

Corporate Medical Policy

Chiropractic Services

File Name: chiropractic_services
Policy Number: OTH8030
Origination: 06/2000
Last Review: 9/2007
Next Review: 9/2009

Description of Procedure or Service

Chiropractic medicine is a science which is based on the relationship between the structure and function of the human body. Services rendered are intended to support the spinal column and nervous system functions.

Policy

BCBSNC will provide coverage for Chiropractic Services when they are determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

Please refer to individual certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

Some BCBSNC benefit plans include chiropractic services under rehabilitative services.

When Chiropractic Services are covered

Chiropractic Services are considered medically necessary when **ALL** of the following criteria are met:

1. The patient has clinical symptoms of a neuromusculoskeletal condition that may be improved or resolved by standard chiropractic therapy.
2. A clear and appropriate treatment plan is documented, including symptoms/diagnosis being treated, diagnostic procedures and treatment modalities used, results of diagnostic procedures, treatments, anticipated length of treatments.
3. The chiropractic diagnostic procedures, treatments are clearly related to the patient's symptoms/condition.
4. Chiropractic care is performed within the scope of the license of a chiropractor.

When Chiropractic Services are not covered

Chiropractic Services are not covered in any of the following circumstances:

1. [maintenance program](#), supportive, preventive or wellness care
2. treatments for condition other than those related to neuromusculoskeletal conditions
3. diagnostic procedures/tests not within the routine scope of chiropractic, including:
 - a. laboratory tests, except urinalysis
 - b. x-rays other than spinal or appropriate extremity x-rays
 - c. videofluoroscopy
 - d. ECGs
4. the following therapeutic modalities:
 - a. traction (axial or longitudinal)
 - b. injections
 - c. acupuncture
 - d. counseling (considered integral to the visit)
 - e. low level laser therapy (cold laser therapy) is considered [investigational](#) for all indications.
5. Spinal manipulations and other treatment modalities can be provided manually or with the assistance of mechanical or electrical devices. There will be no additional reimbursement for the use of the device or for the device itself. It is considered part of the manipulation and should not be reported separately.
6. therapeutic manipulation/modalities
 - a. that are not clearly related to symptoms and/or diagnostic x-rays **OR**
 - b. that are not likely to result in long term improvement of a member's symptoms/conditions **OR**
 - c. that do not have a clearly defined and achievable end point.
7. nutritional supplements.
8. services beyond benefit plan visit limitations or services that are excluded from the benefit plan.
9. vertebral axial traction or decompression including computerized decompression devices designed to provide mechanical traction is discussed under a separate policy. See BCBSNC medical policy entitled [Vertebral Axial Decompression](#), Policy number OTH8160. (Examples: VAX-D, DRX 9000).
10. in general, hot and cold packs are considered integral to other modalities and procedures provided. The application of hot or cold packs when used alone is not covered.
11. paraspinal surface electromyography is discussed under a separate policy. See BCBSNC medical policy entitled [Paraspinal Surface Electromyography](#) (Policy number MED1302).
12. spinal manipulation under anesthesia is discussed under a separate policy. See BCBSNC medical policy entitled, [Spinal Manipulation Under Anesthesia](#) (policy number OTH8150).

Policy Guidelines

- A. Diagnoses/conditions considered amenable to chiropractic care include acute musculoskeletal strains and spasms, nerve root problems, such as pinched nerves, and other diagnoses as summarized in Table 2 below.
- B. Diagnostic Procedures considered within standard chiropractic care include:

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1. routine spinal x-rays (e.g., cervical, thoracic, lumbo-sacral) and appropriate extremity x-rays
2. patient interview
3. physical examination
4. urinalysis (with or without microscopic exam)
- 5. muscle testing with report
6. range of motion measurement with report

The use of an evaluation and management (EM) code is considered medically necessary no more than once a month unless it is clearly documented that there has been significant interval change to warrant re-examination and/or change in treatment plan.

C. Treatments considered standard chiropractic treatment include:

1. spinal adjustment by manual means
2. spinal manipulation utilizing techniques taught in an accredited chiropractic College.
3. manual adjustment or manipulation
4. vertebral manipulation or adjustment
5. major joint manipulation (shoulder, elbow, wrist, hip, knee and ankle)
6. Trigger point therapy or myofascial release

Other diagnoses, diagnostic procedures and treatments may be evaluated on an individual consideration (IC) basis.

D. For chiropractors who are specifically trained in the fitting and management of foot orthotics, the prescribing of foot orthotics may be considered within their scope of practice. (For coverage of foot orthotics, please see Medical Policy entitled Orthotics)

E. Treatment Guidelines: In order to apply treatment guidelines to specific diagnoses, the severity of the patients condition must be assessed. For the purpose of these guidelines, the clinician should use the following table:

Table 1: Severity Grading for Chiropractic Conditions

Factor	Mild (1)	Moderate (2)	Severe (3)
Pain/discomfort intensity by visual analog scale (VAS) 0=no pain 10=most severe pain ever	1-3	4-7	8-10
Activities of daily living (ADL) limitations	annoying to some limitations	significant limitations (specify)	precludes ADLs
Co-morbidities impeding patient recovery	Not a factor	Somewhat a factor	Significant factor

Table 1: Severity Grading for Chiropractic Conditions

Factor	Mild (1)	Moderate (2)	Severe (3)
Overall severity (taking into consideration the above three factors)	mild (1)	moderate (2)	severe (3)

Once the severity of **each component** has been determined, the clinician should use the **overall severity** to determine the number of visits or weeks of treatment.

Standard Treatment Durations for Chiropractic Care

Standard Treatment Durations for Chiropractic Care, is not all inclusive.

For any diagnosis not listed, care plans may be reviewed on an individual consideration basis.

Table 2:

Primary ICD-9	Description	Severity	Treatment Plan		X-Ray
			Weeks	Treatments	
Cervical					
847.0	Cervical Strain/ Sprain	1	4	8	72040-22
		2	6	14	72050
		3	8	20	72052
739.1	Cervical Segmen- tal Dysfunction	1	4	8	72040-22
		2	6	12	72050
		3	8	16	72052
722.0	Cervical Interverte- bral Disc Syndrome	1	6	12	72040-22
		2	10	20	72050
		3	12	24	72052
723.2	Cervico-cranial Syndrome	1	4	10	72040-22
		2	6	14	72040-22
		3	8	16	72050
723.3	Cervico-brachial Syndrome	1	5	10	72050
		2	7	14	72050
		3	9	18	72050
723.4	Brachial Radiculi- tis/Neuritis	1	5	10	72050
		2	7	14	72050
		3	9	18	72050

Thoracic

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Table 2:

Primary ICD-9	Description	Severity	Treatment Plan		X-Ray
			Weeks	Treatments	
847.1	Thoracic Strain/ Sprain	1	4	8	72070
		2	6	12	72070
		3	6	14	72070
739.2	Thoracic Segmental Dysfunction	1	2	5	72070
		2	5	10	72070
		3	8	18	72070
722.11	Thoracic Interverte- bral Disc Syndrome	1	4	10	72070
		2	6	16	72070
		3	8	20	72074
729.2/ 353.8	Intercostal Neural- gia/Neuritis	1	4	10	72070
		2	5	12	72070
		3	7	17	72070
739.8	Costo-vertebral Dysfunction	1	2	5	72070
		2	5	10	72070
		3	8	18	72070
353.0	Thoracic Outlet Syndrome	1	2	5	72070
		2	5	12	72070
		3	8	18	72070
Lumbar					
847.2	Lumbar Strain/ Sprain	1	4	8	72100
		2	6	14	72100
		3	6	16	72100
846.0	Lumbosacral Strain/Sprain	1	4	8	72100
		2	6	14	72100
		3	6	16	72100
846.1/ 846.9	Sacroiliac Strain/ Sprain	1	4	8	72100
		2	6	14	72100
		3	6	16	72100
739.3	Lumbar Segmental Dysfunction	1	2	5	72100
		2	5	10	72100
		3	8	20	72110

Standard Treatment Durations for Chiropractic Care

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For any diagnosis not listed, care plans may be reviewed on an individual consideration basis.

Table 2:

Primary ICD-9	Description	Severity	Treatment Plan		X-Ray
			Weeks	Treatments	
739.4	Sacroiliac Segmental Dysfunction	1	2	5	72100
		2	5	10	72100
		3	8	20	72110
724.8	Lumbar Facet Syndrome	1	2	5	72100
		2	6	14	72110
		3	8	20	72110
724.3	Sciatic Neuralgia	1	4	10	72110
		2	6	14	72110
		3	8	20	72110
722.10	Lumbar Intervertebral Disc Syndrome	1	4	14	72100
		2	8	20	72100
		3	10	24	72100

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 95831, 95832, 95833, 95834, 95851, 95852, 95857, 95860, 95861, 95863, 95864, 95867, 95868, 95869, 95870, 95872, 95900, 95903, 95904, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97530, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97799, 98940, 98941, 98942, 98943, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, S3900, S8948, S9090.

Constant Attendance Modalities, 97110-97039, and Therapeutic Procedures, 97110-97542, will be limited to a maximum of one hour (4 units) for the **combinations** of codes submitted.

97140 services will be denied as integral or mutually exclusive to 98940-98943 services unless submitted with a -59 modifier, indicating a distinct procedural service.

95831-95834 services will be denied as integral or incidental to 99201-99205 services unless submitted with a -59 modifier, indicating a distinct procedural service.

BCBSNC may request medical records for determination of medical necessity. When medical records are

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requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Medical records may be requested when the scope, duration or frequency of chiropractic care exceeds the guidelines above; or if a modifier (e.g., -59) is used more frequently than expected or may not be consistent with claims history.

When records are requested, they should include:

1. office visit notes which should include:
2. patient name, identifying number, and date of visit
3. physical exam
4. diagnostic studies and results
5. results of previous treatments
6. planned treatments and/or diagnostic studies
7. communication to referral source (when appropriate)
8. follow-up
9. diagnostic x-rays and/or x-ray reports, which should include:
10. patient name, identifying number and date of procedure
11. name of provider performing and interpreting the study
12. clear directional markers
13. specific description and diagnosis of x-ray findings
14. overall treatment plan

Policy Key Words

Key Words: Chiropractic Services, Chiropractor, Spinal Manipulation, Trigger Point Therapy, DRX 9000, VAX-D, Vertebral, Axial, Decompression, OTH8030.

Medical Term Definitions

Maintenance program

drills, techniques, and exercises that preserve the patient's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved and when no further functional progress is apparent or expected to occur.

Scientific Background and Reference Sources

Bronfort, G. Spinal manipulation: current state of research and its indications. *Neurologic Clinics*. February 1999;17(1):92-111

Hurwitz EL, Coulter ID, Adams AH, et al. Use of chiropractic services from 1985 through 1991 in the united states and canada. *Am J Public Health*. 1998;88:771-776

Shekelle PG, Coulter I, Hurwitz EL, et al. Congruence between decisions to initiate chiropractic spinal

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manipulation for low back pain and appropriateness criteria in North America. *Ann Intern Med.* 1998 Jul 1;129(1):9-17.

Argoff CE, Wheeler AH. Spinal and radicular pain disorders. *Neurologic Clinics.* November 1998;16(4):833-849.

April 2000, Consultant Advisory Panel review.

Medical Policy Advisory Group - Review - 4/20/00

Specialty Matched Consultant Advisory Panel 9/2000

Medical Policy Advisory Group - 9/2000

Specialty Matched Consultant Advisory Panel - 3/2002

Specialty Matched Consultant Advisory Panel - 10/2003

Specialty Matched Consultant Advisory Panel - 10/2005

Specialty Matched Consultant Advisory Panel - 9/2007

Policy Implementation/Update Information

- 4/00 Policy reviewed by Medical Policy Advisory Group
- 6/00 New policy.
- 7/00 Coding and billing instructions added to billing section. System coding changes.
- 9/00 Specialty Matched Consultant Advisory Panel. Medical Policy Advisory Group review. Approved. Typographical errors corrected. No change in criteria.
- 12/00 Hot and cold packs added to the list of therapeutic modalities that are not covered. "When Chiropractic Services are not covered" section reworded for clarity. Definition of Maintenance programs streamlined.
- 04/01 Changes in formatting.
- 05/01 Added statement indicating that the prescribing of foot orthotics may be within the scope of practice of chiropractors who have been specifically trained in the fitting and management of foot orthotics.
- 04/02 Specialty Matched Consultant Advisory Panel review. No changes to policy.
- 6/02 "When Chiropractic Services are not covered" section clarified regarding the use of hot or cold packs.
- 7/02 Hot and cold pack usage further defined in "When Chiropractic Services are not covered" section.
- 3/04 Individual CPT codes listed for CPT code ranges 99201-99205; 99211-99215; 97010-97028; 97032-97039; 97110-97799; 98940-98943; 95831-95904 under Billing/Coding section. Benefits Application and Billing/Coding sections updated for consistency. Specialty Matched Consultant Advisory Panel 10/2003. No changes to policy. Reaffirm.
- 10/20/05 Specialty Matched Consultant Advisory Panel review 10/3/2005. No change to policy intent. Changed the word "ameliorated" to "improved" in #1 of the "When covered" section. Added additional information to #8 under "When not covered" to include "computerized decompression devices designed to provide mechanical traction" and "10. paraspinal surface electromyography is discussed under a separate policy. See BCBSNC medical policy entitled Paraspinal Surface Electromyography (Policy number MED1302)". Removed CPT codes from "Billing/Coding section;

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"95857, 95858, 95875, 97150, 97532, 97533, 97601, 97602, 97780, and 97781" as they are either not applicable to the policy or deleted. Removed list of "The most commonly used and recognized codes". Added "DRX9000, VAX-D, Decompression, Axial, and OTH8030" to "Policy Key Words" section. References added.

1/19/06 Removed deleted CPT codes 97020, 97504, 97520, and 97703.

9/18/06 Added 4.g. to the "When not covered" section to indicate "low level laser therapy (cold laser therapy) for all indications, including but not limited to: pain relief, arthritis, carpal tunnel syndrome, Raynaud's phenomenon, fibromyalgia, other musculoskeletal disorders, chronic non-healing wound, and neurological dysfunctions." HPCPS code S8948 added to "Billing/Coding" section. Notification given 9/18/06. Effective date 11/27/06.

1/17/07 Clarified under "When Not Covered" "4.G. low level laser therapy (cold laser therapy) is considered investigational for all indications".

10/8/07 Specialty Matched Consultant Advisory Panel review 9/13/2007. Removed reference to physical therapy under the "When Not Covered" section. Added for clarification in the "When Not Covered" section; "5. spinal manipulations and other treatment modalities can be provided manually or with the assistance of mechanical or electrical devices. There will be no additional reimbursement for the use of the device or for the device itself. It is considered part of the manipulation and should not be reported separately." and "12. spinal manipulation under anesthesia is discussed under a separate policy. See BCBSNC medical policy entitled, Spinal Manipulation Under Anesthesia (policy number OTH8150)." Updated x-ray codes on the table of Standard Treatment Durations for Chiropractic Care. References added.

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.