

UPMC Health Plan POLICY AND PROCEDURE MANUAL

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SUBJECT: Chiropractic Services and Adjunctive Procedures
INDEX TITLE: Medical Management
ORIGINAL DATE: November 2006

This policy applies to the following lines of business: (Check those that apply.)

Commercial:					
HMO ()		POS ()		PPO ()	
Fully Insured ()		Self-funded/ASO ()		HSA ()	
Medicare Select ()		Medicare Supplement ()			
DPW-MA:					
Health Choices ()			Voluntary ()		All (X)
CMS-MA:					
HMO (X)	PPO (X)	Specialty Needs Plan (X)	Part D ()	PFFS ()	All ()
PID-CHIP:					
Free ()			Sub ()		All ()

I. POLICY

It is the policy of UPMC Health Plan to recognize chiropractic services and adjunctive procedures as appropriate and consistent with good medical practice and will provide coverage when the services are medically necessary and covered by the member's benefit plan for the specific indications detailed in this policy. Coverage is limited to medically necessary services provided by a licensed doctor of chiropractic, within the scope of his/her license.

Chiropractic services for children up to the age of 13 years requires prior authorization as specified below with exceptions as outlined in individual plan benefits.

All denials are based on medical necessity and appropriateness, and are made by the UPMC Health Plan Health Plan Medical Director (Medical Director).

A chiropractor can perform adjunctive procedures, as defined in this policy, if he/she is licensed in the Commonwealth of Pennsylvania or state in which the provider practices to perform adjunctive procedures. Coverage of adjunctive procedures is as specified in this policy.

II. DEFINITIONS

N/A

III. PURPOSE

The purpose of this policy is to outline coverage for chiropractic services and adjunctive procedures and define those services that require prior authorization.

IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committees. These include, but are not limited to: Medical Management, Benefit Configuration and Claims Departments.

V. PROCEDURE

A. Description

Pennsylvania Chiropractic Practice Act describes Chiropractic as a branch of the healing arts dealing with the relationship between the articulations of the vertebral column, as well as other articulations, and the neuro-musculoskeletal system and the role of these relationships in the restoration and maintenance of health. The term shall include systems of locating misaligned or displaced vertebrae of the human spine and other articulations; the examination preparatory to the adjustment or manipulation of such misaligned or displaced vertebrae and other articulations; the adjustment or manipulation of such misaligned or displaced vertebrae and other articulations; the furnishing of necessary patient care for the restoration and maintenance of health; and the use of board-approved scientific instruments of analysis, including X-ray. The term shall also include diagnosis, provided that such diagnosis is necessary to determine the nature and appropriateness of chiropractic treatment; the use of adjunctive procedures and therapeutic exercises in treating misaligned or dislocated vertebrae or articulations and related conditions of the nervous system, the licensee must be certified in accordance with this act to use adjunctive procedures. The term shall not include the practice of obstetrics or gynecology, the reduction of fractures or major dislocations, or the use of drugs or surgery.

Manipulation/adjustment refers to a wide variety of manual and mechanical interventions that may be high or low velocity; short or long lever; high or low amplitude; with or without recoil. Procedures are usually directed at specific joints or anatomic regions.

Adjunctive procedures are physical measures, such as mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage and mobilization.

Therapeutic exercise is scientifically supervised physical activity that maintains or increases muscle tone, strength and flexibility. Therapeutic exercise is not an adjunctive procedure.

B. Specific Indications

Covered chiropractic services include evaluation and management, manipulation, spinal X-rays, therapeutic exercise, and adjunctive procedures that are appropriate and medically necessary for neuromusculoskeletal conditions. All services performed by a Chiropractor must be within the scope of his/her license.

Indications for Chiropractic Services:

Indicated for primary, neuro-musculoskeletal symptoms involving the spine, para-spinal soft tissues, and extremities.

Indications for Manipulation:

Manipulation is appropriate to restore function that has been reduced or lost by illness or injury.

Indications for Adjunctive Procedures:

Adjunctive procedures are appropriate to restore function and prevent disability following injury.

Indications for Therapeutic Exercise:

Indicated for improvement or to restore functional status by building strength, endurance and flexibility of the affected region.

High Velocity Manipulative Thrust Techniques

A form of manipulation where the practitioner applies a short, sharp motion usually applied to the spine. This maneuver is designed to release structures with a restricted range of movement.

C. Codes and Billing Guidelines

The codes for treatments and procedures applicable to this policy are for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Codes and Billing Guidelines for Chiropractic Services:

1. The chiropractic manipulation (CMT) codes (98940-98943) include a pre-manipulation member assessment.
2. Additional evaluation and management (E/M) services may be reported separately using the modifier -25, if the member's condition requires a significant separately identifiable E/M service above and beyond the usual pre and post service work associated with the procedure. Supporting documentation may be requested for all E/M codes with a modifier -25.
3. Adjunctive procedure code 97140 is considered an inherent component of the CMT codes and it is not eligible for reimbursement when reported on the same date of

service. However, when 97140 is performed on a separate body region, that is unrelated to the CMT code, this procedure may be considered for separate payment. In this instance modifier –59 should be appended to 97140 and billed accordingly. Appropriate information that identifies the separate body region, unrelated to the CMT code should be documented in the member’s chart.

4. Coverage for X-rays includes single and multiple views of the spine only.
5. UPMC Health plan may request office notes to audit claims data.

Covered chiropractic services:

1. For a given visit, coverage will be limited to chiropractic services, as follows:
 - One (1) service with a **CMT Code: 98940-98943,**
AND
 - One (1) of the following **adjunctive** modality codes:
97012, 97014, 97032, 97033, 97035,
AND
 - One (1) service with CPT code 97110 (**therapeutic** exercise performed to build strength, endurance and flexibility),
 - OR**
 - One (1) service with a **CMT Code: 98940-98943** and Two (2) Therapeutics and no Adjunctive,
 - OR**
 - One (1) service with a **CMT Code: 98940-98943** Two (2) Adjunctives and no Therapeutic.
2. Network providers are required to have a copy of their adjunctive procedures certificate on file prior to billing.
3. Any out-of-network provider billing for adjunctive procedures is required to submit a copy of his/her adjunctive procedures certificate with each claim.
4. The UPMC Health plan may request office notes to audit claims data.

Covered adjunctive procedures:

The following CPT codes represent procedures identified as adjunctive procedures that shall be covered by UPMC Health Plan, **unless an individual product has benefit exclusions or other limitations that apply to chiropractic care:**

- 97012 Application of a modality to one or more areas; traction, mechanical (unattended)
- 97014 Application of a modality to one or more areas; electrical stimulation (unattended)
- 97032 Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
- 97033 Application of a modality to one or more areas; iontophoresis (attended), each 15 minutes
- 97035 Application of a modality to one or more areas; ultrasound (attended), each 15 minutes

- 97140 Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes

D. Limitations and Contraindications for Chiropractic Services:

1. 97140 Manual therapy code may not be used with CMT codes 98940-98943 unless for unrelated body region.

2. **Contraindications:**

Contraindications to high velocity manipulative thrust techniques to an area of involvement weakened by disease or injury may exist and require avoidance or modification of the procedure:

Absolute contraindication - Any circumstance which renders a form of treatment or clinical intervention inappropriate because it places the member at undue risk. Examples of absolute contraindications for high velocity manipulative procedures to an area weakened by disease or injury include:

- Acute rheumatoid, rheumatoid-like and nonspecific arthropathies
- Acute fractures and/or dislocations
- Healed fractures with signs of instability
- Os Odontoideum with or without cervical 1-cervical 2 instability
- Infection of bone and/or joint
- Malignancy
- Acute myelopathy and/or cauda equina syndrome
- Vertebrobasilar insufficiency
- Significant aneurysm involving a major blood vessel
- Chiari Type 1 malformation

Relative contraindication – any circumstance which may place the member at undue risk unless the treatment approach is modified. Examples relative contraindications for high velocity manipulative procedures to an area weakened by disease or injury include:

- Articular hypermobility or situations where the stability of the joint is uncertain
- Osteoporosis/bone demineralization
- Bleeding disorder and/or anticoagulant therapy
- Advanced spinal stenosis

3. Chiropractic Services not **covered**:

Chiropractic services are not covered for treatment of non-neuromusculoskeletal symptoms or conditions. To the extent that they may be perceived by members as non-neuromusculoskeletal, the following is a list of conditions that are considered in this category:

- Fibromyalgia
- Asthma

- Carpal tunnel syndrome
- Infantile colic
- Otitis media
- Dysmenorrhea
- Substitute or supplement to childhood immunization
- Infectious diseases
- Autism
- Learning disabilities
- Emotional disorders
- Post-traumatic stress disorder
- Temporomandibular joint syndrome (TMJ)
- Neurovascular disorders
- Disorders of the immune system
- Enuresis
- Cardiovascular disease
- Metabolic disorders and Nutritional Therapy
- Chronic pelvic pain related to non-musculoskeletal conditions

3. Chiropractic Care **not covered:**

Chiropractic care is not covered for chiropractic treatments, procedures, or devices that have not been scientifically shown to be safe, biologically plausible or effective.

These include the following:

- Applied Spinal Biomechanical Engineering
- BioEnergetic Synchronization Technique (B.E.S.T.)
- Cranial Manipulation – Cranial Osteopathy
- Upledger Technique
- Sacro-Occipital Technique
- Coccygeal Meningeal Stress Fixation Technique
- Directional Non-force Technique
- Manipulation for internal visceral disorders
- Applied Kinesiology
- Manipulation under anesthesia
- Moire Contourographic Analysis
- Network Technique
- Neural Organizational Technique
- Thermography
- Paraspinal Surface Electromyography (SEMG)
- Spinoscopy
- Neurocalometer
- Nervoscope
- Manual (handheld) devices with the thrust of the force of the device being controlled manually may be used by a chiropractor in performing manual manipulation of the spine. However, no additional payment is available for use of the device,

4. Other **non-covered** Chiropractic Services:

- Maintenance care: chiropractic services performed repetitively to maintain a level of function, or when no expectation of additional functional improvement is likely to occur.
- Preventive care: chiropractic services performed for the purpose of preventing symptoms, conditions or illnesses.
- Scoliosis correction and spinal curve restoration: chiropractic services performed primarily to reduce scoliosis create optimal segmental or regional alignment or the normal physiological spinal curves in the absence of related musculoskeletal symptoms.

5. Adjunctive Procedures Limitations:

The following procedure codes are **not eligible for coverage**:

- 97010 Application of a modality to one or more areas; hot or cold packs
- 97020 Application of a modality to one or more areas; microwave (unattended)
- 97024 Application of a modality to one or more areas; diathermy (unattended)
- 97026 Application of a modality to one or more areas; infrared (unattended)
- 97124 Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, or percussion)

E. Treatment of Children

The scientific literature regarding the safety and effectiveness of manipulation/manual procedures has been focused on adults, and great care must be taken when extrapolating this information to the pediatric population. In addition, the range of diagnostic possibilities in the pediatric population differs significantly from adults, and management of any condition is typically best served with involvement of a pediatrician. For these reasons the UPMC Health Plan will require medical director prior authorization for chiropractic treatment of children under the age of 13.

F. Information Required for Preauthorization Review of Requests for the Treatment of Children

1. Following the initial assessment, information detailing the condition history, clinical examination, and the treatment plan must be submitted to the UPMC Health Plan for approval of additional visits. The treatment plan should include:
 - Diagnosis;
 - Examination findings;
 - The specific type of manual and/or adjunctive procedures planned;
 - The specific area that will be treated;

- Functional limitations/impairment characteristics;
 - Specific treatment goals with estimates of when they will be met; and
 - Frequency of proposed treatment encounters.
2. The initial plan must identify appropriate and necessary treatment/management for the problem described, and there must be a reasonable expectation that the treatment will improve the condition.
 3. Initial authorizations will be limited to no more than thirty (30) days and eight (8) visits. Subsequent authorization will require additional information detailing the member's clinical and functional changes since the initial submission, and progress toward the treatment goals.
 4. Additional visits will not be considered medically necessary in the following circumstances, including:
 - When there is no improvement within two (2) weeks of treatment and the treatment is not modified;
 - When there is no improvement within thirty (30) days of treatment despite treatment modification;
 - If the therapeutic benefit has been reached a plateau or been maximized;
 - If the member's condition becomes worse or regresses;
 - If the therapeutic goals have been reached;
 - If the member has become asymptomatic.

G. Review Process

1. The Medical Management staff assigned to review obtains the clinical information, to determine if there is adequate clinical information. If the case does not meet the established criteria, it is referred to a UPMC Health Plan Medical Director.
2. If referred, the Medical Director determines if the requested service is medically necessary and appropriate.
3. The Medical Management staff completes the review process and communicates the review decision according to the member's benefit plan.

H. Variations

For Medical Assistance Product (Members age 21 years old and younger):

- Requests for services are reviewed by a Medical Director for medical necessity on a case by case basis, as necessary.

I. References

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10. Highmark Medicare Services, Chiropractic Services, LCD No. Z-6K, revised 9/30/2004. <http://www.highmarkmedicareservices.com/policy/partb/z1/z6k.html>
11. Highmark Medicare Services, Chiropractic Services, LCD No. L27480, effective 7/11/08. <http://www.highmarkmedicareservices.com/policy/mac-ab/127480-r3.html>

Disclaimer:

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

UPMC Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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