

Utilization Management (UM) Criteria for Chiropractic Services- Commercial

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Utilization Management Criteria Statement

This document includes criteria that supports utilization review of certain provider requested health care services. Refer to the [NCAL UM Criteria List](#).

Utilization review occurs when a qualified clinician other than the treating clinician reviews the treating clinician's request against utilization review criteria. The qualified clinician is in the position to approve, deny, delay, or modify the service request based on a determination of medical necessity. These criteria are consistent with professional standards of practice and provided for your reference.

If you are in a treatment relationship with a member, your clinical recommendations are not subject to these criteria. Your treatment recommendations are guided by your professional judgment and influenced, where applicable, by clinical practice guidelines and clinical support tools found in the Library under "Guidelines."

Contraindications

Contraindications for Chiropractic Services regardless of line of business are listed below.

- Acute fractures and dislocations or healed fractures and dislocations with signs of instability.
- Unstable cervical vertebra.
- Infections of bones or joints of the vertebral column.
- Signs and symptoms of spinal cord disease i.e., cauda equina syndrome.
- Significant major artery aneurysm near the proposed manipulation.
- Neck pain with prior history of dizziness, unsteadiness and/or vertigo, unless vertebral basilar artery disease has been ruled out.
- History of malignancy, without diagnostic studies to rule out metastatic lesions.
- Malignancies that involve the vertebral column.

Clinical Review Criteria

Indications are specific to the line of business as noted below.

Commercial Benefit Overview

Included: Commercial members with Supplemental Chiropractic Benefit: “May self-refer for chiropractic care within the American Specialty Health Plan or other providers” as stated in Member's EOC.

Excluded: Commercial members without Supplemental Chiropractic Benefit: Chiropractic care is not covered.

Contributors / Clinical Experts

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Approving Bodies

APICs for Outside Services	11/29/06, 11/14/07, 7/23/08, 7/22/09, 7/21/10, 7/20/11, 7/25/12, 7/24/13, 7/23/14, 7/29/15, Electronic, 8/23/17, 8/22/18, 8/28/19, 08/26/20, Electronic (9/2021), XX/XX 2024
Resource Management Committee (RMC)	9/5/12, 7/30/13, 9/24/13, 7/29/14, 7/28/15, 9/27/16, 8/22/17, 8/28/18, 9/24/19, 08/25/2020, 9/28/2021, 07/26/2022, 07/25/2023, 07/23/2024
Quality Oversight Committee (QOC)	9/12/12, 8/14/13, 10/9/13, 9/10/14 9/9/15, 10/12/16, 11/8/17, 10/10/18, 10/9/19, 10/08/20, 10/13/2021

1. *As stated in member's rider EOC for Chiropractic Services* ↑
2. *As stated in member's Medi-Cal Member Handbook* ↑