Medical Policy
Chiropractic Services

Document Number: 036

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<tr>
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<th>Commercial and Qualified Health Plans</th>
<th>MassHealth*</th>
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<tr>
<td>Authorization required</td>
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<td>Visits 21 and beyond</td>
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<td>X</td>
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<tr>
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*MassHealth plans limit coverage for chiropractic services to a total of 20 office visits per benefit year.
± Effective 1/1/17 all plans with an unlimited chiropractic visit benefit will require prior authorization for visits beyond 20 visits.
±± No prior authorization is required for plans with a 12 visit limit.

Overview
The purpose of this document is to describe the guidelines used to determine medical necessity for chiropractic services as a treatment for neuromuscular and/or musculoskeletal conditions.

Coverage Guidelines
NHP covers chiropractic services for medically necessary examination, evaluation, and diagnosis of the presence or absence of neuromuscular and/or musculoskeletal conditions. NHP covers medically necessary chiropractic services for the treatment of neuromuscular and/or musculoskeletal illnesses, injuries, conditions, or disorders including:
1. The administration of chiropractic adjustments or manipulations, either by hand or by instrumentation, to the body for the purpose of maintaining, restoring, or improving biomechanical and/or neurological integrity or functioning in the human body; and
2. The administration, dispensing, or prescribing of supportive procedures and therapies.

Coverage Criteria
As of February 20, 2017 medical necessity for chiropractic services is determined through McKesson’s InterQual® criteria. To access the criteria, log in to NHP’s provider website at NHP.Net and click the InterQual® Criteria Lookup link under the Resources Menu.

Definitions
Chiropractic Services: Services rendered by a licensed chiropractor that consist of manual technique where the hands are used to manipulate, mobilize, adjust, stimulate, or otherwise influence the synovial joints and paraspinal tissues in the spinal column. The goal is to store joint mobility by manually applying a controlled force into joints that have become hypomobile, or restricted in their movement, as a result of a tissue injury.

Chiropractic Manipulative Treatment: The correction of misalignments, subluxations, or segmental joint dysfunction of the bony articulations of the vertebral column, the pelvis, and adjacent areas.

Maintenance Therapy: A treatment plan that seeks 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.

Supportive Procedures and Therapies: Modes of care which may be administered dispensed or prescribed in addition to the primary Chiropractic procedure (i.e., Chiropractic adjustments or techniques/manipulative techniques). Such supportive procedures and therapies include but are not limited to the use of braces, casting, supports, traction, thermal
modalities, ultrasound, electrical modalities, hydrotherapy, myotherapy, dietary and nutritional advice and/or supplementation, and rehabilitative exercise therapy. The purpose of supportive procedures and therapies is to aid the chiropractor in assisting a patient to achieve a timely and favorable clinical outcome. A chiropractor shall not be required to apply supportive procedures and therapies in the practice of chiropractic.

Categories of Spinal Joint Problems:

1. **Acute:** A patient's condition is considered to be acute when the patient is being treated for a new injury, identified by x-ray or physical exam. The result of chiropractic treatment is expected to be an improvement in, or arrest of progression of the patient's condition. This result should be obtained within a reasonable and generally predictable period of time. Some patients with acute conditions may require several weeks of treatment, (e.g., up to three months), while others require a much shorter duration of treatment. Initially, services may be more frequent, but NHP would expect to see a decrease in frequency as a result of the improvement in the patient's condition.

2. **Chronic:** 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 continued therapy can be expected to result in some functional improvement.

3. **Exacerbation:** A temporary marked deterioration of the patient’s condition due to an acute flare-up of the condition being treated. This must be documented in the patient’s medical record, including the date of occurrence, nature of the onset, or other patient factors that will support the medical necessity of treatments for this condition.

4. **Recurrence:** A return of symptoms of a previously treated condition that has been quiescent for 30 or more days. This may require the re-institution of therapy.

Related Policies

**Chiropractor Services Provider Payment Guidelines**

**Effective**

February 2017: McKesson’s InterQual® criteria replaced the chiropractic services criteria as indicated in the policy. November 2016: Effective Date

**References**

233 CMR 4.00


