

# Utilization Management (UM) Criteria for Chiropractic Services- Medicare

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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.**

## Medicare Benefit Overview

Chiropractic services are available to Medicare/Senior Advantage members through TPMG referral for the criteria listed below and are also available as a separate rider.

- KP Senior Advantage (KPSA) members: Chiropractic care is limited to manual manipulation of the spine to correct subluxation (or restricted range of motion of the spine related to pain) when prescribed by a Plan physician. Subluxation is diagnosed either by x-ray or by any two of the following:
  - Asymmetry/misalignment
  - Range of Motion abnormality
  - Pain/Tenderness
  - Tissue or Tone change
- **OR** KPSA members who have also purchased a supplemental Medicare HMO rider separately do not require a referral for Chiropractic Services and may seek care for conditions other than those noted above<sup>[1]</sup>.
- Recent (within the last 90 days) clinical evaluation by referring physician is required prior to requesting referral
- For chronic subluxation - A patient's condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment (as is the case with an acute condition), but where the continued therapy can be expected to result in some functional improvement. Once 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.
  - Maintenance therapy includes services that seek to prevent disease, promote health, and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. 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.

## 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* ↑