

## CHIROPRACTIC SERVICES

**Policy number: 201001-0001**

**Original effective date: 08/93**

**Revision date: 01/01/10**

### **Overview**

Chiropractors treat patients with musculoskeletal conditions such as sprains or strain-type injuries affecting the spine and/or its immediately adjacent structures. The most common therapeutic procedure performed by chiropractors is manual manipulation also known as a chiropractic adjustment. All states and the District of Columbia regulate the practice of chiropractics and grant licenses to chiropractors who meet the educational and examination requirements established by the state. Chiropractors can practice only in states where they are licensed. All state licensing boards require the completion of a 4-year program at an accredited chiropractic college leading to a Doctor of Chiropractic degree.

Chiropractors are encouraged to provide clinically driven care in which the duration of treatment is determined by each individual patient's progress toward meeting measurable objectives, set in individualized care plans and identified during individual assessment. This ensures that patients are not over-utilizing or underutilizing health care resources and are receiving the best possible care.

### **Definitions**

**Chiropractic** – There is no consensus on the definition of chiropractic. Even within the profession, there are disagreements. Each state has its own "definition" of chiropractic for statutory purposes. Massachusetts defines chiropractic as "the science of locating and removing interference with the transmission or expression of nerve force in the human body, by the correction of misalignments or subluxations of the bony articulations and adjacent structures, more especially those of the vertebra column and pelvis, for the purpose of restoring and maintaining health. X-ray and analytical instruments may be used for the purposes of chiropractic examinations." Even chiropractic organizations have different ideas about the definition of chiropractic. American Chiropractic Association (ACA) Board Chairman Edward Maurer, D.C., on behalf of ACA's Board of Governors, submitted the following definition of chiropractic to Dorland's Dictionary: "Chiropractic: A health profession concerned with the diagnosis, treatment and prevention of functional disorders of the musculoskeletal system, and the effects these disorders have on the function of the nervous system and general health. Treatment emphasis is on spinal manipulation or adjustments and other manual therapies." The Association of Chiropractic Colleges' Position Paper No. 1, signed and agreed upon by the presidents of all North American chiropractic colleges, says: "Chiropractic is concerned with the preservation and restoration of health, and focuses particular attention on the subluxation. A subluxation is a complex of functional and/or structural and/or pathological articular changes that compromise neural integrity and may influence organ system function and general health." This definition has also been endorsed by most chiropractic organizations.

**Chiropractic maintenance therapy** – chiropractic treatment that seeks to prevent disease, promote health, and prolong and enhance quality of life; or therapy that is performed to maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot be reasonably expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is considered maintenance therapy. Chiropractic maintenance therapy is considered not medically necessary.

**Manual manipulation** – a technique where the hands are used to manipulate, massage, mobilize, adjust, stimulate, apply traction to, or otherwise influence the synovial joints in the spinal column..

**Subluxation** – when alignment, movement integrity, and/or physiologic function of the spine are altered although contact between joint surfaces remains intact. Subluxation can be caused by an injury (e.g., improper lifting technique, poor posture or a fall) or by a weakness in the spine. Symptoms of subluxation include back pain, tenderness, arm or leg pain or weakness, headache, etc. During manual manipulation the chiropractor uses his/her hands to move the vertebrae back into alignment (hence the term “adjustment”). The goal is to relieve pain and improve physical functioning.

**Acute injury** – the term acute is used to describe a type of injury (or illness) that is of rapid onset and progression but of a limited duration. These types of injuries are usually the result of a specific traumatic event.

**Acute exacerbation** – a marked deterioration of a plan member’s condition due to a flare up of a condition currently being treated (in which case additional treatment would be allowed but would not necessitate a whole new course of treatment), or a chronic condition (after having achieved maximum therapeutic benefit and stabilized functional status for a reasonable period of time) where the plan member experiences a sudden, marked increase in symptoms from baseline.

## Policy

**Commercial plans** (defined herein)

FCHP covers medically necessary chiropractic services for the treatment of acute musculoskeletal conditions for commercial plan members subject to the terms and conditions specified in the plan member’s Evidence of Coverage, including, but not limited to, the use of plan providers, referral requirements, benefit limits, and cost-sharing (e.g., deductibles, copayments, etc.). Acute musculoskeletal conditions include:

1. Acute musculoskeletal injuries of the spine
2. Acute exacerbations of previous musculoskeletal injuries of the spine

For the purposes of this policy, “chiropractic services” are defined as covered services provided by a chiropractor to a plan member eligible to receive these services.

Chiropractic services are considered medically necessary when they have a direct therapeutic relationship to the plan member’s condition and provide a reasonable expectation of recovery or improvement of function. Chiropractic services include:

- Evaluation and management services
- Chiropractic manipulative treatments
- Diagnostic radiology services
- Adjunctive modalities and therapeutic procedures

For the purposes of chiropractic manipulative treatment, the five spinal regions are: cervical region; thoracic region; lumbar region; sacral region; and pelvic region. FCHP

does not cover extraspinal manipulative treatment. The extraspinal regions include the head (including temporomandibular joint); upper extremities, lower extremities, rib cage, and abdomen. Commercial plan members have specific benefit/visit limits for chiropractic services. Benefit/visit denials are not medical necessity determinations/denials. Claims for chiropractic benefits/visits beyond the specified benefit/visit limit are the plan member's financial responsibility.

### **Fallon Senior Plan™**

FCHP covers manual manipulation to correct subluxation of the spine for Fallon Senior Plan™ members when:

1. The plan member has an acute or chronic subluxation expected to respond with functional improvement.<sup>1</sup>
  - a. The subluxation is demonstrated by x-ray or physical exam.
  - b. The subluxation must be causing symptoms and the symptoms must have a direct relationship to the level of subluxation.
2. The manipulative services rendered will have a direct therapeutic relationship to the plan member's condition and provide reasonable expectation of recovery or improvement of function.

No other diagnostic or therapeutic service furnished by a chiropractor or under his/her order is covered for Fallon Senior Plan™ members.

### **MassHealth**

FCHP covers chiropractic services for the treatment of musculoskeletal conditions of the spine. Services must have a direct therapeutic relation to the patient's condition. MassHealth members have coverage for up to 20 visits (office visits or chiropractic manipulative treatments) per plan year (an office visit provided on the same date of service as a manual manipulative treatment is not covered). MassHealth members under age 21 years have coverage for additional visits when the visits are medically necessary, as required by 42 USC 1396d. (g. Chiropractic services) and (Early and Periodic Screening, Diagnosis and Treatment Services). The chiropractor must submit a request for additional visits to FCHP through the prior authorization process.

### **Fallon Preferred Care**

FCHP covers manual manipulation to correct subluxation of the spine for commercial plan PPO (Fallon Preferred Care) members. No other diagnostic or therapeutic service furnished by a chiropractor or under his/her order is covered for Fallon Preferred Care members.

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<sup>1</sup> Acute subluxation - when the patient is being treated for a new injury, identified by x-ray or physical exam and the chiropractic treatment is expected to result in a functional improvement in the patient's condition.

Chronic subluxation - A patient's condition is considered chronic when it is not expected to significantly improve or be resolved (as is the case with an acute condition), but where continued therapy can be expected to result in some functional improvement. Once the functional status has remained stable for a given condition, without expectation of additional functional improvement, further manipulative treatment is considered maintenance therapy and is not covered.

### Summary of Coverage for Chiropractic Services By Product Type

Important: Employer group coverage may vary. Refer to plan member's Evidence of Coverage for specific contract terms.

Product type	Service	Benefit
<b>Commercial plans (including HMO, major medical, excluding PPO)</b>	Chiropractic services (CPT codes 98940-98941-98942) for the treatment of acute musculoskeletal conditions of the spine. The condition must be new or an acute exacerbation of an existing condition. An acute exacerbation is a temporary but marked deterioration of a previous condition that is causing significant interference with activities of daily living.	Covered
	Number of covered visits	12 visits per calendar/plan year (E/M and manual manipulation combined)
	Referral/prior authorization requirements	Written prescription from the plan member's PCP
	Extraspinal manipulation (CPT code 98943)	Not covered/not reimbursed
	E/M (CPT codes 99201-99202-99203-99204-99211-99212-99213-99214)	Covered (not reimbursed with manual manipulation on same date of service; E/Ms count toward visit limit)
	Diagnostic radiology services to confirm the existence of a musculoskeletal injury requiring chiropractic treatment.  When provided in the chiropractor's office and when the films are developed and read in the chiropractor's office. All equipment used in providing radiology services must be inspected and approved by the Massachusetts Department of Public Health.	Covered
	Adjunct therapies (modalities and therapeutic procedures)	Covered when a covered spinal manipulation is provided during the same visit
<b>Fallon Senior Plan™</b>	Manual manipulation of the spine (CPT codes 98940-98941-98942)	Covered
	Number of covered visits	As medically necessary to treat acute or chronic subluxation of the spine (where treatment results in functional improvement); maintenance treatment is not covered.
	Referral/prior authorization requirements	Written prescription from the plan member's PCP

### Summary of Coverage for Chiropractic Services By Product Type

Important: Employer group coverage may vary. Refer to plan member's Evidence of Coverage for specific contract terms.

Product type	Service	Benefit
	Extraspinal manipulation (CPT code 98943)	Not covered/not reimbursed
	E/M (CPT codes 99201-99202-99203-99204-99211-99212-99213-99214)	Covered (not reimbursed with manual manipulation on same date of service)
	Radiology services	Not covered/not reimbursed
	Adjunct therapies (modalities and therapeutic procedures)	Not covered/not reimbursed
<b>MassHealth</b>	Chiropractic services (CPT codes 98940-98941-98942) for the treatment of musculoskeletal conditions of the spine. Services must have a direct therapeutic relation to the patient's condition.	Covered
	Number of covered visits	20 visits per plan year <sup>2</sup> (E/M and manual manipulation combined); MH members < 21 years of age have coverage for additional medically necessary visits – prior authorization by FCHP is required
	Referral/prior authorization requirements	Written prescription from the plan member's PCP
	Extraspinal manipulation (CPT code 98943)	Not covered/not reimbursed
	E/M (CPT codes 99201-99202-99203-99204-99211-99212-99213-99214)	Covered (not reimbursed with manual manipulation on same date of service; E/Ms count toward the visit limit)
	Diagnostic radiology services to confirm the existence of a musculoskeletal injury requiring chiropractic treatment.  When provided in the chiropractor's office and when the films are developed and read in the chiropractor's office. All equipment used in providing radiology services must be inspected and approved by the Massachusetts Department of	Covered

<sup>2</sup> The contract period for FY11 will begin on July 1, 2010 and end on September 30, 2011. There will be no alterations in the 20 visit chiropractic services coverage for the extended plan year. Thereafter, the annual FCHP MassHealth contract period will be effective from 10/01/xx to 9/30/xx.

### Summary of Coverage for Chiropractic Services By Product Type

Important: Employer group coverage may vary. Refer to plan member's Evidence of Coverage for specific contract terms.

Product type	Service	Benefit
	Public Health.	
	Adjunct therapies (modalities and therapeutic procedures)	Covered when a covered spinal manipulation is provided during the same visit
<b>Navicare</b> (Medicare Advantage Special Needs Plan)	Manual manipulation of the spine (CPT codes 98940-98941-98942)	Covered
	Number of covered visits	As medically necessary to treat acute or chronic subluxation of the spine (where treatment results in functional improvement); maintenance treatment is not covered.
	Referral/prior authorization requirements	Written prescription from the plan member's PCP
	Extraspinal manipulation (CPT code 98943)	Not covered/not reimbursed
	E/M (CPT codes 99201-99202-99203-99204-99211-99212-99213-99214)	Covered (not reimbursed with manual manipulation on same date of service)
	Diagnostic radiology services to confirm the existence of a musculoskeletal injury requiring chiropractic treatment.  When provided in the chiropractor's office and when the films are developed and read in the chiropractor's office. All equipment used in providing radiology services must be inspected and approved by the Massachusetts Department of Public Health.	Covered
	Adjunct therapies (modalities and therapeutic procedures)	Covered when a covered spinal manipulation is provided during the same visit
<b>Commonwealth Care</b>	No chiropractic coverage	Not covered/not reimbursed
<b>Fallon Preferred Care (PPO)</b>	Manual manipulation of the spine (CPT codes 98940-98941-98942)	Covered
	Number of covered visits	\$500 per calendar/plan year
	Referral/prior authorization requirements	None
	Extraspinal manipulation (CPT code 98943)	Not covered/not reimbursed
	E/M	Not covered/not reimbursed
	Radiology services	Not covered/not reimbursed
	Adjunct therapies (modalities and	Not covered/not reimbursed

### Summary of Coverage for Chiropractic Services By Product Type

Important: Employer group coverage may vary. Refer to plan member's Evidence of Coverage for specific contract terms.

Product type	Service	Benefit
	therapeutic procedures)	

#### Exclusions

1. Extraspinal chiropractic manipulative treatment (CPT code 98943).
2. Chiropractic maintenance therapy.
3. Atlas orthogonal percussion treatment. This treatment is performed using an FDA-approved device called the Atlas Orthogonal Percussion Instrument (Sweet Chiropractic, Atlanta, GA). This device is FDA-approved for the management of chronic pain caused by non-congenital conditions. FCHP does not cover chiropractic services for chronic pain conditions.

#### Codes

Chiropractic manipulative codes include a pre-manipulation patient assessment. Evaluation and management (E/M) services are not reimbursed on the same date of service as a spinal manipulative treatment. E/M services will count toward the plan member's chiropractic visit limit.

Codes	Number	Description
CPT	98940	Chiropractic manipulative treatment; spinal, 1-2 regions
	98941	Chiropractic manipulative treatment; spinal, 3-4 regions
	98942	Chiropractic manipulative treatment; spinal, 5 regions
	98943	Chiropractic manipulative treatment; extraspinal, 1 or more regions

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#### Products to Which This Policy Applies

##### Commercial plans

- ⊕ FCHP Direct & Select Care
- ⊕ Major Medical
- ⊕ Companion Care

##### Other

- ⊕ Fallon Preferred Care
- ⊕ MassHealth
- ⊕ Commonwealth Care
- ⊕ Fallon Senior Plan™
- ⊕ Navicare

#### References

1. Massachusetts General Laws. Chapter 175: Section 108D. Reimbursement for Chiropractic Services.
2. National Institutes of Health, National Center for Complimentary and Alternative Medicine. An Introduction to Chiropractic. NCCAM Publication No. D403, November 2007. Available at: <http://nccam.nih.gov/health/chiropractic/>.

3. Office of the Law Revision Counsel. U.S. Code Title 42 Section 1396d. (g) and (r). Accessed March 30, 2010. Available at: <http://uscode.house.gov/lawrevisioncounsel.shtml>.
4. Council on Chiropractic Practice. Clinical Practice Guideline Number 1: Vertebral Subluxation in Chiropractic Practice 2003. Accessed March 31, 2010. Available at: <http://www.ccp-guidelines.org/guideline-2003.pdf>.
5. National Heritage Insurance Company. LCD Chiropractic Service (Manual Spinal Manipulation). Effective 10/05/09. Available at: [http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd\\_id=30269&lcd\\_version=10&show=al](http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd_id=30269&lcd_version=10&show=al).

**Committee review dates:**

Benefit Committee: 08/93, 06/98, 11/99

Benefit Oversight Committee: 07/14/10

**IMPORTANT NOTE:**

**Not all services are covered for all products or employer groups.** This medical policy expresses FCHP's determination of whether certain services or supplies are medically necessary, experimental or investigational or cosmetic. FCHP has reached these conclusions based upon the regulatory status of the technology and a review of clinical studies published in peer-reviewed medical literature. Even though this policy may indicate that a particular service or supply is considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. Members and their providers need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and the plan of benefits, the provisions of the benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this medical policy.