MedStar Health, Inc.
POLICY AND PROCEDURE MANUAL

Policy Number: PA.059.MH
Last Review Date: 02/04/2016
Effective Date: 03/01/2016
Renewal Date: 02/01/2017

PA.059.MH – Chiropractic Services and Adjunctive Procedures (Children under 18 years of age)

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers chiropractic services and adjunctive procedures for children under the age of 18 medically necessary for the following indications:

1. Documented primary, neuro-musculoskeletal symptoms involving the spine, para-spinal soft tissues, and extremities.
2. Subluxations of the spine must be evidenced with corresponding musculoskeletal symptoms for approval of Chiropractic services. The services rendered must have a direct therapeutic relationship to the member's condition and provide reasonable expectation of recovery or improvement of function
3. Manipulation or Chiropractic Manipulation Therapy (CMT) is appropriate for therapeutic treatment of symptoms and/or to restore function that has been compromised by illness or injury.

Note; On a case-by-case basis in situations where the scope of illness requires co-management, Evolent Health shall require evaluation by a Pediatrician or Primary Care Physician prior to initiating therapy.

Indications for Adjunctive Procedures:
Adjunctive procedures are appropriate to reduce symptoms and/or restore function that has been compromised by illness or injury

Indications for Therapeutic Exercise:
Therapeutic exercise is appropriate to reduce symptoms and/or restore function by building strength, endurance and flexibility of the affected region

Covered X-rays:

- Chest, Ribs, Sacrum, Pelvis, Hip, Extremity, Spinal and Abdomen

Limitations

1. For initial authorizations, the number of approved treatments and the duration of approved care will be determined by an Evolent Health Medical Director, based on medical necessity and appropriateness, but will not exceed 30 days or eight visits without subsequent authorization.

2. Subsequent authorization will require additional information detailing the member's clinical and functional changes since the initial submission, and progress toward the treatment goals.

Not Medically Necessary and Not Covered:

Additional visits in the following circumstances are considered not medically necessary and not covered when:

- No improvement within the initial 2 weeks of treatment and the treatment is not modified,
- No improvement within 30 calendar days of treatment despite treatment modification,
- Therapeutic benefit has been achieved
- If the member's condition becomes worse or regresses,

Variations - Commercial, Medicare and Special Needs (SNP) Products:

Other **Non-Covered** Chiropractic Services include:

- Maintenance care: chiropractic services performed repetitively to maintain a level of function, or when no expectation of additional functional improvement is likely to occur.
- Preventive care: chiropractic services performed for the purpose of preventing symptoms, conditions or illnesses.
- Scoliosis correction and spinal curve restoration: chiropractic services performed primarily to reduce scoliosis create optimal segmental or regional alignment or the normal physiological spinal curves in the absence of related musculoskeletal symptoms

Medicare Special Needs Product (SNP)

Manual manipulation of the spine to correct subluxation is the only covered service for SNP. Initial CMT sequence of visits limited to no more than thirty calendar days and 12 visits for Medicare.

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Background

According to the American Chiropractic Association, chiropractic services focuses on disorders of the musculoskeletal system and the nervous system, and the effects of these disorders on general health. Chiropractic care is used most often to treat neuromusculoskeletal complaints, including but not limited to back pain, neck pain, pain in the joints of the arms or legs, and headaches.

CMS defines Subluxation as a motion segment, in which alignment, movement integrity, and/or physiological function of the spine are altered although contact between joint services remains intact. A subluxation may be demonstrated by an x-ray or by a physical examination.

The scientific literature regarding the safety and effectiveness of manipulation/manual procedures has been focused on adults over the age of 18. Pediatric patients progress at a different rate from adults therefore it is important that adult guidelines not be overlaid on the pediatric patient. Therefore, medical director prior authorization will be required for chiropractic treatment of children under the age of 18.

Codes and Billing Guidelines:

1. Initial Assessment
   - The initial assessment (evaluation and management [E/M]) does not require prior authorization but will be subject to audits for policy compliance.

   Note: After the initial assessment, a complete member summary must be submitted with any prior authorization request for manipulation and/or adjunctive services. This assessment must include a detailed history of symptoms and illness, an exam, a summary of prior testing and management efforts, a diagnosis and a treatment plan.

2. Additional E/M Services
   - Additional E/M services within the same treatment plan may be reported separately using the modifier -25, if the member's condition requires a significant separately identifiable E/M service above and beyond the usual pre and post service work associated with the procedure.
   - Supporting documentation may be requested for all E/M codes with a modifier -25

3. 97140 Manual Therapy (adjunctive service)

- 97140 Manual therapy code may not be used with CMT codes 98940-98943. It is considered an inherent component of the CMT codes and it is not eligible for separate reimbursement when reported on the same date of service.
- Exception: When 97140 is performed on a separate body region unrelated to the CMT code, this procedure may be considered for separate payment. In this instance modifier –59 should be appended to 97140 and billed accordingly.
- Appropriate information that identifies the separate body region, unrelated to the CMT code, should be documented in the member's chart.

4. Office notes may be requested to audit claims data.

Covered Chiropractic Services:

1. For a given visit, coverage will be limited to chiropractic services, as follows:
   - One (1) service with a CMT Code: 98940-98943,
     And
   - One (1) of the following adjunctive modality codes:
     97012, 97014, 97032, 97033, 97035, 97140 (CPT code 97140 only used for exception referenced previously),
     And
   - One (1) service with CPT code 97110 (therapeutic exercise performed to build strength, endurance and flexibility).

   Or
   - One (1) service with a CMT Code: 98940-98943 and Two (2) Therapeutics and no Adjunctive.

   Or
   - One (1) service with a **CMT** Code: 98940-98943 and Two (2) Adjunctives and no Therapeutic.

2. Network providers are required to have a copy of their adjunctive procedures certificate on file prior to billing.
3. Any out-of-network provider billing for adjunctive procedures is required to submit a copy of his/her adjunctive procedures certificate with each claim.

4. Office notes may be requested to audit claims data.

Covered Adjunctive Procedures

The following CPT codes represent procedures identified as adjunctive procedures that shall be covered by Evolent Health managed products when medically necessary,

unless an individual product has benefit exclusions or other limitations that apply to chiropractic care:

Codes

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
97012	Application of a modality to one or more areas; traction, mechanical (unattended)
97014	Application of a modality to one or more areas; electrical stimulation (unattended)
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of a modality to one or more areas; iontophoresis (attended), each 15 minutes
97035	Application of a modality to one or more areas; ultrasound (attended), each 15 minutes
97140	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (See Codes and Billing Guidelines for Chiropractic Services for exception allowing this code to be used)
Coverage of X-rays	
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72020	Radiologic examination, spine, single view, specify level
72040	Radiologic examination, spine, cervical, two or three views
72050	Radiologic examination, spine, cervical, minimum of four views
72052	Radiologic examination, spine, cervical, 6 or more views
72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)
72070	Radiologic examination spine; thoracic, 2 views
72072	Radiologic examination spine; thoracic, 3 views
72074	Radiologic examination spine; thoracic, minimum of 4 views

72080	Radiologic examination spine, thoracolumbar, 2 views
72090	Radiologic examination spine; scoliosis study, including supine and erect studies
72100	Radiologic examination spine, lumbosacral; 2 or 3 views
72110	Radiologic examination spine, lumbosacral; minimum of 4 views
72114	Radiologic examination spine, lumbosacral; complete, including bending views, minimum of 6 views
72120	Radiologic examination spine, lumbosacral; bending views, 2 or 3 views
71010	Radiologic examination, chest, single view, frontal
71020	Radiologic examination, chest, 2 views, frontal and lateral;
71100	Radiologic examination, ribs, unilateral; 2 views
72170	Radiologic examination, pelvis, 1 or 2 views
72190	Radiologic examination, pelvis, complete, minimum of 3 views
72220	Radiologic examination, sacrum and coccyx minimum of 2 views
73020	Radiologic examination, shoulder; 1 view
73030	Radiologic examination, shoulder; complete, minimum of 2 views
73060	Radiologic examination, humerus, minimum of 2 views
73070	Radiologic examination, elbow; 2 views
73090	Radiologic examination, forearm, 2 views
73100	Radiologic examination, wrist; 2 views
73110	Radiologic examination, wrist; complete, minimum of 3 views
73120	Radiologic examination, hand; 2 views
73140	Radiologic examination, finger(s), minimum of 2 views
73500	Radiologic examination, hip, unilateral; 1 view
73510	Radiologic examination, hip, complete, minimum of 2 views
73550	Radiologic examination, femur, 2 views
73560	Radiologic examination, knee; 1 or 2 views
73562	Radiologic examination, knee; 3 views
73564	Radiologic examination, complete, 4 or more views

73590	Radiologic examination, tibia and fibula, 2 views
73600	Radiologic examination, ankle; 2 views
73610	Radiologic examination, complete, minimum of 3 views
73620	Radiologic examination, foot; 2 views
73650	Radiologic examination, calcaneus, minimum of 2 views
73660	Radiologic examination, toe(s), minimum of 2 views
7400	Radiologic examination, abdomen, single anteroposterior view

References

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