| KAISER PERMANENTE® Mid-Atlantic States | **Reauthorization for Spinal Manipulation Therapy and Chiropractic Treatment Medical Coverage Policy** |
|---|---|

**UTILIZATION * ALERT***

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage MUST be verified in the member's EOC or benefit document.
- Spinal manipulative therapy and chiropractic treatment benefit coverage is determined by the member's benefit plan. Services or treatments beyond the member's plan visit limit or services that are excluded from the benefit plan are not covered.
- Please refer to Medicare Coverage Database for Medicare members.
- Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines

**I.** Service: **Reauthorization for Spinal Manipulation Therapy and Chiropractic Treatment**

**II.** Specialty**:** Physical Medicine and Rehabilitation

**III. Clinical Indications for Referral**

The initial consultation and visits for spinal manipulation therapy or chiropractic treatment are reviewed and approved according to MCG criteria.

**IV. Re-authorization of Spinal Manipulation Therapy and Chiropractic Care**

**A. Re-authorization for Spinal Manipulation Therapy and Chiropractic Care**

1. Prior authorization is required for all spinal manipulation treatment and chiropractic procedures.
2. *Ten visits* will be approved to initiate the treatment with required clinical review and appropriate documentation to re-authorize further treatment, ***up to ten visits*** at a time.
3. Clinical notes should support improvement of member's condition, efficacy of spinal manipulation treatment/ chiropractic care and condition for continuity of treatment as stated in section IV, B below.

**B. Continuity of Spinal Manipulation and Chiropractic Care**

Additional visits for spinal manipulation therapy and chiropractic treatment are considered *not medically necessary* in the following circumstances:

1. If the patient has become asymptomatic; or
2. If the therapeutic goals have been reached; or
3. If the therapeutic benefit has reached a plateau; or
4. If the condition of the patient regresses or becomes worse; or
5. When there is no improvement within 14 calendar days of treatment and the treatment is not modified; or

6. When there is no improvement within 30 calendar days of treatment despite treatment modification; or
7. If there is no significant improvement.

## V. Limitations/ Exclusions

Spinal manipulation therapy and chiropractic treatment is *not medically necessary* in the following circumstances:

A. As maintenance program or supportive care;
B. Therapeutic manipulation modalities that are not clearly related to symptoms and/or diagnostic x-rays;
C. Therapeutic manipulation modalities that are not likely to result in long term improvement of a member's symptoms/conditions;
D. Service is intended solely to promote a desired lifestyle or athletic achievements;
E. To increase or enhance the member's environmental comfort;
***F.*** Furnished solely for the member's convenience or religious preference; or
***G.*** For the convenience of the member's family or health care provider

## VI. Benefit Coverage

A. Medicare provides coverage for medically necessary chiropractic services, which are limited to active/corrective manual manipulations of the spine to correct subluxations. Medicare does not cover chiropractic treatments to extraspinal regions (CPT 98943), which includes the head, upper and lower extremities, rib cage and abdomen.

## VII. Covered Chiropractic Spinal Manipulative Treatment

A. Coverage of services for continuity of chiropractic manipulation treatment (CMT) is limited to one clinically indicated and medically necessary *spinal manipulation code per date of service* as listed below. All other services are considered not medically necessary.

**B.** Inclusion or exclusion of a procedure code does not constitute or imply member coverage or provider reimbursement. These **CPT codes are** subject to change and only used as a guide**.**

- One service with a CMT Code: 98940-98943

1. 98940 Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
2. 98941 Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
3. 98942 Chiropractic manipulative treatment (CMT); spinal, 5 regions; ***or***
4. 98943 Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions

**References**

1. Scholten-Peeters GG, et al. Is manipulative therapy more effective than sham manipulation in adults? A systematic review and meta-analysis. Chiropractic & Manual Therapies 2013;21(1):34. DOI: 10.1186/2045-709X-21-34. Accessed 10/28/18. https://chiromt.biomedcentral.com/track/pdf/10.1186/2045-709X-21-34
2. Nielsen, SM, Tarp, S, Christensen, R, Bliddal, H, Klokker, L, Henriksen, M. The risk associated with spinal manipulation: an overview of reviews. Syst Rev. 2017 Mar 24;6(1):64. doi: 10.1186/s13643-017-0458-y. Accessed 10/28/18. https://systematicreviewsjournal.biomedcentral.com/track/pdf/10.1186/s13643-017-0458-y
3. Paige, NM, Miake-Lye, IM, Booth, MS, Beroes, JM, Mardian, AS, Dougherty, P, Branson, R, Tang B, Morton, SC, Shekelle, PG. Association of Spinal Manipulative Therapy With Clinical Benefit and Harm for Acute Low Back Pain: Systematic Review and Meta-analysis. JAMA. 2017 Apr 11;317(14):1451-1460. doi: 10.1001/jama.2017.3086. Accessed 10/28/18. https://www.ncbi.nlm.nih.gov/pubmed/28399251
4. Lingner, H, blasé, L, Großhennig, A, Schmiemann, G. Manual therapy applied by general practitioners for nonspecific low back pain: results of the ManRück pilot-study. Chiropr Man Therap. 2018 Sep 3;26:39. doi: 10.1186/s12998-018-0202-2. eCollection 2018. Accessed 10/28/18. https://www.ncbi.nlm.nih.gov/pubmed/30186593
5. Elder, C, DeBar, L, Ritenbaugh, C, Dickerson, J, Vollmer, WM, Deyo, RA, Johnson, ES, Haas, M. Comparative Effectiveness of Usual Care With or Without Chiropractic Care in Patients with Recurrent Musculoskeletal Back and Neck Pain. J Gen Intern Med. 2018 Sep;33(9):1469-1477. DOI: 10.1007/s11606-018-4539-y. Epub 2018 Jun 25. Accessed 10/28/18. https://www.ncbi.nlm.nih.gov/pubmed/29943109
6. CMS Benefit Policy Manual. Chapter 15; § 30.5 Chiropractor's Services, § 240 Chiropractic Services – General. Accessed 10/29/18. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf
7. CMS IOM, Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 220. Accessed 8/27/19. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
8. CMS IOM, Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.4. Accessed 8/27/19
9. CMS Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Sections 30.5 and 240 . Accessed 8/27/19 https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
10. Medicare Coverage Database. CMS. Local Coverage Determination (LCD) Article A52987: Chiropractic Services. Accessed 10/29/2018. https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52987&ver=11&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&KeyWord=Chiro&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABAAAAAAAA%3d

%3d&#0
11. CMS. Medicare Learning Network MLN Matters. Article MM3449, Revised Requirements for Chiropractic Billing of Active/Corrective Treatment and Maintenance. Therapy, Full Replacement of CR3063. Accessed 10/29/2018. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM3449.pdf
12. CMS. Medicare Learning Network MLN Matters. Article SE0514, MMA- Expansion of Coverage for Chiropractic Services Demonstration. Accessed 10/29/2018. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0514.pdf
13. CMS. Medicare Learning Network . Article SE0749, Addressing Misinformation Regarding Chiropractic Services and Medicare. Accessed 10/29/2018. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0749.pdf
14. CMS. Medicare Learning Network Article SE1101, Overview of Medicare Policy Regarding Chiropractic Services. Accessed 10/29/2018. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1101.pdf
15. WHO Guidelines on Basic Training and Safety in Chiropractic. Contraindications to SMT. World Health Organization. Geneva. 07/12/2005. Accessed 11/7/2018. http://wikichiro.org/en/index.php?title=WHO_Guidelines_-_Contraindications_to_SMT
16. Quality Assurance Report on Naturopathic Manipulation. Clinical Guidelines for Spinal manipulation in Naturopathic Practice. April 19, 2005. Accessed 11/7/2018. http://www.cnpbc.bc.ca/wp-content/uploads/QAC-Manipulation.pdf
17. Adverse Effects of Spinal Manipulation: A Systematic Review by E. Ernst. Journal of the Royal Society of Medicine. 2007 Jul; 100(7): 330–338. DOI: [10.1258/jrsm.100.7.330]. Accessed 11/8/2018. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1905885/
18. Chiropractic and the Co-occurrence of Chiropractic and Health Services Use among Older Medicare Beneficiaries by Paula AM Weigel, Jason M Hockenberry, Suzanne E Bentler, Brian Kaskie, and Fredric D Wolinsky, J Manipulative Physiol Ther. 2012 Mar; 35(3): 168–175. DOI: [10.1016/j.jmpt.2012.01.011. Accessed 11/8/2018. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3325797/pdf/nihms-362553.pdf
19. Dose-response and efficacy of spinal manipulation for care of chronic low back pain: a randomized controlled trial by Haas, M; Vavrek, D; Peterson, D; Polissar, N; Neradilek MB. Spine J. 2014 Jul 1;14(7):1106-16. DOI: 10.1016/j.spinee.2013.07.468. Epub 2013 Oct 16. https://www.ncbi.nlm.nih.gov/pubmed/24139233
20. Dose-response for chiropractic care of chronic low back pain by Haas, M.; Groupp, E.; Kraemer, D. The Spine Journal. Volume 4, Issue 5, September–October 2004, Pages 574-583 https://doi.org/10.1016/j.spinee.2004.02.008 or https://ac.els-cdn.com/S1529943004001184/1-s2.0-S1529943004001184-main.pdf?_tid=426a049d-d3b5-4195-b382-3a11b77b5715&acdnat=1541701438_205a7de0a6963de9b21415f5c0d23d64

21. Zodet, Marc W.; Stevans, Joel M. 2008 Prevalence of Chiropractic Use in the US Adult Population *Journal of Manipulative and Physiological Therapeutics*. October 2012 35(8):580-588 Language: English. DOI: 10.1016/j.jmpt.2012.10.001
22. Rubinstein, S. M., de Zoete, A., van Middelkoop, M., Assendelft, W., de Boer, M. R., & van Tulder, M. W. (2019). Benefits and harms of spinal manipulative therapy for the treatment of chronic low back pain: systematic review and meta-analysis of randomised controlled trials. BMJ (Clinical research ed.), 364, l689. https://doi.org/10.1136/bmj.l689
23. Coulter, I. D., Crawford, C., Vernon, H., Hurwitz, E. L., Khorsan, R., Booth, M. S., & Herman, P. M. (2019). Manipulation and Mobilization for Treating Chronic Nonspecific Neck Pain: A Systematic Review and Meta-Analysis for an Appropriateness Panel. *Pain physician*, *22*(2), E55–E70. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6800035/
24. Pagé, I., & Descarreaux, M. (2019). Effects of spinal manipulative therapy biomechanical parameters on clinical and biomechanical outcomes of participants with chronic thoracic pain: a randomized controlled experimental trial. *BMC musculoskeletal disorders*, *20*(1), 29. https://bmcmusculoskeletdisord.biomedcentral.com/articles/10.1186/s12891-019-2408-4
25. Hawk, C., Whalen, W., Farabaugh, R. J., Daniels, C. J., Minkalis, A. L., Taylor, D. N., Anderson, D., Anderson, K., Crivelli, L. S., Cark, M., Barlow, E., Paris, D., Sarnat, R., & Weeks, J. (2020). Best Practices for Chiropractic Management of Patients with Chronic Musculoskeletal Pain: A Clinical Practice Guideline. *Journal of alternative and complementary medicine (New York, N.Y.)*, *26*(10), 884–901. https://doi.org/10.1089/acm.2020.0181
26. French, S. D., O'Connor, D. A., Green, S. E., Page, M. J., Mortimer, D. S., Turner, S. L., Walker, B. F., Keating, J. L., Grimshaw, J. M., Michie, S., Francis, J. J., & McKenzie, J. E. (2022). Improving adherence to acute low back pain guideline recommendations with chiropractors and physiotherapists: the ALIGN cluster randomised controlled trial. *Trials*, *23*(1), 142. https://doi.org/10.1186/s13063-022-06053-x
27. Bronfort, G., Maiers, M., Schulz, C., Leininger, B., Westrom, K., Angstman, G., & Evans, R. (2022). Multidisciplinary integrative care versus chiropractic care for low back pain: a randomized clinical trial. *Chiropractic & manual therapies*, *30*(1), 10. https://doi.org/10.1186/s12998-022-00419-3
28. Galaasen Bakken, A., Eklund, A., Hallman, D. M., & Axén, I. (2021). The effect of spinal manipulative therapy and home stretching exercises on heart rate variability in patients with persistent or recurrent neck pain: a randomized controlled trial. *Chiropractic & manual therapies*, *29*(1), 48. https://doi.org/10.1186/s12998-021-00406-0
29. Nim, C. G., Aspinall, S. L., Cook, C. E., Corrêa, L. A., Donaldson, M., Downie, A. S., Harsted, S., Hartvigsen, J., Jenkins, H. J., McNaughton, D., Nyirö, L., Perle, S. M., Roseen, E. J., Young, J. J., Young, A., Zhao, G. H., & Juhl, C. B. (2023). The effectiveness of spinal manipulative therapy procedures for spine pain: protocol for a systematic review and network meta-analysis. *Chiropractic & manual therapies*, *31*(1), 14. https://doi.org/10.1186/s12998-023-00487-z
30. Gevers-Montoro, C., Provencher, B., Descarreaux, M., Ortega de Mues, A., & Piché, M. (2021). Clinical Effectiveness and Efficacy of Chiropractic Spinal Manipulation for Spine Pain. *Frontiers in pain research (Lausanne, Switzerland)*, *2*, 765921. https://doi.org/10.3389/fpain.2021.765921
31. MCG 28th edition. Copyright 2024 MCG Health, LLC. Spinal Manipulation Therapy, Chiropractic

Treatment and Other. ACG: A-0331 (AC). Accessed 06/22/2024

32. Hawk, C., Schneider, M. J., Haas, M., Katz, P., Dougherty, P., Gleberzon, B., Killinger, L. Z., & Weeks, J. (2017). Best Practices for Chiropractic Care for Older Adults: A Systematic Review and Consensus Update. *Journal of manipulative and physiological therapeutics*, *40*(4), 217–229. https://doi.org/10.1016/j.jmpt.2017.02.001
33. Keating, G., Hawk, C., Amorin-Woods, L., Amorin-Woods, D., Vallone, S., Farabaugh, R., Todd, A., Ferrance, R., Young, J., O'Neill Bhogal, S., Sexton, H., Alevaki, H., Miller, J., Parkin-Smith, G., Schielke, A., Robinson, A., & Thompson, R. (2024). Clinical Practice Guideline for Best Practice Management of Pediatric Patients by Chiropractors: Results of a Delphi Consensus Process. *Journal of integrative and complementary medicine*, *30*(3), 216–232. https://doi.org/10.1089/jicm.2023.0010

## Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill HB 798 – Health Insurance – Reporting

| Date approved by RUMC | Date of Implementation |
|---|---|
| 12/27/2018 | 12/27/2018 |
| 12/19/2019 | 12/19/2019 |
| 12/16/2020 | 12/16/2020 |
| 12/15/2021 | 12/15/2021 |
| 12/28/2022 | 12/28/2022 |
| 12/21/2023 | 12/21/2023 |
| 12/23/2024 | 12/232024 |

*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.