



Chiropractic Manipulative Treatment

Clinical Guidelines for Medical Necessity Review

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Guideline Information:

Specialty Area: Chiropractic Care

Guideline Name: Chiropractic Manipulative Treatment - Single Service

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Type: Adult (18+ yo) | Pediatric (0-17yo)

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Medical Necessity Criteria

Service: Chiropractic Manipulative Treatment

General Guidelines

- **Units, Frequency, & Duration:** 1-3 visits per week for 4-6 weeks (a total of 6-18 sessions, depending on the severity of the patient's condition).¹
- **Criteria for Subsequent Requests:** Documentation of medical necessity for subsequent services is based on prior response and demonstration of improvement in pain and function. Services may be limited to 1-2 sessions every 4-6 months.
- **Recommended Clinical Approach:** Chiropractic healthcare focuses on the relationship between the body's structure and function, primarily focusing on the spine. Care also includes diagnosing and treating mechanical disorders and how joint dysfunction can impact the nervous system.² The primary modality is manipulation and typically involves the spine however, other extremities and joints can be involved. Individual States govern the scope of practice of chiropractic services and other modalities (e.g., electric stimulation, therapeutic ultrasound, traction, exercise, manual/massage therapy).
- **Exclusions:** This policy only covers in-office, chiropractic manipulative treatment.

Medical Necessity Criteria

Indications

→ **Chiropractic Manipulative Treatment** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ The patient is experiencing **ANY** of the following³:
 - Pain; **OR**
 - Limited range of motion; **OR**
 - Function deficits; **AND**
- ◆ Services are for a patient with a musculoskeletal or neuro-musculoskeletal condition that is creating a functional impairment, necessitating evaluation and treatment that affects **ANY** of the following⁴:
 - Neck⁵; **OR**
 - Mid-back⁶; **OR**
 - Lower back⁷⁻⁸; **OR**
 - Pelvis; **OR**

- Shoulder; **OR**
- Hip; **AND**
- ◆ Subluxation of the spine demonstrated on x-ray or exam; **AND**
- ◆ Manipulative services have a direct relationship to the condition with a reasonable expectation for recovery of functional improvement; **AND**
- ◆ Treatment is to be performed by a licensed Doctor of Chiropractic according to the respective State scope of practice; **AND**
- ◆ A written plan of care includes appropriate objective/subjective findings to demonstrate medical necessity, including **ALL** of the following:
 - Long- and short-term goals; **AND**
 - Estimated time to achieve goals; **AND**
 - Frequency and duration of treatments; **AND**
 - Initial evaluation, history, and physical; **AND**
 - Treatments used and body regions treated (specify the precise level of subluxations that bear a direct causal relationship to symptoms); **AND**
 - Objective measures at the beginning, during, and after treatment to quantify progress, support continued treatment; **AND**
 - Home recommendations, as applicable; **AND**
 - Reasonable expectation of recovery in function; **AND**
 - Reflect an acute care model; **AND**
 - Services are episodic in nature; **AND**
 - Plan for ongoing care after the patient plateaus (maximum medical improvement) as services may not be covered⁹.

Non-Indications

→ **Chiropractic Manipulative Treatment** is not considered appropriate if **ANY** of the following is **TRUE**:

- ◆ Asymptomatic, not identifiable clinical condition; **OR**
- ◆ Condition neither regressing nor improving; **OR**
- ◆ Vocational programs (back to school, work hardening); **OR**
- ◆ Cold therapy devices, heating devices, combined heat/cold devices; **OR**
- ◆ Cost of supplies (TheraBand, electrodes); **OR**
- ◆ Duplicate services (e.g., chiropractic and PT or OT services for the same condition); **OR**
- ◆ Graston; **OR**
- ◆ Internal manipulation; **OR**
- ◆ Taping; **OR**
- ◆ Lifestyle enhancement; **OR**

- ◆ Non-musculoskeletal or non-neuromusculoskeletal conditions; **OR**
- ◆ Portable ultrasound devices; **OR**
- ◆ Temporomandibular joints (TMJ) as they are considered experimental/investigational; **OR**
- ◆ Treatment for sports-related rehabilitation, including treatment to improve normal ability to perform ADL; **OR**
- ◆ Services are for maintenance care, including **ANY** of the following:
 - Preserving present level of function; **OR**
 - Begins when goal achieved, no further progress occurring; **OR**
 - Achieved normal level of function/strength/plateau (generally four weeks); **OR**
- ◆ **ANY** of the following red flag symptoms:
 - Tumor; **OR**
 - Infection; **OR**
 - Pathological reflex; **OR**
 - Progressive neurological deficit; **OR**
 - Bowel and bladder incontinence; **OR**
 - Saddle anesthesia; **OR**
 - Suspected vertebrobasilar insufficiency/event; **OR**
 - Severe osteoporosis; **OR**
 - Instability; **OR**
- ◆ **ANY** of the following treatment techniques:
 - Chiropractic biophysics; **OR**
 - Hydromassage, aqua-massage, water massage; **OR**
 - Low-level laser; **OR**
 - Manipulation under anesthesia (MUA); **OR**
 - Matrix therapy; **OR**
 - Microcurrent; **OR**
 - Monochromatic infrared therapy (MIRE); **OR**
 - NUCCA- upper cervical technique; **OR**
 - Decompression therapy; **OR**
- ◆ **ANY** of the following diagnostic techniques:
 - Computerized ROM; **OR**
 - Computerized muscle testing; **OR**
 - Digitalizing x-rays; **OR**
 - Dynamic spinal visualization (fluoroscopy); **OR**
 - Surface EMG; **OR**
 - Thermography; **OR**
- ◆ **ANY** of the following services that may be performed by a Chiropractor¹⁰:
 - Laboratory tests; **OR**
 - X-rays; **OR**
 - Office visits (history and physical); **OR**

- Physiotherapy; **OR**
- Traction; **OR**
- Supplies; **OR**
- Injections; **OR**
- Drugs; **OR**
- Diagnostic studies, including EKGs; **OR**
- Orthopedic devices; **OR**
- Nutritional supplements and counseling; **OR**
- ◆ The patient has **ANY** of the following absolute contraindications¹:
 - Acute arthropathies, acute inflammation, ligament laxity, anatomic subluxation; **OR**
 - Acute fracture, dislocation; **OR**
 - Unstable os odontoideum; **OR**
 - Malignancies of spine; **OR**
 - Infection of bones, joints of spine; **OR**
 - Signs and symptoms of cauda equina, myelopathy; **OR**
 - Vertebrobasilar insufficiency syndrome; **OR**
 - Major aneurysm near proposed manipulation.
- ◆ The patient has **ANY** of the following relative contraindications that have been evaluated and indicate that the procedure is not recommended¹:
 - Articular hypermobility; **OR**
 - Instability; **OR**
 - Severe bone demineralization; **OR**
 - Acute benign tumor on the spine; **OR**
 - Bleeding disorder and anticoagulant therapy; **OR**
 - Radiculopathy with progressive neurological signs.

Level of Care Criteria

Outpatient.

Procedure Codes (HCPCS/CPT)

HCPCS/CPT Code	Code Description
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
98943	Chiropractic manipulative treatment (CMT);

	extraspinal, 1 or more regions
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Medical Evidence

Haas et al. (2018) performed a dual-center randomized controlled trial focused on the dose-response and efficacy of spinal manipulation for the care of cervicogenic headache, as the optimal number of visits for spinal manipulative therapy was unknown. A total of 256 participants were studied three times per week for six weeks and received a focused light-massage control when a session did not include spinal manipulation. The highest and most effective dose was 18 visits for spinal manipulation, resulting in half the amount of days where a patient experienced a cervicogenic headache².

In a practice-based randomized controlled trial, Haas et al. (2014) examined dose-response and efficacy of spinal manipulation for care of chronic lower back pain. Previously, there were no full-scale trials of the optimal number of visits to care for any condition with spinal manipulation. 400 patients with chronic low back pain participated in the study, in which they were treated with spinal manipulation by a chiropractor three times per week for six weeks in random total numbers of treatments. It was concluded that the number of spinal manipulation visits had modest effects on chronic lower back pain above 18 visits. 12 visits were determined to yield the most favorable results¹.

Masaracchio et al. (2013) investigated the short-term effects of thoracic spine thrust manipulation combined with cervical spine nonthrust manipulation (experimental group) vs cervical spine nonthrust manipulation alone (comparison group) in patients with mechanical neck pain. Of the 64 participants in the randomized clinical trial, the experimental group members demonstrated significantly greater improvements in pain and function⁶.

References

1. Haas M, Vavrek D, Peterson D, et al. Dose-response and efficacy of spinal manipulation for care of chronic low back pain: a randomized controlled trial. *Spine J*. 2014 July 1; 14(7): 1106–1116. doi: 10.1016/j.spinee.2013.07.468. PMID: 24139233; PMCID: PMC3989479.
2. Haas M, Bronfort G, Evans R, et al. Dose-response and efficacy of spinal manipulation for care of cervicogenic headache: a dual-center randomized controlled trial. *Spine J*. 2018 October; 18(10): 1741–1754. doi: 10.1016/j.spinee.2018.02.019. PMID: 29481979; PMCID: PMC6107442.
3. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Manipulation (150.1). Accessed December 19, 2023. <https://www.cms.gov/medicare-coverage-database/search.aspx>.
4. Bronfort G, Hondras MA, Schulz CA, et al. Spinal manipulation and home exercise with advice for subacute and chronic back-related leg pain: A trial with adaptive allocation. *Ann Intern Med*. 2014;161(6):381–391. doi: 10.7326/M14-0006. PMID: 25222385.
5. Bryans R, Decina P, Descarreaux M, et al. Evidence-based guidelines for the chiropractic treatment of adults with neck pain. *J Manipulative Physiol Ther*. 2014;37:42–63. doi: 10.1016/j.jmpt.2013.08.010. PMID: 24262386.
6. Masaracchio M, Cleland J, Hellman M, et al. Short-term combined effects of thoracic spine thrust manipulation and cervical spine nonthrust manipulation in individuals with mechanical neck pain: a randomized clinical trial. *J Orthop Sports Phys Ther* 2013;43(3):118–127. doi: 10.2519/jospt.2013.4221. PMID: 23221367.
7. Schneider M, Haas M, Glick R, et al. A comparison of spinal manipulation methods and usual medical care for acute and sub-acute low back pain: A randomized clinical trial. *Spine (Phila Pa 1976)*. 2015 February 15; 40(4): 209–217. doi: 10.1097/BRS.0000000000000724. PMID: 25423308; PMCID: PMC4326596.
8. von Heymann WJ, Schloemer P, Timm J, et al. Spinal high-velocity low amplitude manipulation in acute nonspecific low back pain: a double-blinded randomized controlled trial in comparison with diclofenac and placebo. *Spine (Phila Pa 1976)*. 2013;38(7):540–548. doi: 10.1097/BRS.0b013e318275d09c. PMID: 23026869.
9. Herman P, Edgington S, Sorbero M, et al. Visit frequency and outcomes for patients using ongoing chiropractic care for chronic low-back and neck

pain: an observational longitudinal study. *Pain Physician*. 2021
January;24(1): E61–E74. PMID: 33400439.

10. Centers for Medicare and Medicaid Services (CMS). Billing and coding: Chiropractic services (A56273). Revision Effective Date November 30, 2023. Accessed December 19, 2023.
<https://www.cms.gov/medicare-coverage-database/search.aspx>.
<https://www.cms.gov/medicare-coverage-database/search.aspx>.
11. Centers for Medicare and Medicaid Services (CMS). Chiropractic services (L37387). Effective Date September 25, 2017. Accessed December 19, 2023.
<https://www.cms.gov/medicare-coverage-database/search.aspx>.

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