



MEDICAL COVERAGE POLICY SERVICE: Chiropractic Services

Policy Number: 214

Effective Date: 06/01/2024

Last Review: 05/13/2024

Next Review: 05/13/2025

Important note: Unless otherwise indicated, medical policies will apply to all lines of business. Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

SERVICE: Chiropractic Services

PRIOR AUTHORIZATION: Not required.

POLICY: Please review the plan’s EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details. BSWHP coverage of chiropractic care depends on the contract benefit language. Some plans do not cover this service.

Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination). Please refer to [A58345 Medicare Billing and Coding: Chiropractic Services](#) for coverage / limitations and [Medicare Provider Manual, Pub 100-2, sections 30.5 and 240](#) for additional details. Medicare NCD or LCD specific InterQual criteria may be used when available. If there are no applicable NCD or LCD criteria, use the criteria set forth below.

“Chiropractic services are specifically limited to treatment of members who have acute symptoms/signs due to subluxation or acute exacerbation / recurrence of symptoms / signs due to subluxation.

No other diagnostic or therapeutic service furnished by a chiropractor or under the chiropractor’s order is covered. This means that if a chiropractor orders, takes, or interprets an x-ray, or any other diagnostic test, the x-ray or other diagnostic test, will not be covered.”

For Medicaid plans, please confirm coverage as outlined in the [Texas Medicaid Provider Procedures Manual | TMHP](#) (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

BSWHP may consider chiropractic care medical necessary when the following criteria are met:

1. The member has a clearly documented neuromuscular condition related to acute, or acute exacerbation due to, subluxation that may be relieved by chiropractic treatment; **AND**
2. A treatment plan is documented that includes symptoms being treated, interventions planned, including frequency and duration, and treatment goals; **AND**
3. Improvement is expected within the initial month, or 12 episodes of treatment.



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If no improvement is documented within the initial month or 12 episodes of treatment, additional chiropractic treatment will be considered not medically necessary.

Note: Treatment quantity limits defined in plan contracts or Medicare rules supersede the limits defined in this document.

Continued chiropractic treatments beyond those in the initial month or 12 episodes of treatment may require review for medical necessity. (See "Treatment Quantity Limit" below.)

Once therapeutic benefit has been achieved with little subsequent improvement with treatment visits, continuing chiropractic care is considered not medically necessary.

Exclusions:

- Chiropractic care for asymptomatic persons or persons without identifiable clinical condition is considered not medically necessary.
- Continuing chiropractic care when the condition is neither improving nor worsening is considered not medically necessary.
- Manipulation is not covered and is unproven for non-neuromusculoskeletal conditions (e.g., attention-deficit hyperactivity disorder, dysmenorrhea, epilepsy; gastro-intestinal disorders, and scoliosis: not an all-inclusive list).

Treatment quantity limit:

- Medicare related plans - CMS recommends review for medical necessity if more than 12 chiropractic treatments are requested in a calendar month OR if more than 30 (or less – see "LCD excerpts" in appendix) chiropractic treatments are requested in a calendar year.
- Commercial product limits - If the "Evidence of Coverage," or plan document, does not specify an annual limit for chiropractic treatments, then requests in excess of 30 chiropractic treatments per calendar year will be subject to medical review.

Evaluation and Management services:

Only certain manipulative services/codes are covered under Medicare. Evaluation and management services are NOT covered under Medicare-related plans.

Furthermore, some plans ONLY cover manipulative treatment, thus no other services, including evaluation and management services, are covered in those situations.

For non-Medicare-related plans and plans where therapy is not limited to manipulative treatment: New and established outpatient evaluation and management (E/M) services (CPT codes 99201-99205,



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99211-99215) may be used by chiropractors when the key components (history, examination, medical decision making), as required by coding rules, are present in the clinical documentation. According to the American Chiropractic Association, it is usually inappropriate to bill an established outpatient E/M service during the same visit as chiropractic manipulative treatment because manipulative codes already include a brief pre-manipulation assessment.

https://www.acatoday.org/LinkClick.aspx?fileticket=z_rnnFyWbaE%3D&portalid=60

Non-manipulative services:

Non-manipulative therapy provided by chiropractors will be subject to the same authorization and review requirements that for other providers of those services.

MANDATES: None

CODES:

Important note:

Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes	98940 – 98942 - Chiropractic manipulative treatment spinal (All lines of business) Where benefit package permits, the following codes are applicable, EXCEPT Medicare-related lines of business: 98943 Chiropractic manipulative treatment (CMT); extra-spinal 97001-97799 Physical medicine and rehabilitation (at contracted providers) E/M codes. (See comment and limitations in paragraph above): 99201-99204 Evaluation and management of a new patient 99211-99214 Evaluation and management of an established patient
CPT Codes Not Covered	

POLICY HISTORY:

Status	Date	Action
New	05/28/2015	New policy
Review	07/07/2016	Major revision. Updated criteria
Review	12/01/2016	Major revision again.
Review	06/13/2017	No changes
Review	05/22/2018	Removed E/M code restrictions
Review	08/22/2019	No changes
Review	09/24/2020	Re-formatted for SWHP/FirstCare. Minor language updates.
Review	10/28/2021	No changes



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Review	10/27/2022	Updated LCA reference
Reviewed	12/29/2023	Formatting changes and added hyperlinks to CMS and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes
Reviewed	05/13/2024	No changes

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy

- http://www.novitas-solutions.com/LCDSearchResults/faces/spaces/search/page/lcd.jspx?Jurisdiction=JH&medicareType=Part+B&_afWindowMode=0&lcdID=L34816&_afLoop=1003227542944000&State=Texas&_adf.ctrl-state=9nwtvgtye_4
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Note:

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSA's.