Chiropractic Services

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Current Effective Date: 05/26/2017
Akamai Advantage
Line(s) of Business Excluded: QUEST Integration
Section: Other/Miscellaneous
Place(s) of Service: Office

I. Description
Chiropractic is the science of palpating and adjusting the articulations of the human spinal column by hand. The practice of chiropractic consists of the diagnosis and treatment of neuromusculoskeletal conditions related to the human spinal column and may include extraspinal evaluations for the diagnosis and treatment of neuromusculoskeletal conditions related to the human spinal column. Chiropractic is further defined and described in the Hawaii Revised Statutes Chapter 442 and Hawaii Administrative Rules (HAR) Title 16, Chapter 76. Clinical competencies are described in HAR § 16-76-26.

II. Criteria/Guidelines
Chiropractic treatment is covered (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:

A. The member has a neuromusculoskeletal disorder related to the spinal column. The human spinal column includes five spinal regions: cervical (includes atlanto-occipital joint); thoracic (includes costovertebral and costotransverse joint); lumbar; sacral; and pelvic (sacroiliac joint).
B. The purpose of treatment is to achieve specific diagnosis-related goals for the patient, who has a reasonable expectation of achieving significant improvement in a reasonable period of time. Significant improvement is defined as a measurable and meaningful increase (as documented in the patient’s record) in the patient’s level of physical and functional abilities that can be attained with short-term treatment.
C. Treatment meets the functional needs of a patient who suffers from physical impairment due to disease, trauma, congenital anomalies, or prior therapeutic intervention and is necessary to sufficiently restore or improve musculoskeletal function. Musculoskeletal function is sufficiently restored when one of the following first occurs:
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1. Neurological and/or musculoskeletal function has reached pre-episode or maximum medical improvement status; or
2. Improvement beyond what is expected with activities of daily living, prescribed home exercise, and passage of time, is unlikely.

D. Treatment may include a home exercise/education program.
E. Coverage for chiropractic services for Akamai Advantage members is subject only to the coverage criteria described in the Centers for Medicare and Medicaid Local Coverage Determination for Chiropractic Services (L34242).

III. Limitations

A. Chiropractic treatment is not covered when rendered for non-neuromusculoskeletal conditions because such treatment is not included in the chiropractic scope of practice in the state of Hawaii. However, because chiropractors are portal of entry healthcare providers, patients may present to chiropractors with non-spinal and non-neuromusculoskeletal conditions that the chiropractor must evaluate to determine an appropriate medical referral.
B. Maintenance care is not covered. Maintenance care is defined as treatment that preserves the patient’s pre-incident level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved or when no additional functional progress is apparent.
C. Up to four procedures and/or modalities per visit are covered (not to exceed one hour). Procedures and modalities must be therapeutically necessary for the condition being treated and are subject to review.
D. CMT codes (98940-98942) include a pre- and post-manipulation patient assessment. Examples of when it may be appropriate to bill a separate E/M service would be the evaluation of a new patient, new injuries or exacerbations or periodic monthly reevaluations. As such E/M services billed more often than once per month are not covered unless it is clearly documented that there has been a significant interval change to warrant re-evaluation and/or change in treatment plan.
E. Application of hot or cold packs (CPT 97010) is bundled into the payment for other services and is not separately payable.
F. Iontophoresis (CPT 97033), infrared (CPT 97026), ultraviolet modalities (CPT 97028), laser therapy (CPT 97039, HCPCS S8948), and extraspinal manipulation (CPT 98943) do not meet payment determination criteria as there is no evidence from published, controlled clinical studies which demonstrates their efficacy.
G. When a CPT code for a service is billed (e.g., TENS), a HCPCS code billed for the device or DME supplies used for that service will not be covered.
H. Duplicate therapy is not covered. When a patient receives two or more therapies (i.e. occupational therapy, physical therapy, speech therapy, and chiropractic services), the therapies should provide different treatments and not duplicate the same treatment. They must have separate treatment plans and goals with treatment occurring in separate treatment sessions and visits. This includes:
1. Duplicate services available through schools and government programs. Physical therapy may be available under a child's individualized education program (IEP). An IEP should be completed before requesting coverage through HMSA.

I. A chiropractor’s scope of practice is limited as follows:

1. In the Hawaii Revised Statutes § 442-1, the scope of chiropractic services may include the following: whirlpool (CPT 97022), therapeutic and rehabilitative exercise (CPT 97110 and 97530), electrical and electromechanical stimulation (CPT 97014 and 97032), therapeutic ultrasound (CPT 97035), traction (97012), myofascial release (CPT 97140), and diathermy (CPT 97024).

2. Lomilomi (CPT 97139) and massage (CPT 97124) are not covered as the Hawaii Revised Statutes state that the scope of practice of chiropractic does not include these services.

J. This policy applies to services rendered by a chiropractor.

K. Coverage for chiropractic services for Akamai Advantage members is subject only to the limitations described in the Centers for Medicare and Medicaid Local Coverage Determination for Chiropractic Services (L34242).

L. CMT is not a covered benefit for Fed 87 members.

IV. Administrative Guidelines

A. Frequency of treatment should be consistent with the severity of the condition.

1. Chiropractic services for PPO, HMO, and Fed 87 plans are subject to precertification after the first 8 visits per calendar year.

2. Chiropractic services for Akamai Advantage plans do not require precertification. However, it is highly recommended that providers obtain a pre-service payment determination before the ninth visit to ensure the services meet the coverage criteria described in the Centers for Medicare and Medicaid (CMS) Local Coverage Determination (LCD) for Chiropractic Services (L34242). If a pre-service payment determination is not obtained, services beyond the first 8 visits per calendar year will be subject to a post-service review to ensure the CMS LCD L34242 criteria are met.

B. The following guidelines describe when it is appropriate to bill an E/M code and the requirements for billing an E/M code.

1. When submitting an Evaluation and Management (E/M) service (CPT® codes 99201-99215), all of the components of the E/M level must be documented in the medical record. The use of an E/M code is considered medically necessary no more often than once a month unless it is clearly documented that there has been significant interval change to warrant re-evaluation and/or change in treatment plan. Claims for additional E/M visits after the first E/M visit in a month must include clinical notes.

2. Chiropractic manipulation codes include a pre-manipulation and post-manipulation patient assessment component for each visit. A separate E/M service must be medically necessary and should not be routinely reported with manipulation or time-based physician medicine services. If billed inappropriately, the E/M service will be denied.

3. Use modifier 25 to identify a qualifying E/M service only when the level of evaluation exceeds the usual pre-service and post-service work, meets the level of E/M code used, and the service is supported by the appropriate documentation. Modifier 25 is defined as:
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Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service. (See CPT® guidelines for appropriate use.)

4. It may be appropriate to bill for the CMT and E/M service if one of the following has occurred:
   a. A new patient visit; or
   b. An established patient has a new condition, new injury, aggravation, or exacerbation which warrants further examination above and beyond what is included in CMT services.

C. This policy applies only to non-grandfathered HMO and PPO plans as defined in the Affordable Care Act section 1251, Fed 87, and Akamai Advantage.

D. Applicable codes:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>97012</td>
<td>Application of a modality to 1 or more areas; traction, mechanical</td>
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<tr>
<td>97014</td>
<td>Application of a modality to 1 or more areas; electrical stimulation (unattended)</td>
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<tr>
<td>97022</td>
<td>Application of a modality to 1 or more areas; whirlpool</td>
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<tr>
<td>97024</td>
<td>Application of a modality to 1 or more areas; diathermy (eg, microwave)</td>
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<tr>
<td>97032</td>
<td>Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes</td>
</tr>
<tr>
<td>97035</td>
<td>Application of a modality to 1 or more areas; ultrasound, each 15 minutes</td>
</tr>
<tr>
<td>97039</td>
<td>Unlisted modality (specify type and time if constant attendance)</td>
</tr>
<tr>
<td>97110</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility</td>
</tr>
<tr>
<td>97140</td>
<td>Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes</td>
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<tr>
<td>97530</td>
<td>Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes</td>
</tr>
<tr>
<td>97535</td>
<td>Unlisted therapeutic procedure (specify)</td>
</tr>
<tr>
<td>97535</td>
<td>Self-care/home management techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes</td>
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<tr>
<td>97799</td>
<td>Unlisted physical medicine/rehabilitation service or procedure</td>
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<tr>
<td>98940</td>
<td>Chiropractic manipulative treatment (CMT); spinal, one or two regions</td>
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<tr>
<td>98941</td>
<td>;spinal, three to four regions</td>
</tr>
<tr>
<td>98942</td>
<td>;spinal, five regions</td>
</tr>
<tr>
<td>99201 - 99215</td>
<td>Evaluation and Management Codes – Office or Other Outpatient Services</td>
</tr>
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V. Scientific Background

Spinal manipulation is a form of manual therapy that involves the movement of a joint near the end of the clinical range of motion. This movement of the joint is frequently accompanied by an audible cracking or popping sound.
Spinal manipulation is classified into one of two forms, depending upon the lever arm used to help the practitioner apply the load necessary for the manipulation:

- The first type includes long-lever, low- to high-velocity, or nonspecific manipulations; this form uses one of the long bones of the limbs (frequently the femur) to amplify the load applied by the clinician's hands to one or several spinal joints.
- The second type includes short-lever, high-velocity manipulations, or specific spinal adjustments; this form involves a short, forceful thrust on a specific vertebral transverse process, thereby moving the specific joint.

Several hypotheses have been proposed to explain the benefits of manipulation:

- Relaxation of hypertonic muscle by sudden stretching
- Disruption of articular or periarticular adhesions
- Unblocking of motion segments that have undergone disproportionate displacements
- Alteration of pain-related reflexes by proprioceptive bombardment
- Changes in central pain pathways
- Reflexive muscle activation due to increased afferent output

**VI. Important Reminder**

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii’s Patients’ Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA’s determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.
VII. References

1. Hawaii Revised Statutes § 442-1.
2. Hawaii Administrative Rules § 16-76.