KAISER PERMANENTE® **Northwest Utilization Review**

UR 46 Chiropractic Medical Necessity Criteria

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Subject Matter Expert: Medicare criteria	

MEDICAL NECESSITY CRITERIA AND OTHER REQUIREMENTS

DEFINITIONS

Manual Manipulation- treatment by use of hands or with manual devices i.e. those that are hand-held with the thrust of the force of the device being controlled manually.

Subluxation- a partial or incomplete dislocation; displacement; or misalignment of a joint. It is defined as a motion segment, in which alignment, movement integrity, and/or physiological function of the spine are altered although contact between joint surfaces remains intact. This may be demonstrated by x-ray or by physical examination.

Common examples of acceptable descriptive terms include:

-off centered,
-malpositioning,
-spacing- abnormal, altered, decreased, increased,
-rotation,
-listhesis- antero, postero, retro, lateral, spondylo,
-motion- limited, lost, restricted, flexion, extension, hyper/hypo mobility, aberrant

Acute Subluxation: a condition is considered acute when the patient is being treated for a new injury identified by an x-ray or physical examination. Result of chiropractic treatment is expected to be an improvement in, or arrest of progression, of the condition.

Chronic subluxation: a condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment (as in the case with an acute condition) but where continued therapy can be expected to result in some functional improvement. When the clinical 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.

Exacerbation: an exacerbation is a temporary marked deterioration of the patient's condition due to a flare-up of the condition being treated.

Recurrence: A return of symptoms of a previously treated condition that has been quiescent for 30 days or more. This may require reinstitution of therapy.

Maintenance Treatment/Therapy is a treatment plan that seeks to prevent disease, promote health, and prolong and enhance the quality of life; or therapy that is performed to maintain or prevent deterioration of a chronic condition. (Chiropractic maintenance therapy is not considered to be medically reasonable or necessary and is therefore not covered. When chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy.)

POLICY AND CRITERIA

Coverage guidance: Chiropractic services may be excluded from coverage. UR 46 only applies to referrals for chiropractic services from a physician. Check CM for exclusions or limitations.

Source	Policy
For Medicare Members	
CMS Coverage Manuals	Medicare Benefit Policy Manual, Chapter 15 Section 30.5 – Chiropractor's Services and Section 240 Chiropractic Services - General
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	Billing and Coding: Chiropractor Services (A57914)
Kaiser Permanente Medical Policy for Medicare Members	UR 46 applies. Due to the absence of a NCD or LCD, Kaiser Permanente has chosen to use this document, "Chiropractic", based on the Medicare Benefit Policy Manual, for medical necessity determinations
For Medicaid Members	
OR Medicaid	UR 46 does not apply. Check linefinder.
WA Medicaid	UR 46 does not apply. See WAC 182-501-0070.
Commercial and Self-Funded Members	
OR Commercial	UR 46 applies.
WA Commercial	UR 46 applies. See ***WA SB 5887** below re: authorizing chiropractic services.
Self-funded plans	UR 46 applies.

**Washington Senate Bill 5887 states that health carriers cannot require utilization management or review, including prior, concurrent, or post-service authorization, for an initial evaluation and management visit and up to six treatment visits in a new episode of care. This applies to services such as chiropractic, physical therapy, occupational therapy, acupuncture and Eastern medicine, massage therapy, and speech and hearing therapies.*

Criteria:

There must be subluxation of the spine**.**

- Subluxation of the spine must have resulted in a neuromusculoskeletal condition for which manual manipulation is appropriate treatment. The result of chiropractic manipulation is expected to be an improvement in, arrest or retardation of the patient's condition and treatment must have a direct therapeutic relationship to the patient's level of subluxation and diagnosed condition.

  Demonstrated by X-ray

  To demonstrate a subluxation *(see definition above)* with an x-ray the following applies:

  a. X-ray must have been taken at a time reasonably proximate to the initiation of a course of treatment (i.e., no more than 12 months prior to or 3 months following the initiation of a course of chiropractic treatment).
  b. In certain chronic subluxation cases (e.g., scoliosis) an older x-ray may be accepted if health record indicates condition has lasted longer than 12 months and there is a reasonable basis for concluding condition is permanent.

c. A previous CT scan and/or MRI is acceptable evidence if a subluxation of the spine is demonstrated.

Demonstrated by Physical Examination

To demonstrate a subluxation based on physical examination, **two of the four following criteria must be present, one of which must be a.) asymmetry/ misalignment or c.) range of motion abnormality:**

a. Asymmetry/misalignment identified on a sectional or segmental level;
b. Pain/tenderness evaluated in terms of location, quality and intensity;
c. Range of motion abnormality (changes in active, passive and accessory joint movements resulting in an increase or decrease of sectional or segmental mobility);
d. Tissue, tone changes in the characteristics of contiguous, or associated soft tissues, including skin, fascia (connective tissue), muscle and ligament.

- Telephonic, video, email or face-to-face evaluation by the referring clinician is required prior to requesting a referral.
- If there is chronic subluxation of the spine, and the patient's condition is not expected to completely resolve, there must be an expectation of some functional improvement for therapy to be continued. **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 considered maintenance therapy and is not covered.**
- Symptoms must bear a direct relationship to the level of subluxation. The subluxation must be causal. A statement that there is "pain" is insufficient. The location of the pain must be described and whether particular vertebra listed is capable of producing pain in the area determined.

OTHER REQUIREMENTS FOR APPROVING SERVICE CONTINUATION

- The clinical condition must be evaluated by a chiropractic physician who will evaluate for appropriateness when/if asking for the continuation to determine that this condition is appropriate for manipulation modalities. Patient record should include the following and it should be provided with the request for the continuation:

    1. Symptoms causing patient to seek treatment
    2. Family history if relevant
    3. Past health history
    4. Mechanism of trauma
    5. Quality and character of symptoms/problem
    6. Onset, duration, intensity, frequency, location and radiation of symptoms
    7. Aggravating or relieving factors
    8. Prior interventions, treatments, medications, secondary complaints

- Chiropractic treatment may not be medically indicated for a condition that adds significant risk of injury to the patient from dynamic thrust but does not rule out the use of dynamic thrust. The doctor should discuss the risks of such **relative contraindications** with the patient and record this in the chart. Such conditions include:

    1. Articular hypermobility and circumstances where the stability of the joint is uncertain;
    2. Severe demineralization of the bone
    3. Benign bone tumors of the spine

4. Bleeding disorders and anticoagulant therapy (this does *not* include antiplatelet medications)
5. Radiculopathy with progressive neurological signs

ABSOLUTE CONTRAINDICATIONS TO BE DETERMINED PRIOR TO CHIROPRACTIC TREATMENT BY THE CHIROPRACTIC PHYSICIAN

Dynamic thrust is absolutely contraindicated near the site of demonstrated subluxation and proposed manipulation in the following:

1. Acute arthropathies characterized by acute inflammation and ligamentous laxity and anatomic subluxation or dislocation; including acute rheumatoid arthritis and ankylosing spondylitis
2. Acute fractures and dislocations or healed fractures and dislocations with signs of instability
3. Unstable os odontoideum
4. Malignancies that involve the vertebral column
5. Infections of bones or joints of the vertebral column
6. Signs and symptoms of myelopathy or cauda equina syndrome
7. For cervical spinal manipulations, vertebrobasilar insufficiency syndrome; and
8. A significant major artery aneurysm near the proposed manipulation.

SPECIAL GROUP CONSIDERATIONS:

Medicare: 2013 Noridian published guidance for chiropractic that states, "Under the Medicare program chiropractic maintenance therapy is not considered to be medically reasonable or necessary and is not payable" and "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. The chiropractor should be afforded the opportunity to affect improvement or arrest or retard deterioration in such condition within a reasonable and generally predictable period of time.
Medicare does not make separate payment for any device used during spinal manipulation.

RATIONALE

EVIDENCE BASIS

In 2020, the Agency for Healthcare Research and Quality (AHRQ) published an updated report on noninvasive nonpharmacologic treatment for selected chronic pain conditions that includes an assessment of the effectiveness of spinal manipulation for these conditions.[1] For patients with chronic back pain, evidence from 3 RCTs was pooled and showed that spinal manipulation resulted in function improvement over the short and/or intermediate term and improved pain at intermediate term.[1] AHRQ produced surveillance reports to identify more recent evidence published between December 2021 and March 2022 and assess how any more recent evidence impacts the findings of the 2020 report.[2] One additional RCT examining spinal manipulation for chronic low back pain was identified that did not impact the overall conclusions from the 2020 report.[2]

In 2017, the Evidence-based Synthesis Program of the Department of Veterans Affairs (VA) published a systematic review on the effectiveness and harms of spinal manipulative therapy for acute neck and lower back pain compared to usual care or other forms of acute pain management.[3] The review reports overall statistically significant evidence of clinical benefit of spinal manipulation treatments for acute

lower back pain (moderate quality of evidence), with improvement to the outcomes of pain and function. The review found very few studies examining spinal manipulation therapy for acute neck pain and rated the evidence as "low" that this form of therapy improves outcomes in patients with acute neck pain. The review found insufficient evidence to determine the relationship between spinal manipulation therapy and the use of opiate medication for either acute low back pain or acute neck pain. There was a high degree of heterogeneity across the results of the included studies which is unexplained and suggests a need for more research to better understand what contributes to patient selection and intervention to improve the consistency of results across studies.[3]

REFERENCES

1. Skelly AC, Chou R, Dettori JR, Turner JA, Friedly JL, Rundell SD, Fu R, Brodt ED, Wasson N, Kantner S, Ferguson AJR. Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review Update. Comparative Effectiveness Review No. 227. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 290- 2015-00009-I.) AHRQ Publication No. 20-EHC009. Rockville, MD: Agency for Healthcare Research and Quality; April 2020. DOI: https://doi.org/10.23970/AHRQEPCCER227.
2. Skelly AC, Chou R, Dettori JR, Turner JA, Friedly JL, Rundell SD, Fu R, Brodt ED, Wasson N, Kantner S, Ferguson AJR. Systematic Review on Noninvasive Nonpharmacological Treatment for Chronic Pain: Surveillance Report 3. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 290- 2015-00009-I.) Rockville, MD: Agency for Healthcare Research and Quality; June 2022. https://effectivehealthcare.ahrq.gov/sites/default/files/related_files/surveillance-report-3-noninvasive-nonpharma.pdf
3. Shekelle PG, Paige NM, Miake-Lye IM, Beroes JM, Booth MS, Shanman R. The Effectiveness and Harms of Chiropractic Care for the Treatment of Acute Neck and Lower Back Pain: A Systematic Review. VA ESP Project #05-226; 2017.

MEDICARE REFERENCES

- Medicare Benefit Policy Manual, Chapter 15, 30.5 and 240.1.1 re no coverage for x-rays and any other diagnostic test**.**
- 42 CFR 410.21 re manual subluxation
- Medicare Benefit Policy Manual, Chapter 15, 240.1.2 re criteria needed for manual manipulation for a subluxation
- Medicare Benefit Policy Manual, Chapter 15, 240.1.3 re maintenance