



**Subject:** Chiropractic

**Revision Date:** 3/25

## **DESCRIPTION**

The OSU Health Plan limits coverage of chiropractic services to the treatment of the conditions and/or diagnoses listed in this policy, where the legally licensed chiropractor is practicing within the scope of his/her license. These diagnoses must include appropriate clinical information to support the medical necessity for such treatments.

## **APPLICABILITY**

This policy applies to all OSU Health Plan (OSUHP) benefit plans.

## **DEFINITIONS**

**Chiropractic:** from Greek words meaning done by hand. It is grounded in the principle that the body can heal itself when the skeletal system is correctly aligned, and the nervous system is functioning properly. To achieve this, the practitioner uses his or her hands or an adjusting tool to perform specific manipulations of the vertebrae.

## **POLICY**

The OSU Health Plan considers chiropractic services medically necessary when all the following criteria are met:

- The member has a neuromusculoskeletal disorder that is covered in this policy; and
- The medical necessity for treatment is clearly documented; and
- Improvement is documented within the initial 2 weeks of chiropractic care.

If no improvement is documented within the initial 2 weeks, additional chiropractic treatment is considered not medically necessary unless the chiropractic treatment is modified.

If no improvement is documented within 30 days despite modification of chiropractic treatment, continued chiropractic treatment is considered not medically necessary.

Once the maximum therapeutic benefit has been achieved, continuing chiropractic treatment is considered not medically necessary.

Maintenance chiropractic manipulation is not covered.

## **PROCEDURE**

OSU Health Plan may request treatment plans and progress notes for medical review. We reserve the right to review past records and claims submissions.

OSU Health Plan requires fully documented treatment plan and SOAP notes for each visit billed to include:

- Appropriate and legible SOAP chart notes documentation.
- Progress reports and notes which document the following:
  - Diagnosis or diagnoses must support the level of care provided.

- Medical necessity of the care provided must be demonstrated and may be subject to review (see criteria below).
- Procedures performed must be within the scope of licensure as defined by the appropriate licensing boards within Ohio or the state in which the procedure is performed.

### EVALUATION AND MANAGEMENT SERVICES

A new patient evaluation and management (E&M) service is eligible for reimbursement in addition to the Chiropractic Manipulative Therapy (CMT 98940-98943) once per every three years. Providers billing a new E&M service must be from a different practice if billing sooner than three years.

Established patient E&M codes (9921X) may be used every 4 weeks thereafter if the member's condition requires above and beyond the usual pre-service and post-services associated with the procedure. An established patient E&M code may be used more frequently than every 4 weeks for a change in the member's condition (i.e., different diagnosis). The appropriate modifier (-25) must be used to indicate an E&M code is being used along with the additional chiropractic manipulative treatments (CMT) being addressed. Medical records to support the additional E&M service may be requested and the provider shall make these records available upon request. Any other services apart from an E&M service provided on the same day by the same provider in addition to the Chiropractic treatment will be reviewed separately for medical necessity.

Frequent use of higher-level codes (99214, 99215, 99204, 99205, 98942, 98943) may prompt a file review. Use of 98943 alone should be denied as provider liability.

The network average is expected to be 8-10 visits per case. An excessive number of visits may prompt a file review. OSU Health Plan reserves the right to review past records and claims submissions to determine medical necessity.

### MODALITIES

Up to two therapeutic modalities (e.g., ultrasound, hot packs, and electrical muscle stimulation 97XXX, G0283) may be billed in addition to CMT. Radicular symptoms (sciatica, brachial neuralgia) may justify traction as a third modality.

### PHYSICAL THERAPY SERVICES

Physical therapy not performed at the time of chiropractic treatment and not billed in the chiropractic E&M or CMT fee is not covered unless the site is an approved network provider for physical therapy services according to the OSU Faculty and Staff Health Plans Specific Plan Details Document. Group therapy is not covered (i.e., CPT 97150).

### X-RAY SERVICES

Regional X-rays may be appropriate on the first visit with the following conditions and if same X-rays were not already performed recently:

- History of previous trauma to the same body region
- History of fracture, neoplasm, or arthritis in the same region
- History of cancer that could metastasize to the involved region
- Elderly patients
- Suspicion of osteoporosis

Follow up x-rays are rarely appropriate unless there has been a new injury, change in condition or failure to respond to treatment. Requests for follow up x-rays and/or full spine x-rays will prompt a file review.

### DURABLE MEDICAL EQUIPMENT

Standard over the door traction (HCPC code E0942) can be dispensed by a Chiropractor if included in the provider's contract. All other DME must be provided by a participating

approved DME Provider.

## **PRIOR AUTHORIZATION**

Prior authorization is not required for chiropractic services. However, OSU Health Plan may request treatment plans and progress notes for medical review. We reserve the right to review past records and claims submissions.

## **EXCLUSIONS**

OSUHP does not cover the follow chiropractic services:

- Maintenance services
- Group therapy
- Massage therapy not performed at the time of chiropractic treatment.
- No more than three modalities per session of chiropractic treatment
- Chiropractic treatment in asymptomatic patients.

The OSU Health Plan considers chiropractic services experimental and investigational for all other indications, including but not limited to any of the following conditions, because there is inadequate scientific research assessing the efficacy of chiropractic services compared with placebo, sham chiropractic, or other modalities of treatment in these conditions:

- Asthma
- Attention deficit hyperactivity disorder
- Autism
- Cervicogenic headache
- Chronic obstructive pulmonary disease
- Colic

- Depression
- Diseases of the digestive system
- Disorders of the foot and ankle
- Dysmenorrhea
- Epilepsy and recurrent seizures
- Hypertension
- Improvement of brain function
- Infertility
- Maternal care for breech presentation
- Menopausal and female climacteric states
- Migraine
- Nocturnal enuresis
- Otitis media
- Pervasive developmental disorder
- Post traumatic seizures
- Premenstrual symptoms
- Prevention of falls
- Gastroesophageal reflux disease
- Scoliosis [and kyphoscoliosis], idiopathic; resolving infantile idiopathic scoliosis; and progressive infantile idiopathic scoliosis
- Temporomandibular joint disorder
- Tension headache
- Treatment of post-concussion syndrome
- Unspecified convulsions [seizure disorder NOS]
- Vertigo

The OSU Health Plan considers the following chiropractic procedures experimental and investigational:

- Active Release Technique
- Active Therapeutic Movement (ATM2)
- Advanced Biostructural Correction (ABC) Chiropractic Technique
- Applied Spinal Biomechanical Engineering
- Atlas Orthogonal Technique
- Bioenergetic Synchronization Technique
- Biogeometric Integration
- Blair Technique
- Bowen Technique
- Chiropractic Biophysics Technique
- Coccygeal Meningeal Stress Fixation Technique
- ConnecTX (an instrument-assisted connective tissue therapy program)
- Cox decompression manipulation/ technique
- Cranial Manipulation
- Directional Non-Force Technique
- FAKTR (Functional and Kinetic Treatment with Rehab) Approach
- Gonzalez Rehabilitation Technique
- Inertial traction (inertial extensilizer decompression table)
- IntraDiscNutrosis program
- Koren Specific Technique
- Manipulation for infant colic
- Manipulation for internal (non-neuromusculoskeletal) disorders (Applied Kinesiology)
- Manipulation Under Anesthesia

- Moire Contourographic Analysis
- Network Technique
- Neural Organizational Technique
- Neuro Emotional Technique
- NUCCA (National Upper Cervical Chiropractic Association) procedure
- Origin Insertion Release Technique
- Positional release therapy
- Sacro-Occipital Technique
- Spinal Adjusting Devices (ProAdjuster, PulStarFRAS, Activator)
- Therapeutic (Wobble) Chair
- Upledger Technique and Cranio-Sacral Therapy
- Vertebral Axial Decompression (VAX-D)
- Webster Technique (for breech babies)
- Whitcomb Technique

## CODES

Following CPT codes may be covered according to the above guidelines

<b>CPT/HCPC CODES</b>	<b>DESCRIPTION</b>
72020	Radiologic examination, spine, single view, specify level
72040	Radiologic examination, spine, cervical; 2 or 3 views
72050	Radiologic examination, spine, cervical; 4 or 5 views
72052	Radiologic examination, spine, cervical; 6 or more views
72070	Radiologic examination, spine; thoracic, 2 views
72072	Radiologic examination, spine; thoracic, 3 view



72074	Radiologic examination, spine; thoracic, minimum of 4 views
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views
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 only, 2 or 3 views
97010	Application of a modality to 1 or more areas; hot or cold packs
97012	Application of a modality to 1 or more areas; traction, mechanical

97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97016	Application of a modality to 1 or more areas; vasopneumatic devices
97018	Application of a modality to 1 or more areas; paraffin bath
97022	Application of a modality to 1 or more areas; whirlpool
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
97026	Application of a modality to 1 or more areas; infrared
97028	Application of a modality to 1 or more areas; ultraviolet
97110 -97799	Physical medicine and rehabilitation [excluding group therapy codes]
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions
98941	spinal, three to four regions
98942	spinal, five regions
98943	extraspinal, one or more regions
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
E0942	Cervical head harness/halter

#### DIAGNOSES WHICH MAY SUPPORT MEDICAL NECESSITY

ICD-10 Codes covered if selection criteria are met:

*Information in the [brackets] below has been added for clarification purposes. Codes requiring a 7th character are represented by "+"*

ICD-10 CODE	DESCRIPTION
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G24.3	Spasmodic torticollis
G54.0 – G55	Nerve root and plexus disorders
G56.00 – G56.93	Mononeuritis of upper limb
G57.00 – G59	Mononeuritis of lower limb
G71.0 – G72.9	Primary disorders of muscles and other myopathies
G80.0 – G80.9	Cerebral palsy
M05.00 – M08.99	Rheumatoid arthritis and other inflammatory polyarthropathies
M12.00 – M13.89	Other and unspecified arthropathies
M15.0 – M19.93	Osteoarthritis and allied disorders
M20.001 – M25.9	Other joint disorders
M35.3	Rheumatism, shoulder lesions and enthesopathies
M75.00 – M79.9	[excludes back]
M40.00 – M40.57, M42.00 – M54.9	Deforming dorsopathies, spondylitis and other Dorsopathies [excluding scoliosis]
M85.30 – M85.39	Osteitis condensans
M89.00 – M89.09	Algoneurodystrophy
M91.10 – M94.9	Osteochondropathies
M95.3	Acquired deformity of neck
M95.5	Acquired deformity of pelvis
M95.8	Other specified acquired deformities of musculoskeletal system
M95.9	Acquired deformities of musculoskeletal system, unspecified
M99.00 – M99.09	Segmental and somatic dysfunction
M99.10 – M99.19	Subluxation complex (vertebral)
M99.83 – M99.84	Other acquired deformity of back or spine
Q65.00 – Q68.8	Congenital musculoskeletal deformities
Q72.70 – Q72.73, Q74.1 –	Congenital malformations of lower limb, including

Q74.2	pelvic girdle
Q74.0, Q74.9, Q87.89	Congenital malformations of upper limb, including shoulder girdle
Q76.0 – Q76.49	Congenital malformations of spine
Q77.0 – Q77.1 Q77.4 – Q77.5 Q77.7 – Q77.9 Q78.9	Osteochondrodysplasia
S13.0XX+ - S13.9XX+, S23.0XX+ - S23.9XX+, S33.0XX+ - S33.9XX+,	Dislocation and sprains of joints and ligaments
S43.001+ - S43.92X+, S53.001+ - S53.499, S63.001+ - S63.92X+, S73.001+ - S73.199+, S83.001 – S83.92X+, S93.01X+ - S93.699+	
S14.2XX+ - S14.9XX+, S24.2XX+ - S24.9XX+, S34.21X+ - S34.9XX+	Injury to nerve roots and spinal plexus
S16.1XX+	Strain of muscle, fascia, and tendon at neck level
S23.41X+ - S23.429+, S33.4XX+, S33.8XX+ - S33.9XX+	Sprain of other ribs, sternum, and pelvis
S29.002+, S29.012+, S29.092+	Injury or strain of muscle, fascia, and tendon of thorax
S39.002+, S39.012+, S39.092+	Injury or strain of muscle, fascia, and tendon of lower back
S44.00X+ - S44.92X+	Injury of nerves at shoulder and upper arm level

S46.011+ - S46.019+, S46.111+ - S46.119+, S46.211+ - S46.219+, S46.311+ - S46.319+, S46.811+ - S46.819+, S46.911+ - S46.919+	Injury of muscle, fascia and tendon at shoulder and upper arm level
S74.00X+ - S74.92X+	Injury of nerves at hip and thigh level
S76.011+ - S76.019+, S76.111+ - S76.119+, S76.211+ - S76.219+, S76.311+ - S76.319+, S76.811+ - S76.819+, S76.911+ - S76.919+	Injury of strain of muscle, fascia and tendon at hip and thigh level
S84.00X+ - S84.92X+	Injury of nerves at lower leg level
S86.011+ - S86.019+, S86.111+ - S86.119+, S86.211+ - S86.219+, S86.311+ - S86.319+,	Injury of muscle, fascia, and tendon at lower leg level

S86.811+ - S86.819+, S86.911+ - S86.919+	
S94.011+ - S94.019+, S94.111+ - S94.119+, S94.211+ - S94.219+, S94.311+ - S94.319+, S94.811+ - S94.819+, S94.911+ - S94.919+	Injury of nerves at ankle and foot level
S96.011+ - S96.019+, S96.111+ - S96.119+, S96.211+ - S96.219+, S96.311+ - S96.319+, S96.811+ - S96.819+, S96.911+ - S96.919+	Injury of muscle, fascia and tendon at ankle and foot level

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