

Benefit Coverage

Covered Benefit for lines of business including:
Health Benefits Exchange (HBE), Medicare-Medicaid Plan (MMP) Integrity
Excluded from Coverage:
Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Extended Family Planning (EFP)

Description

Chiropractic care is a health care profession that focuses on disorders of the musculoskeletal system and nervous system and the effects of these disorders on general health. Chiropractic care is used most often to treat musculoskeletal complaints. The most common therapeutic procedure is known as spinal manipulation which is to restore joint mobility by manually applying a controlled force into joints that have become hypomobile as a result of tissue injury. Non-spinal manipulations and adjustments may be utilized as well. A chiropractor uses manipulation, adjustment, physiotherapy, and support devices in clinical practice.

According to Rhode Island General Laws (RIGL) § 5-30-1

"Chiropractic medicine" defined – For the purpose of this chapter, the practice of "chiropractic medicine" is defined as the science and art of mechanical and material healing as follows: the employment of a system of palpating and adjusting the articulations of the human spinal column and its appendages, by hand and electromechanical appliances, and the employment of corrective orthopedics and dietetics for the elimination of the cause of disease; provided, that chiropractic physicians may not write prescriptions for drugs for internal medication nor practice major surgery as defined in chapter 37 of this title.

Manual devices (i.e. those that are handheld with the thrust of the force of the device being controlled manually) may be used by chiropractors in performing manual manipulation of the spine. However, no additional payment is available for use of the device, nor is there an extra charge for the device itself.

Coverage Determination

ALL of the following described below must be met for authorization of chiropractic services.

- Significant musculoskeletal condition requiring treatment amenable to chiropractic techniques. **AND**
- An eligible condition such as acute or chronic subluxation that is expected to respond with functional improvement. Acute subluxation- (A patient's condition is considered acute when the patient is being treated for a new injury.) The result of chiropractic manipulation is expected to be an improvement in, or arrest of progression of the patient's symptoms/condition. Chronic subluxation- (A patient's condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment.), but where the 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 objective clinical improvements, further manipulative treatment is considered maintenance therapy and is not covered.

Health Benefit Exchange (HBE) - The chiropractic medicine benefit is limited to twelve (12) visits per rolling calendar year.

Medicare-Medicaid Plan (MMP) Integrity – There is no annual limit placed on visits for this line of business.

Co-payment applies for chiropractic medicine including spinal manipulation, but the copay for these services does not apply to the medical deductible.

Prior authorization from the child’s primary care provider credentialed by Neighborhood is required for chiropractic services for children under the age of eighteen (18).

Place of service

Chiropractic services are limited to office settings and are not covered when performed in the home, nursing, residential, domiciliary, or custodial facilities.

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood’s website at www.nhpri.org

1. Go to the section for Providers
2. Click on “Resources & FAQ’s”
3. Click on “Medical Management Request Forms”- forms are listed alphabetically by program.

Exclusions

All other services furnished or ordered by chiropractors are not covered. A chiropractor may order an x-ray or other diagnostic procedure to demonstrate a subluxation of the spine or other musculoskeletal problem and the x-ray can be used for documentation. However, there is no coverage or payment for ordering, performing, or interpreting these images, or for any other diagnostic or therapeutic service ordered or furnished by the chiropractor. This prohibition does not affect the coverage of x-rays or other diagnostic test furnished by other practitioners. For example, an x-ray or any diagnostic test taken for the purpose of determining or demonstrating the existence of a subluxation of the spine is a diagnostic x-ray test that is covered, if ordered, taken, and interpreted by a physician who is a doctor of medicine or osteopathy.

When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy. Chiropractic maintenance therapy is not considered to be medically reasonable or necessary and is therefore not payable.

Chiropractic care is not considered medically necessary in the following conditions:

1. Non-musculoskeletal conditions
2. Asymptomatic persons or persons without an identifiable clinical condition
3. Additional treatment with no documented improvement after initial two weeks
4. Additional treatment after 30 days of modified treatment
5. Persons whose condition is neither regressing or improving

CPT Osteopathic Manipulative Treatment codes 98925-98929 should not be confused with Chiropractic Manipulative Treatment codes 98940-98943. Osteopathic treatment method is administered by a Doctor of Osteopathic Medicine, or a D.O. who is licensed to prescribe medication and can practice in all specialty areas as well as perform surgery, while a chiropractic physician's scope of practice is limited.

***For More information on Coding please reference the [Authorization Quick Reference Guide](#)**

CMP Cross Reference:

Created:	9/1/2013
Annual Review Month:	November
Review Dates:	11/19/2013, 11/18/2014, 11/3/2015, 12/15/2015, 4/14/2016, 10/18/2016, 11/7/17, 11/9/18
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CMC Review Date:	11/19/2013, 11/18/2014, 11/3/2015, 12/15/2015, 1/5/2015, 11/1/2016, 11/14/17, 11/14/18
Medical Director Approval Dates:	12/13/2013, 12/29/2014, 1/5/2016, 11/14/2016, 12/28/17, 11/14/18
Effective Date:	1/1/2014, 12/29/2014, 1/5/2016, 4/21/2016, 7/1/2016, 11/21/2016, 12/29/17, 11/14/18

Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

References:

Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual

Chapter 15 – Covered Medical and Other Health Services. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>

Agency for Healthcare Policy and Research (AHCPR). Chiropractic in the United States: training, practice and research. Publication No. 98-N002. 1997 Dec. Retrieved 5/29/09.

Vernon, Howard T., DC. *Biological rationale for possible benefits of spinal manipulation*. Chapter X. <http://www.chiroweb.com/archives/ahcpr/chapter10.htm>