

# MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	CHIROPRACTIC CARE
Policy Number	10.01.02
Category	Government Mandate
Effective Date	08/25/99
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, 02/28/19
Product Disclaimer	<ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</li> <li>• 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.</li> </ul>

## POLICY STATEMENT

- I. Based upon our criteria and assessment of the peer-reviewed literature, chiropractic care is considered **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).
- 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 Spinal 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

Chiropractic is a health care profession that focuses on disorders of the musculoskeletal system (primarily the spine) and the nervous system, and the effects of these disorders on general health. Chiropractic services are used most often to treat neuromusculoskeletal complaints, including but not limited to back pain, neck pain, pain in the joints of the arms or legs, and headaches. Doctors of Chiropractic (DCs), often referred to as chiropractors, practice a hands-on, drug-free approach to health care that includes patient examination, diagnosis and treatment. Chiropractors have broad diagnostic skills and are also trained to recommend therapeutic and rehabilitative exercises, as well as to provide nutritional, dietary and lifestyle counseling.

**Medical Policy: CHIROPRACTIC CARE**

**Policy Number: 10.01.02**

**Page: 2 of 6**

One of the most common and well-known therapeutic procedures performed by Doctors of Chiropractic is spinal manipulation (sometimes referred to as a "chiropractic adjustment"). The purpose of spinal manipulation is to restore joint mobility by manually applying a controlled force into joints that have become hypomobile – or restricted in their movement – as a result of a tissue injury or restriction. Manipulation, or adjustment of the affected joint and tissues, restores mobility, potentially alleviating pain and muscle tightness, restoring function and enhancing the ability for tissues to heal.

New York State (NYS) law requires each contract providing physician services, medical, major medical, or similar comprehensive-type coverage, shall include coverage for chiropractic care. Chiropractic care in NYS is defined as detecting and correcting structural imbalance, distortion, subluxations in the human body through manual or mechanic means for the purpose of removing nerve interference effects related to distortion, misalignment, or subluxation of or in the vertebral column.

**CODES**

- *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.*
- *Code Key: Not Medically Necessary = (NMN)*

**Modifiers**

<b>Code</b>	<b>Description</b>
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)

**CPT Codes**

<b>Code</b>	<b>Description</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
S8990 (NMN)	Physical or manipulative therapy performed for maintenance rather than restoration

*Copyright © 2019 American Medical Association, Chicago, IL*

**HCPCS Codes**

<b>Code</b>	<b>Description</b>
No code(s)	

**ICD10 Codes**

<b>Code</b>	<b>Description</b>
G24.3	Spasmodic torticollis
G43.009-G43.919	Migraine (code range)
G44.001-G44.89	Other headache syndromes (code range)
G44.209	Tension-type headache, unspecified, not intractable
G54.0-G54.49	Nerve root and plexus disorders (code range)
G55	Nerve root and plexus compressions in diseases classified elsewhere
M08.1	Juvenile ankylosing spondylitis

*Proprietary Information of Excellus Health Plan, Inc.*

**Medical Policy: CHIROPRACTIC CARE****Policy Number: 10.01.02****Page: 3 of 6**

<b>Code</b>	<b>Description</b>
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)
M40.40-M40.57	Lordosis (code range)
M41.00-M41.35 M41.80-M41.9	Scoliosis (code range)
M42.00-M42.9	Osteochondrosis of spine (code range)
M43.00-M43.19	Spondylolysis and spondylolisthesis (code range)
M43.20-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-M47.16	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-M48.08	Spinal stenosis (code range)
M48.10-M48.19	Ankylosing hyperostosis [Forestier] (code range)
M48.20-M48.27	Kissing spine (code range)
M48.30-M48.38	Traumatic spondylopathy
M48.8x1-M48.9	Other specified and unspecified spondylopathies (code range)
M49.80-M49.89	Spondylopathies in diseases classified elsewhere (code range)
M50.00-M50.93	Cervical disc disorders (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)
M53.2x1-M53.2x9	Spinal instabilities (code range)
M53.3	Sacrococcygeal disorders, not elsewhere classified
M53.80-M53.88	Other specified dorsopathies (code range)
M54.00-M54.9	Dorsalgias (code range)
M60.80-M60.9	Other and unspecified myositis (code range)
M62.40-M62.49	Contracture of muscle (code range)

**Medical Policy: CHIROPRACTIC CARE****Policy Number: 10.01.02****Page: 4 of 6**

<b>Code</b>	<b>Description</b>
M62.830-M62.838	Muscle spasm (code range)
M62.9	Disorder of muscle, unspecified
M63.80-M63.89	Disorders of muscle in diseases classified elsewhere (code range)
M67.88	Other specified disorders of synovium and tendon, other site
M70.80-M70.90	Other soft tissue disorders related to use, overuse and pressure (code range)
M70.90-M70.99	Unspecified soft tissue disorder related to use, overuse and pressure (code range)
M79.0	Rheumatism, unspecified
M79.10-M79.18	Myalgia (code range)
M79.2	Neuralgia and neuritis, unspecified
M79.601-M79.676	Pain in limb, hand, foot, fingers and toes (code range)
M79.7	Fibromyalgia
M79.89-M79.9	Other and unspecified soft tissue disorders (code range)
M91.0-M91.92	Juvenile osteochondrosis of hip and pelvis (code range)
M93.1	Kienbock's disease of adults
M93.80-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
M99.00-M99.08	Segmental and somatic dysfunction (code range)
M99.10-M99.18	Subluxation complex (vertebral) (code range)
M99.20-M99.79	Stenosis of neural canal or intervertebral foramina (code range)
M99.80-M99.88	Other biomechanical lesions (code range)
M99.9	Biomechanical lesion, unspecified
Q67.5	Congenital deformity of spine
Q76.1	Klippel-Feil syndrome
Q76.2	Congenital spondylolisthesis
Q76.3	Congenital scoliosis due to congenital bony malformation
Q76.411-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- S13.29xS	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

**Medical Policy: CHIROPRACTIC CARE****Policy Number: 10.01.02****Page: 5 of 6**

<b>Code</b>	<b>Description</b>
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/ <u>subsequent/sequela</u>
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
S34.21XD	Injury of nerve root of lumbar spine, subsequent encounter
S34.22XD	Injury of nerve root of sacral spine, subsequent encounter

**REFERENCES**

Blancette MA, et al. Effectiveness and Economic Evaluation of Chiropractic Care for the Treatment of Low Back Pain: A Systematic Review of Pragmatic Studies. PLoS One. 2016 Aug 3;11(8):e0160037.

\*Bryans R, et al. Evidence-based guidelines for the chiropractic treatment of adults with headache. J Manipulative Physiol Ther 2011 Jun;34(5):274-89.

\*Bryans R, et al. Evidence-based guidelines for the chiropractic treatment of adults with neck pain. J Manipulative Physiol Ther 2014 Jan;37(1):42-63.

Bussieres AE, et al. Spinal manipulative therapy for low back pain-time for an update. Can Fam Physician 2017 Sep;63(9):669-672.

DeVocht JW, et al. The effect of chiropractic treatment on the reaction and response times of special operation forces military personnel: study protocol for a randomized controlled trial. Trials 2016 Sept 20 17:457

Guerrerra CC, Seffinger MA. Manual manipulation is more effective than mechanical assisted manipulation in managing low back pain. J Am Osteopath Assoc 2015;115 (5):344.

Leininger B, et al. Cost-effectiveness of spinal manipulative therapy, supervised exercise, and home exercise for older adults with chronic neck pain. Spine J 2016 Nov;16(11):1292-1304.

Maiers MJ, et al. Chiropractic and exercise for seniors with low back pain or neck pain: the design of two randomized clinical trials. BMC Musculoskelet Disord. 2007 Sep 18;8:94.

New York State Consolidated Insurance Law. Article 32 § 3216 [<https://codes.findlaw.com/ny/insurance-law/isc-sect-3216.html>]. Accessed 12/28/18.

New York Insurance Law Insurance Law § 3221(k)(11) [<http://codes.findlaw.com/ny/insurance-law/isc-sect-3221.html>]. Accessed 12/21/18.

**Medical Policy: CHIROPRACTIC CARE**

**Policy Number: 10.01.02**

**Page: 6 of 6**

Parkinson L, et al. Well-being outcomes of chiropractic intervention for lower back pain: a systematic review. Clin Rheumatol 2013 Feb;32(2):167-80.

Pepino VC, et al. Manual therapy for childhood respiratory disease: a systematic review. J Manipulative Physiol Ther 2013 Jan;36(1):57-65.

Shulz C, et al. Spinal manipulation and exercise for low back pain in adolescents: study protocol for a randomized controlled trial. Chiropractic & Manual Therapies, 2014 May 23;22:21.

Stochkendahl MJ, et al. A randomized clinical trial of chiropractic treatment and self-management in patients with acute musculoskeletal chest pain: 1-year follow-up. J Manipulative Physiol Ther 2012 May;35(4):254-62

Stochkendahl MJ, et al. Chiropractic treatment vs self-management in patients with acute chest pain: a randomized controlled trial of patients without acute coronary syndrome. J Manipulative Physiol Ther 2012 Jan;35(1):7-17.

\*The Chiropractic Resource Organization. Guidelines for chiropractic quality assurance and practice parameters ~ aka the Mercy Conference. 1993 Aspen Publishers  
[[http://www.chiro.org/LINKS/GUIDELINES/FULL/Mercy\\_Recommendations.shtml](http://www.chiro.org/LINKS/GUIDELINES/FULL/Mercy_Recommendations.shtml)]. Accessed 12/21/18.

Vihstadt C, et al. Short term treatment versus long term management of neck and back disability in older adults utilizing spinal manipulative therapy and supervised exercise: a parallel-group randomized clinical trial evaluating relative effectiveness and harms, Chiropractic & Manual Therapies, 2014 Jul 23;22:26.

\*Westrom KK, et al. Individualized chiropractic and integrative care for low back pain: the design of a randomized clinical trial using a mixed-methods approach. Trials 2010 Mar 8 11:24.

\*Key Article

**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&=New+York+-+Entire+State&Keyword=chiropractic&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAABAACAAA AA%3d%3d&>