

# Premier Health Plan

## POLICY AND PROCEDURE MANUAL

Policy Number: MP.111.PH  
Last Review Date: 08/09/2018  
Effective Date: 10/01/2018

### MP.111.PH - Chiropractic Services and Adjunctive Procedures (Adults and Children 13 Years Old and Over)

This policy applies to the following lines of business:

- ✓ Premier Employee

Premier Health Plan considers **Chiropractic Services and Adjunctive Procedures (Adults and Children 13 Years Old and Over)** medically necessary for the following indications:

#### **Covered Chiropractic Services Are Any of the Following:**

- a. Evaluation and management,
- b. Manipulation,
- c. Spinal X-ray
- d. Therapeutic exercise,
- e. Adjunctive procedures appropriate and medically necessary for neuro-musculoskeletal conditions.

*(Refer to the Codes section below for specific covered and non-covered adjunctive procedures)*

#### **Indications for Chiropractic Services Include All of the Following:**

1. Documented primary, neuro-musculoskeletal symptoms involving the spine, para-spinal soft tissues, and extremities.
2. Subluxation/injury as evidenced by radiological X-ray or documented physical exam.
3. Manipulation or Chiropractic Manipulation Therapy (CMT) is appropriate to reduce symptoms and/or to restore function that has been compromised by illness or injury.

#### **Indications for Adjunctive Procedures:**

Adjunctive procedures are appropriate to reduce symptoms and/or restore function that has been compromised by illness or injury (Refer to the Codes section below)

#### **Indications for Therapeutic Exercise:**

Therapeutic exercise is appropriate for improvement or to restore functional status by building strength, endurance and flexibility of the affected region (Refer to the Codes section below)



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### **Limitations**

1. Diagnostic testing/services other than spinal x-ray and any durable medical equipment furnished by a chiropractor or under his or her order is not covered.
2. Initial CMT sequence of visits limited to no more than 30 calendar days and eight visits.
3. Subsequent visits will require medical necessity documentation detailing the member's clinical and functional changes since the initial submission, and progress toward the treatment goals.

### **Exclusions**

1. **Chiropractic Services Not Covered** - Chiropractic services are not covered for treatment of non-neuromusculoskeletal symptoms or conditions. To the extent that they may be perceived by members as non-neuromusculoskeletal, the following is a list of conditions that are considered in this category (list is not all inclusive):
  - Fibromyalgia
  - Asthma
  - Carpal tunnel syndrome
  - Infantile colic
  - Otitis media
  - Dysmenorrhea
  - Substitute or supplement to childhood immunization
  - Infectious diseases
  - Autism
  - Learning disabilities
  - Emotional disorders
  - Post-traumatic stress disorder
  - Temporomandibular joint syndrome (TMJ)
  - Neurovascular disorders
  - Disorders of the immune system
  - Enuresis
  - Cardiovascular disease
  - Metabolic disorders and Nutritional Therapy
  - Chronic pelvic pain related to non-musculoskeletal conditions

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### **2. Chiropractic Care Not Covered:**

Chiropractic care is not covered for chiropractic treatments, procedures, or devices that have not been scientifically shown to be safe, biologically plausible or effective. These include the following (this list is not all inclusive):

- Applied Spinal Biomechanical Engineering
- BioEnergetic Synchronization Technique (B.E.S.T.)
- Cranial Manipulation – Cranial Osteopathy
- Upledger Technique
- Sacro-Occipital Technique
- Coccygeal Meningeal Stress Fixation Technique
- Directional Non-force Technique
- Manipulation for internal visceral disorders
- Applied Kinesiology
- Manipulation under anesthesia
- Moire Contourographic Analysis
- Network Technique
- Neural Organizational Technique
- Thermography
- Paraspinal Surface Electromyography (SEMG)
- Spinoscopy
- Neurocalometer
- Nervoscope
- Manual (handheld) devices with the thrust of the force of the device being controlled manually may be used by a chiropractor in performing manual manipulation of the spine. However, no additional payment is available for use of the device.

### **3. Adjunctive Procedures Not Paid Separately:**

The following procedure codes are not eligible for separate payment:

- 97010: Application of a modality to one or more areas; hot or cold packs
- 97020: Application of a modality to one or more areas; microwave (unattended)
- 97024: Application of a modality to one or more areas; diathermy (unattended)
- 97026: Application of a modality to one or more areas; infrared (unattended)
- 97124: Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, or percussion)

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### **4. Not Medically Necessary and Not Covered:**

Additional visits in the following circumstances:

- When there is no improvement within 14 calendar days of treatment and the treatment is not modified,
- When there is no improvement within 30 calendar days of treatment despite treatment modification,
- If the therapeutic benefit has been reached a plateau or been maximized,
- If the member's condition becomes worse or regresses,
- If the therapeutic goals have been reached,
- If the member has become asymptomatic.

### **Background**

The Association of Chiropractic Colleges defines chiropractic as the field concerned with the preservation and restoration of health, and focuses particular attention on the subluxation. A subluxation is a complex of functional and or pathological articular changes that compromise neural integrity and may influence organ system function and general health.

In pediatric patients, chiropractors work to adjust the spine to stimulate the body's recuperative power to improve the child's health and musculoskeletal problem. Additional studies are needed to evaluate the safety and effectiveness of chiropractic care for children with non-musculoskeletal conditions.

### **Codes:**

#### **Additional Evaluation and Management (E/M) Services:**

- Additional evaluation and management (E/M) services within the same treatment plan may be reported separately using the modifier -25, if the member's condition requires a significant separately identifiable E/M service above and beyond the usual pre and post service work associated with the procedure.
- Supporting documentation may be requested for all E/M codes with a modifier -25.

#### **97140 Manual Therapy (adjunctive service)**

- 97140 Manual therapy code may not be billed with CMT codes 98940-98943. It is considered an inherent component of the CMT codes and it is not eligible for separate payment when reported on the same date of service.

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- Exception: When 97140 is performed on a separate body region that is unrelated to the CMT code, this procedure may be considered for separate payment. In this instance, modifier –59 should be appended to 97140 and billed accordingly.
- Appropriate information that identifies the separate body region, unrelated to the CMT code, should be documented in the member's chart.

### **Coverage for X-rays**

- Includes single and multiple views of the spinal subluxation area specifically being treated with CMT.

### **Covered Chiropractic Services**

For a given visit, coverage will be limited to chiropractic services, as follows:

- One service with a CMT Code: 98940-98942 plus 98943,

And

- One of the following adjunctive modality codes:  
97012, 97014, 97035, 97140 (CPT code 97140 only used for exception referenced previously),

And

- One service with CPT code 97110 (therapeutic exercise performed to build strength, endurance and flexibility).

Or

- One service with a CMT Code: 98940-98942 plus 98943 and Two (2) Therapeutics and no Adjunctive

Or

- One service with a CMT Code: 98940-98942 plus 98943 and Two (2) Adjunctives and no Therapeutic

### **Additional covered chiropractic services billing and coding guidelines:**

- Network providers are required to have a copy of their adjunctive procedures certificate on file prior to billing.

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- Any out-of-network provider billing for adjunctive procedures is required to submit a copy of his/her adjunctive procedures certificate with each claim.

4. Premier Health Plan may request office notes to audit claims data.

### **Covered Adjunctive Procedures**

The following CPT codes represent procedures identified as adjunctive procedures that are considered covered by Premier Health Plan, unless an individual product has benefit exclusions or other limitations that apply to chiropractic care:

- 97010 Heat/Ice
- 97012 Application of a modality to one or more areas; traction, mechanical (unattended)
- 97014 Application of a modality to one or more areas; electrical stimulation (unattended)
- 97022 Whirlpool
- 97024 Diathermy
- 97026 Infrared
- 97035 Application of a modality to one or more areas; ultrasound (attended), each 15 minutes
- 97039 Unlisted Modality
- 97110 (ST) Thera. Exer.
- 97112 Neuromuscular re-ed
- 97116 Gait Training
- 97124 Massage
- 97139 Unlisted Therapeutic Proc.

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- 97140 Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
- 97150 Group Therapeutic Procedure
- 97530 Thera Act.
- 97535 ADL (Home)
- 97750 Physical Performance Test
- G0283 Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care.

| <b>CPT Codes / HCPCS Codes / ICD-10 Codes</b>                            |  |
|--|--|
| Code   | Description  |
| 97012  | Application of a modality to one or more areas; traction, mechanical (unattended)  |
| 97014  | Application of a modality to one or more areas; electrical stimulation (unattended)  |
| 97032  | Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes   |
| 97033  | Application of a modality to one or more areas; iontophoresis (attended), each 15 minutes  |
| 97035  | Application of a modality to one or more areas; ultrasound (attended), each 15 minutes   |
| 97140  | Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes |
| <b>ICD-10 codes not covered (Contraindications) (not all-inclusive):</b> |  |
| A00.0-B99  | Certain infectious and parasitic diseases  |
| C00.0-C96.9  | Malignant neoplasms  |
| D80.0-D89.9  | Certain disorders involving the immune mechanism   |
| E40-E64.9  | Malnutrition and other nutritional deficiencies  |

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|                 |  |
|-----------------|--|
| E66.01          | Morbid (severe) obesity due to excess calories   |
| E66.2           | Morbid (severe) obesity with alveolar hypoventilation  |
| E66.3           | Overweight   |
| E70.0-E88.9     | Metabolic disorders  |
| F43.10-F43.12   | Post-traumatic stress disorder   |
| F81.0-F81.9     | Specific developmental disorder of scholastic skills   |
| F84.0-F84.9     | Pervasive developmental disorders and Autistic disorder  |
| F93.0-F93.8     | Emotional disorders with onset specific to childhood   |
| F94.0-F94.9     | Disorders of social functioning with onset specific to childhood and adolescence                   |
| F98.0-F98.9     | Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence |
| G00.01-G99.8    | Diseases of the nervous system   |
| G56.00-G56.02   | Carpal tunnel syndrome   |
| H65.00-H68.029  | Otitis media and Eustachian salpingitis and obstruction  |
| I01.0-I99.9     | Other and unspecified disorders of circulatory system  |
| J45.20-J45.998  | Asthma   |
| M00.0-M02.9     | Infectious arthropathies   |
| M26.60-M26.69   | Temporomandibular joint disorders  |
| M10.00          | Idiopathic gout, unspecified site  |
| M10.9           | Gout, unspecified  |
| N94.4-N94.6     | Dysmenorrhea   |
| M08.3           | Juvenile rheumatoid polyarthritis (seronegative)   |
| M12.50-M12.59   | Traumatic arthropathy  |
| M24.80          | Other specific joint derangements of unspecified joint, not elsewhere classified                   |
| M25.451-M25.459 | Effusion, hip  |
| M86.00-M86.9    | Osteomyelitis  |
| M81.0-M81.8     | Osteoporosis without current pathological fracture   |



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|                           |  |
|---------------------------|--|
| N39.44                    | Nocturnal enuresis   |
| R10.2                     | Pelvic and perineal pain   |
| R10.83                    | Colic  |
| <b>Coverage of X-rays</b> |  |
| 72010                     | Radiologic examination, spine, entire, survey study, anteroposterior and lateral                 |
| 72020                     | Radiologic examination, spine, single view, specify level  |
| 72040                     | Radiologic examination, spine, cervical, two or three views                                      |
| 72050                     | Radiologic examination, spine, cervical, minimum of four views                                   |
| 72052                     | Radiologic examination, spine, cervical, 6 or more views   |
| 72069                     | Radiologic examination, spine, thoracolumbar, standing (scoliosis)                               |
| 72070                     | Radiologic examination spine; thoracic, 2 views  |
| 72072                     | Radiologic examination spine; thoracic, 3 views  |
| 72074                     | Radiologic examination spine; thoracic, minimum of 4 views                                       |
| 72080                     | Radiologic examination spine, thoracolumbar, 2 views   |
| 72090                     | Radiologic examination spine; scoliosis study, including supine and erect studies                |
| 72100                     | Radiologic examination spine, lumbosacral; 2 or 3 views  |
| 72110                     | Radiologic examination spine, lumbosacral; minimum of 4 views                                    |
| 72114                     | Radiologic examination spine, lumbosacral; complete, including bending views, minimum of 6 views |
| 72120                     | Radiologic examination spine, lumbosacral; bending views, 2 or 3 views                           |
| 71010                     | Radiologic examination, chest, single view, frontal  |
| 71020                     | Radiologic examination, chest, 2 views, frontal and lateral;                                     |
| 71100                     | Radiologic examination, ribs, unilateral; 2 views  |
| 72170                     | Radiologic examination, pelvis, 1 or 2 views   |
| 72190                     | Radiologic examination, pelvis, complete, minimum of 3 views                                     |
| 72220                     | Radiologic examination, sacrum and coccyx minimum of 2 views                                     |
| 73020                     | Radiologic examination, shoulder; 1 view   |

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| 73030 | Radiologic examination, shoulder; complete, minimum of 2 views |
| 73060 | Radiologic examination, humerus, minimum of 2 views            |
| 73070 | Radiologic examination, elbow; 2 views                         |
| 73090 | Radiologic examination, forearm, 2 views                       |
| 73100 | Radiologic examination, wrist; 2 views                         |
| 73110 | Radiologic examination, wrist; complete, minimum of 3 views    |
| 73120 | Radiologic examination, hand; 2 views                          |
| 73140 | Radiologic examination, finger(s), minimum of 2 views          |
| 73500 | Radiologic examination, hip, unilateral; 1 view                |
| 73510 | Radiologic examination, hip, complete, minimum of 2 views      |
| 73550 | Radiologic examination, femur, 2 views                         |
| 73560 | Radiologic examination, knee; 1 or 2 views                     |
| 73562 | Radiologic examination, knee; 3 views                          |
| 73564 | Radiologic examination, complete, 4 or more views              |
| 73590 | Radiologic examination, tibia and fibula, 2 views              |
| 73600 | Radiologic examination, ankle; 2 views                         |
| 73610 | Radiologic examination, complete, minimum of 3 views           |
| 73620 | Radiologic examination, foot; 2 views                          |
| 73650 | Radiologic examination, calcaneus, minimum of 2 views          |
| 73660 | Radiologic examination, toe(s), minimum of 2 views             |
| 7400  | Radiologic examination, abdomen, single anteroposterior view   |

### Variations

#### Medicare and Special Needs Product (SNP)

Manual manipulation of the spine to correct subluxation is the only covered service for this product. (CPT codes covered for CMT: 98940-98942)

Initial CMT sequence of visits limited to no more than 30 calendar days and 12 visits.

#### Commercial, Medicare and Special Needs Product (SNP) Products

Other Non-Covered Chiropractic Services:

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- Maintenance care: chiropractic services performed repetitively to maintain a level of function, or when no expectation of additional functional improvement is likely to occur.
- Preventive care: chiropractic services performed for the purpose of preventing symptoms, conditions or illnesses.
- Scoliosis correction and spinal curve restoration: chiropractic services performed primarily to reduce scoliosis, create optimal segmental or regional alignment or the normal physiological spinal curves in the absence of related musculoskeletal symptoms.

### References

1. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determinations (LCD) No. L35424. Chiropractic Services. (Contractor: Novitas Solutions , Inc.) Revision Effective Date: 10/01/2017.  
<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35424&ver=24&Date=&DocID=L35424&bc=iAAAABAAAAA&A&>
2. Fairbanks J and PB Pynsent: The Oswestry Disability Index, Spine, 2000; 25(22): 2940-2953. <http://www.ncbi.nlm.nih.gov/pubmed/11074683>
3. International Chiropractors Association. Recommended Clinical Protocols and Guideliens for the Practice of Chiropractic. June 2000.  
[http://www.registerchiropractor.nl/ICA\\_guidlines.pdf](http://www.registerchiropractor.nl/ICA_guidlines.pdf)
4. Lee AC, Li DH, Kemper KJ. Chiropractic care for children. Arch Pediatr Adolesc Med. 2000 Apr; 154(4):401-407.  
<http://archpedi.jamanetwork.com/article.aspx?articleid=349085>
5. Shekelle PG, Coulter I, Hurwitz EL, et al. Congruence between decisions to initiate chiropractic spinal manipulation for low back pain and appropriateness criteria in North America. Ann Int Med. 1998 Jul 1; 129(1):9-17.  
<http://annals.org/article.aspx?articleid=711526>
6. Shekelle PG. What role for chiropractic in health care? N Engl J Med. 1998 Oct 8;339(15):1074-1075.  
<http://www.nejm.org/doi/full/10.1056/NEJM199810083391509>
7. Tibbles A, Waalen JK, Francois H: Response set bias, internal consistency and construct validity of the Oswestry Low Back Pain Disability Questionnaire. J Can Chiropr Assoc. 1998; 42(3): 141-149.
8. White P, Lewith G, Prescott P. The core outcomes for neck pain: validation of a new outcome measure. Spine. 2004 Sept. 1; 29(17): 1923-1930.  
<http://www.ncbi.nlm.nih.gov/pubmed/15534418>

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### **Disclaimer:**

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