

Origination Date: 3/04	Revision Date(s): 2/05, 2/06, 2/07, 2/08, 2/09
Developed By: Medical Criteria Committee	

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Description:

Chiropractic care is a branch of the healing arts that is based on the relationship between the neuroskeletal and musculoskeletal structures and functions of the body. The primary focus of chiropractic care is the relationship of the spinal column and the nervous system as it relates to the restoration and maintenance of health. However, all other peripheral articular structures and adjacent tissues may be treated by a chiropractic physician, depending on the scope of practice.

Criteria:

- I. For plans with a chiropractic rider and plans that do not limit chiropractic services, ODS will cover chiropractic services when it is administered by a healthcare provider who is a legally qualified chiropractic physician practicing within the scope of his/her license and when **all** of the following criteria are met:
 - A. The patient has a neuromusculoskeletal disorder; and
 - B. The medical necessity for treatment is documented
- II. For plans with no chiropractic visit limit, medical necessity review for continued chiropractic treatment will be required after the 20th visit. Continuation of chiropractic care is considered medically necessary until maximum therapeutic benefit has been reached. This can be determined by documentation that the patient has not responded clinically between treatments, which would require further treatment. Maximum therapeutic benefit would be reached when pre-injury/illness status has been reached.
- III. Chiropractic treatment performed to maintain a current level of functioning without documentation of significant improvement in symptoms will be considered not medically necessary and will not be covered.

The following procedures are considered experimental and investigational:

1. Spinal manipulation under anesthesia
2. Thermography
3. Paraspinal Electromyography (EMG)/Surface Scanning EMG
4. Spinoscopy
5. Manipulation for non-neuromusculoskeletal conditions (such as treatment of infectious disease)
6. Chiropractic/manipulative management of scoliosis

Information to be Submitted with Authorization Request for Continued Chiropractic Treatment:

1. Chart notes from PCP or specialist documenting diagnosis
2. Original evaluation and progress notes from the chiropractic provider including a plan for continued therapy

Applicable CPT/HCPC:

Note: This list may not be all-inclusive

98940:	Chiropractic manipulative treatment (CMT); spinal, one to two regions
98941:	Chiropractic manipulative treatment (CMT); spinal, three to four regions

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98942:	Chiropractic manipulative treatment (CMT); spinal, five regions
98943:	Chiropractic manipulative treatment (CMT); extraspinal, one or more regions

CPT/HCPC Not Covered:

22505:	Manipulation of spine requiring anesthesia, any region
93760:	Thermogram; cephalic
93762:	Thermogram; peripheral
S3900:	Surface electromyography (EMG)
S8990:	Physical or manipulative therapy performed for maintenance rather than restoration

References:

- Sandefur, Ruth, Coulter Ian, Chiropractic in the United States: Training, Practice and Research, Chapter V: Licensure and Legal Scope of Practice, September, 1997.
- Oregon Board of Chiropractic Examiners, Guide to Policy & Practice Questions, 12/00.
- Oregon Board of Chiropractic Examiners, Regulations for Chiropractors and Chiropractic Assistants, January, 2002.
- Oregon Chiropractic Practices and Utilization Guidelines, Vol. 1: Common Neuromusculoskeletal Conditions, August 2001.
- Peer Specialty Review
- Physician Advisors