical cases, the following are recommended:

- If conservative care is appropriate, a short course (not to extend beyond 22-4 weeks) is warranted. If the patient demonstrates objective evidence of improvement, up to an additional 4 weeks of care may be appropriate.
- The provider shall integrate some form of active home care. Continued use of passive care modalities may lead to patient dependency and should be avoided.
- Clear clinical rationale must be shown for all passive treatment modalities and the utilization of more than 2-3 passive modalities per office visit is excessive and not necessary.

DEFINITIONS

Chiropractic Care

Chiropractic care is a system that, in theory, uses the recuperative powers of the body and the relationship between the musculoskeletal structures and functions of the body, particularly of the spinal column and nervous system, to restore and maintain health without drugs or surgery. Chiropractic science is based on the premise that abnormalities and misalignments of the spine, defined as subluxations, distort and interrupt the normal function of the nervous system.

Chiropractic care may be a primary method of treatment for some medical conditions, and for others it may complement or support medical treatment. Chiropractic care typically involves neuromuscular treatment in the form of manipulation, mobilization and adjustment of the tissues of the body, particularly of the spinal column. The correction of the subluxation(s) through manipulation of the spinal structures is thought to remove nervous system interference and restore optimal function. In addition to manual therapy and therapeutic exercise, other modalities, both passive and active, are often used as adjunct treatments throughout the treatment program.

Manipulation

Manipulation is defined as a manual procedure that involves a directed thrust to move a joint past its physiological range of motion, without exceeding the anatomical limit.

Spinal manipulation refers to all types of manual techniques. While many techniques are taught both in and outside the established curriculum, the most widely taught techniques include the following:

- **Diversified:** This is the most commonly used of all techniques and employs a high-velocity, low- amplitude thrust that usually results in cavitation of a joint.
- **Extremity manipulation/adjusting:** This application is used for joints other than the spine, such as the shoulder, elbow, wrist, hand, finger, hip, knee, etc., and may be used for carpal tunnel syndrome, gait or posture-related problems.
- **Activator methods:** This employs the use of a hand-held spring-loaded instrument-based manipulation/adjustment protocol. Force is generated by the appliance (e.g., Activator Adjusting Instrument; AcuWave) and can be used as a primary treatment method for all patients.
- **Gonstead:** This technique is a variation of the Diversified technique and provides a specific adjustment by hand that result in joint cavitation, and may use radiograph analysis, palpation, and temperature gradient studies to determine which segments to manipulate.
- **Cox flexion distraction:** This technique employs the use of mechanical and hands-on manipulation/adjustment by utilizing a special table where traction is applied to the spine and the spine is flexed forward. This technique requires active participation from the physician and is not primarily mechanical and provider passive such as with mechanical traction or a traction table. It is primarily used to treat disc herniation, non-disc spinal disorders, and to increase mobility of the spinal joints.
- **Thompson:** This is also a variation of the Diversified technique using a table with several segments called drop pieces. The drop pieces assist the thrust while minimizing the force used for the manipulation/adjustment.

Mobilization

Mobilization is defined as a passive movement of a joint within its physiological range for the purpose of increasing overall joint motion.

Therapeutic (Wobble) Chair

A portable therapeutic (wobble) chair by Pettibon System© is a patented specialty seat with 360° of rotation, 40° of side to side flexion and 35° of front to back flexion on a universal type joint. The wobble chair is intended to facilitate combinations of exercise motion to aide in lumbar disc mobility, re-hydration, nutrition deliver, and waste elimination. The portable version of the wobble chair is intended for use in the home.¹

REGULATORY STATUS

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

CLINICAL EVIDENCE AND LITERATURE REVIEW

EVIDENCE REVIEW

A review of the ECRI, Hayes, Cochrane, and PubMed databases was conducted regarding the use of spinal manipulation as a treatment for low back pain. Below is a summary of the available evidence identified through July of 2023.

Low Back Pain

- In 2019, Rubinstein and colleagues conducted a systematic review and meta-analysis of randomized controlled trials assessing the benefits and harms of spinal manipulative therapy for the treatment of chronic low back pain.² Independent investigators systematically searched the literature through April 2018, identified eligible studies, assessed study quality, extracted data and pooled results. The effect of spinal manipulation therapy (SMT) was compared with recommended therapies, non-recommended therapies, sham (placebo) SMT, and SMT as an adjuvant therapy. Primary outcomes of interest were pain and back specific functional status, examined as mean differences and standardized mean differences (SMD), respectively. Follow-up occurred at 1-, 6- and 12-months. In total, 47 RCTs including a total 9,211 participants were included for review. On the basis of moderate quality evidence, authors reported that SMT has similar effects to other recommended therapies for short term pain relief (mean difference -3.17, 95% confidence interval -7.85 to 1.51) and a small, clinically better improvement in function (SMD -0.25, 95% confidence interval -0.41 to -0.09). High quality evidence suggested that compared with non-recommended therapies SMT results in small, insignificant effects for short term pain relief (mean difference -7.48, -11.50 to -3.47) and small to moderate clinically better improvement in function (SMD -0.41, -0.67 to -0.15). Information was limited on the incidence of adverse events and serious adverse events. Limitations included substantial statistical heterogeneity across publications, owing to the varied settings and treatment parameters within which SMT is used.
- In 2018, the Agency for Healthcare Research and Quality published a systematic review

noninvasive nonpharmacological treatment for chronic pain.³ Independent investigators systematically searched the literature, identified eligible studies, assessed study quality, extracted data and pooled results. In total, 218 publications were included for review, the vast majority of which provided no data beyond 1-year follow-up. Eight trials of spinal manipulation were included for review. Sample sizes ranged from 75 to 1,001 (total sample = 2,586). At short-term follow-up, low-quality evidence suggested that spinal manipulation was associated with slight improvements in function compared with usual care or inactive controls, although not in pain. Spinal manipulation was associated with slightly greater effects than sham manipulation, usual care, an attention control, or a placebo intervention in short-term function (3 trials, pooled SMD -0.34, 95% CI -0.63 to -0.05, I² =61%) and intermediate-term function (3 trials, pooled SMD -0.40, 95% CI -0.69 to -0.11, I² =76%). There was no evidence of differences between spinal manipulation versus sham manipulation, usual care, an attention control or a placebo intervention in short-term pain (3 trials, pooled difference -0.20 on a 0 to 10 scale, 95% CI -0.66 to 0.26, I² =58%), but manipulation was associated with slightly greater effects than controls on intermediate-term pain (3 trials, pooled difference -0.64, 95% CI -0.92 to -0.36, I² =0%).

- In 2017, Chou and colleagues published a systematic review for an American College of Physicians clinical practice guideline evaluating nonpharmacologic therapies for low back pain.⁴ Independent investigators systematically searched the literature through February 2016, identified eligible studies, assessed study quality and extracted data. In total, 114 publications were included for review, 18 of which addresses spinal manipulation. On the basis of low-quality evidence, investigators found no difference in effect between spinal manipulation versus sham manipulation at 12-month follow-up, but a small difference in effect between spinal manipulation and inert treatment.

Chiropractic Care in Children

Two recent systematic reviews assessed the safety and efficacy of spinal manual therapy in individuals under the age of 18 for a variety of indications.^{5,6} Outcomes were largely parent or patient-reported. All studies were limited by mixed results and a lack of long-term follow-up. Due to very low quality evidence, investigators called for additional, controlled studies with long-term follow-up to determine efficacy.

Radiographic Mensuration

No high-quality studies were identified which assessed the clinical validity or utility of lumbosacral spine mensuration and its relationship to pain. One cross-sectional study was identified, which performed radiographic mensuration of lumbar lordosis, lumbosacral disc angle, and sacral inclination.⁷ These angles were correlated with baseline variables, including CLBP intensity, age, and sex. No significant correlation of the angles were reported. Investigators concluded that there was no correlation between lumbar lordosis and pain levels for people with chronic low back pain.

Therapeutic (Wobble) Chair

No high-quality studies were identified which compared the use of the wobble chair to other therapeutic treatments or regular activities of daily living. Identified studies were limited to non-

evidence based reviews,⁸ or small, non-comparative retrospective case reviews.⁹

CLINICAL PRACTICE GUIDELINES

Low Back Pain

North American Spine Society

In 2020, the North American Spine Society published an evidence-based clinical practice guideline addressing diagnosis and treatment of low back pain.¹⁰ Investigators made the following recommendations:

- For patients with acute or chronic low back pain, spinal manipulative therapy (SMT) is an option to improve pain and function. (*Grade C recommendation – “may be considered”*)
- For patients with acute low back pain, spinal manipulative therapy (SMT) results in similar outcomes to no treatment, medication or modalities. Periodically, short-term improvement is statistically better, but clinical significance is uncertain. (*Grade A recommendation – “two or more consistent Level I studies”*)
- For patients with chronic low back pain, there is conflicting evidence that outcomes for spinal manipulative therapy (SMT) are clinically different than no treatment, medication or modalities. (*Grade I recommendation – “insufficient evidence”*)

American College of Physicians

In 2017, the American College of Physicians published an evidence-based clinical practice guideline addressing noninvasive treatments for acute, subacute and chronic low back pain.¹¹ On the basis of low-quality evidence, investigators listed spinal manipulation as one of the potential nonpharmacologic treatments that clinicians and patients should select for the treatment of acute, subacute and chronic low back pain.

National Institute for Health and Care Excellence (NICE)

In 2016, the NICE published a clinical practice guideline addressing low back pain and sciatica in over 16s.¹² Investigators recommend that physicians “consider manual therapy (spinal manipulation, mobilization or soft tissue techniques such as massage) for managing low back pain with or without sciatica, but only as part of a treatment package including exercise, with or without psychological therapy.”¹²

Oregon Health Evidence Review Commission (HERC)

In 2014, the HERC published a coverage guidance addressing non-pharmacological/non-invasive interventions for the treatment of lower back pain.¹³ Authors recommended spinal manipulation as a potential treatment for pain lasting more than 4 weeks.

EVIDENCE SUMMARY

Moderate-quality evidence indicates that patients receiving spinal manipulation experience low-back pain relief comparable to other nonpharmacologic therapies, with small improvements in function, although not in pain, at short-term follow-up. Spinal manipulation is also generally associated with slightly greater effects than sham manipulation, usual care, or a placebo intervention. While the long-term clinical significance of spinal manipulation remains unclear, several evidence-based clinical practice guidelines endorse the treatment. There is no evidence to support the concurrent use of digital radiographic mensuration, digital postural analysis or the therapeutic (wobble) chair.

BILLING GUIDELINES AND CODING

| CODES* | | |
|--------|-------|---|
| CPT | 98940 | Chiropractic manipulative treatment (CMT); spinal, 1-2 regions |
| | 98941 | Chiropractic manipulative treatment (CMT); spinal, 3-4 regions |
| | 98942 | Chiropractic manipulative treatment (CMT); spinal, 5 regions |
| | 98943 | Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions |

*Coding Notes:

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

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POLICY REVISION HISTORY

| DATE | REVISION SUMMARY |
|---------|--|
| 2/2023 | Converted to new policy template. |
| 12/2023 | Annual Review. Updated noncoverage criteria from investigational to not medically necessary. |