

# MEDICAL POLICY



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| <b>SUBJECT: CHIROPRACTIC CARE</b>   | <b>EFFECTIVE DATE: 08/25/99</b><br><b>REVISED DATE: 11/15/01, 11/21/02, 12/11/03, 03/04/05, 02/23/06, 02/22/07, 02/28/08, 02/26/09, 02/25/10, 02/24/11, 02/27/12, 02/28/13, 02/27/14, 02/26/15, 02/25/16, 04/27/17, 02/22/18</b> |
| <b>POLICY NUMBER: 10.01.02</b><br><b>CATEGORY: Government Mandate</b>   | <b>PAGE: 1 OF: 7</b>   |
| <ul style="list-style-type: none"><li>• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i></li><li>• <i>If a commercial product, including an Essential Plan product, covers a specific service, medical policy criteria apply to the benefit.</i></li><li>• <i>If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</i></li></ul> |  |

## POLICY STATEMENT:

- I. Under every contract that provides coverage for physician services in a physician's office and every policy which provides major medical or similar comprehensive-type coverage, the Health Plan considers chiropractic care as **medically appropriate** for the following conditions:
- A. Detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purpose of removing nerve interference, and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
  - B. Detection or correction by manual or mechanical means of mechanical/myofascial extremity pain (e.g., bursitis, myofascial trigger points, sprains, strains).

Coverage is no more restrictive than applicable care or services under the same policy provided by other health professionals in the diagnosis, treatment, and management of the same or similar conditions, injuries, complaints, disorders or ailments. Anything that can be construed as impeding or preventing the provision or coverage of chiropractic care and services by duly licensed doctors of chiropractic, within the lawful scope of chiropractic practice, is not allowed.

- II. Based upon our criteria and assessment of the peer-reviewed literature, chiropractic care is considered **medically necessary** when there is an expectation of or actual improvement in the patient's condition.

Maintenance care begins when the therapeutic goals of a treatment plan have been achieved or when no additional functional progress is apparent or expected to occur. Maintenance care is considered **not medically necessary**.

*Refer to Corporate Medical Policy #7.01.76 regarding Manipulation under Anesthesia.*

## POLICY GUIDELINES:

- I. Coverage is limited to medically necessary services provided by a licensed doctor of chiropractic, within the scope of his or her license, in connection with the detection or correction of spinal misalignment or mechanical/myofascial extremity pain.
- II. Contraindications include, but are not limited to, recent compression fracture, severe osteoporosis, inflammatory arthritis, infections, cauda equina, progressive neurological deficit, and visceral disease.
- III. All chiropractic care is subject to retrospective utilization review for determining medical necessity. Coverage for services determined to be not medically necessary will be denied.

## DESCRIPTION:

New York State Law mandates health insurance policies, plans and contracts that provide coverage for the diagnosis and treatment of conditions, complaints, ailments, disorders or injuries by any health care profession, that may be diagnosed and treated by a doctor of chiropractic, must provide access to and equivalent coverage for the diagnosis and treatment of those conditions, complaints, ailments disorders or injuries by a duly licensed doctor of chiropractic, within the lawful scope of chiropractic practice.

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**CODES:**      Number                      Description

*Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

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| <b><u>CPT:</u></b> | 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 |

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**HCPCS:**      No code(s)

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| <b><u>ICD10:</u></b> | G24.3           | Spasmodic torticollis   |
|                      | G43.009         | Migraine without aura, not intractable, without status migrainosus  |
|                      | G43.119         | Migraine with aura, intractable, without status migrainosus         |
|                      | G43.809         | Other migraine, not intractable, without status migrainosus         |
|                      | G43.C0          | Periodic headache syndromes in child or adult, not intractable      |
|                      | G44.0-G44.8     | Headache (code range)   |
|                      | G44.209         | Tension-type headache, unspecified, not intractable                 |
|                      | G54.0-G54.4     | Nerve root and plexus disorders (code range)                        |
|                      | G55             | Nerve root and plexus compressions in diseases classified elsewhere |
|                      | M08.1           | Juvenile ankylosing spondylitis                                     |
|                      | M15.0           | Primary generalized (osteo)arthritis                                |
|                      | M15.9           | Polyosteoarthritis, unspecified                                     |
|                      | M19.91          | Primary osteoarthritis, unspecified site                            |
|                      | M25.60          | Stiffness of unspecified joint, not elsewhere classified            |
|                      | M25.78          | Osteophyte, vertebrae   |
|                      | M35.7           | Hypermobility syndrome  |
|                      | M40.00-M40.05   | Postural kyphosis (code range)                                      |
|                      | M40.202-M40.299 | Other and unspecified kyphosis (code range)                         |
|                      | M40.30-M40.37   | Flatback syndrome (code range)                                      |

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- M40.40-M40.57 Lordosis (code range)
- M41.00-M41.35 Scoliosis (code range)
- M41.80-M41.9
- M42.00-M42.19 Osteochondrosis of spine (code range)
- M43.00-M43.19 Spondylolysis and spondylolisthesis (code range)
- M43.27-M43.28 Fusion of spine (code range)
- M43.6 Torticollis
- M43.8x1-M43.9 Deforming dorsopathy (code range)
- M45.0-M45.9 Ankylosing spondylitis of spine (code range)
- M46.00-M46.09 Spinal enthesopathy (code range)
- M46.1 Sacroiliitis, not elsewhere classified
- M46.40-M46.49 Discitis (code range)
- M46.50-M46.99 Spondylopathies (code range)
- M47.011-  
M47.019 Anterior spinal artery compression syndromes (code range)
- M47.021-  
M47.029 Vertebral artery compression syndromes (code range)
- M47.10-M47.18 Other spondylosis with myelopathy (code range)
- M47.20-M47.28 Other spondylosis with radiculopathy (code range)
- M47.811-  
M47.819 Spondylosis without myelopathy or radiculopathy (code range)
- M47.891-M47.9 Other and unspecified spondylosis (code range)
- M48.00-M48.38 Other spondylopathies (code range)
- M48.8x1-M49.89 Other specified spondylopathies (code range)
- M50.00-M50.93 Cervical disc disorder (code range)
- M51.04-M51.9 Thoracic, thoracolumbar and lumbosacral intervertebral disc disorders (code range)
- M53.0-M53.1 Cervicocranial and cervicobrachial syndrome (code range)
- M53.2x7-  
M53.2x8 Spinal instabilities (code range)
- M53.3 Sacrococcygeal disorders, not elsewhere classified
- M53.81-M53.88 Other specified dorsopathies (code range)
- M54.03-M54.9 Dorsalgias (code range)

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- M60.80 Other myositis, unspecified site
- M60.851-M60.9 Myositis (code range)
- M62.40-M62.49 Contracture of muscle (code range)
- M62.30-M62.838 Muscle spasm (code range)
- M62.9 Disorder of muscle, unspecified
- M63.80 Disorders of muscle in diseases classified elsewhere, unspecified site
- M63.51-M63.89 Disorders of muscle in diseases classified elsewhere (code range)
- M67.88 Other specified disorders of synovium and tendon, other site
- M70.80 Other soft tissue disorders related to use, overuse and pressure of unspecified site
- M70.851-M70.90 Other soft tissue disorders related to use (code range)
- M70.951-M70.99 Unspecified soft tissue disorder related to use (code range)
- M79.0 Rheumatism, unspecified
- M79.1 Myalgia
- M79.2 Neuralgia and neuritis, unspecified
- M79.604-  
M79.606 Pain in leg (code range)
- M79.609 Pain in unspecified limb
- M79.651-  
M79.676 Pain in limb, foot and toes (code range)
- M79.7 Fibromyalgia
- M79.89-M79.9 Soft tissue disorders (code range)
- M91.0-M91.92 Juvenile osteochondrosis (code range)
- M93.1 Kienbock's disease of adults
- M93.80 Other specified osteochondropathies of unspecified site
- M93.851-M93.89 Other specified osteochondropathies (code range)
- M95.3 Acquired deformity of neck
- M95.5 Acquired deformity of pelvis
- M96.1 Postlaminectomy syndrome, not elsewhere classified
- M96.2 Postradiation kyphosis
- M96.3 Postlaminectomy kyphosis
- M96.4 Postsurgical lordosis
- M96.5 Postradiation scoliosis

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- M99.00-M99.08 Segmental and somatic dysfunction (code range)
- M99.10-M99.15 Subluxation complex (vertebral) (code range)
- M99.20-M99.79 Stenosis of neural canal or intervertebral foramina (code range)
- M99.81-M99.85 Other biomechanical lesions (code range)
- M99.89 Other biomechanical lesions of abdomen and other regions
- Q67.5 Congenital deformity of spine
- Q76.1 Klippel-Feil syndrome
- Q76.2 Congenital spondylolisthesis
- Q76.3 Congenital scoliosis due to congenital bony malformation
- Q76.425-Q76.9 Congenital malformation (code range)
- Q77.2 Short rib syndrome
- R20.0-R20.9 Disturbances of skin sensation (code range)
- R42 Dizziness and giddiness
- R51 Headache
- S13.0xxA-S13.29xxA Dislocation and sprain of joints and ligaments at neck level (code range)
- S13.4xxA/D/S Sprain of ligaments of cervical spine, initial/subsequent/sequela encounter
- S13.8xxA/D/S Sprain of joints and ligaments of other parts of neck, initial/subsequent/sequela encounter
- S13.9xxA/D/S Sprain of joints and ligaments of unspecified parts of neck, initial/subsequent/sequela encounter
- S14.2XXD Injury of nerve root of cervical spine, subsequent encounter
- S16.1xxA/D/S Strain of muscle, fascia and tendon at neck level, initial/subsequent/sequela encounter
- S23.0xxA/D/S - S23.3xxA/D/S Dislocation and sprain of joints and ligaments of thorax (code range)
- S23.8xxA/D/S - S23.9xxA/D/S Sprain of other specified or unspecified parts of thorax, initial encounter/subsequent/sequela (code range)
- S24.2XXD Injury of nerve root of thoracic spine, subsequent encounter
- S33.0xxA/D/S - S33.2xxA/D/S Dislocation and sprain of joints and ligaments of lumbar spine and pelvis, initial/subsequent/sequela (code range)
- S33.39xA/D/S Dislocation of other parts of lumbar spine and pelvis, initial/subsequent/sequela encounter
- S33.5xxA/D/S Sprain of ligaments of lumbar spine, initial encounter/subsequent/sequela

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| S33.6xxA/D/S | Sprain of sacroiliac joint, initial/subsequent/sequela encounter                             |
| S33.8xxA/D/S | Sprain of other parts of lumbar spine and pelvis, initial/subsequent/sequela encounter       |
| S33.9xxA/D/S | Sprain of unspecified parts of lumbar spine and pelvis, initial/subsequent/sequela encounter |
| S34.22XD     | Injury of nerve root of sacral spine, subsequent encounter                                   |

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\*key article(s)

**KEY WORDS:**

Chiropractic care

## CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) for Chiropractic services. Please refer to the following website for Medicare Members: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33613&ver=20&s=41&DocType=All&bc=AgIAAAAAAAAA&>

There is also a Supplemental Instructions Article (SIA) which contains coding or other guidelines that complement the Local Coverage Determination (LCD) that can be found at: <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52853&ver=6&LCDId=33613&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Entire+State&Keyword=chiropractic&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAABAACAAA%3d%3d&>