

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: PA.059.MH
Last Review Date: 08/09/2018
Effective Date: 10/01/2018

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 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

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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

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.

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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 surfaces 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.

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- 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 |
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| 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 |

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| 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 |

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| 73660 | Radiologic examination, toe(s), minimum of 2 views |
| 7400 | Radiologic examination, abdomen, single anteroposterior view |

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Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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