

## Benefit Coverage

<b>Covered Benefit for lines of business including:</b>
Health Benefits Exchange (HBE), Medicare-Medicaid Plan (MMP) Integrity, Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE),
<b>Excluded from Coverage:</b>
Extended Family Planning (EFP)

## Medicare Distinction

For INTEGRITY members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

In the absence of an applicable or incomplete NCD, LCD, or other CMS published guidance OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the members' Medicaid benefit.

## Description

Chiropractic care is a health care profession that focuses on disorders of the musculoskeletal system and nervous system and the effects of these disorders on general health. Chiropractic care is used most often to treat musculoskeletal complaints. The most common therapeutic procedure is known as spinal manipulation which is to restore joint mobility by manually applying a controlled force into joints that have become hypo-mobile as a result of tissue injury. Non-spinal manipulations and adjustments may be utilized as well. A chiropractor uses manipulation, adjustment, physiotherapy, and support devices in clinical practice.

According to Rhode Island General Laws (RIGL) § 5-30-1

"Chiropractic medicine" defined – For the purpose of this chapter, the practice of "chiropractic medicine" is defined as the science and art of mechanical and material healing as follows: the employment of a system of palpating and adjusting the articulations of the human spinal column and its appendages, by hand and electromechanical appliances, and the employment of corrective orthopedics and dietetics for the elimination of the cause of disease; provided, that chiropractic physicians may not write prescriptions for drugs for internal medication nor practice major surgery as defined in chapter 37 of this title.

Manual devices (i.e. those that are handheld with the thrust of the force of the device being controlled manually) may be used by chiropractors in performing manual manipulation of the spine. However, no additional payment is available for use of the device, nor is there an extra charge for the device itself.

### **Coverage Determination**

**ALL** of the following described below must be met for authorization of chiropractic services.

- ❑ Significant musculoskeletal condition requiring treatment amenable to chiropractic techniques. **AND**
- ❑ An eligible condition such as acute or chronic subluxation that is expected to respond with functional improvement. Acute subluxation- (A patient's condition is considered acute when the patient is being treated for a new injury.) The result of chiropractic manipulation is expected to be an improvement in, or arrest of progression of the patient's symptoms/condition. Chronic subluxation-(A patient's condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment.), but where the continued therapy can be expected to result in some functional improvement. Once the functional status has remained stable for a given condition, without expectation of additional objective clinical improvements, further manipulative treatment is considered maintenance therapy and is not covered.

### **All Lines of Business**

- If a chiropractor orders, takes, or interprets an x-ray or other diagnostic procedure to demonstrate a subluxation of the spine, the x-ray can be used for documentation. However, there is no coverage or payment for these services or for any other diagnostic or therapeutic service ordered or furnished by the chiropractor.

### **Medicaid**

- The chiropractic medicine benefit is limited to twelve (12) visits per rolling year.
  - Medically necessary chiropractic services beyond the annual limit of twelve (12) visits, are subject to prior authorization requirements

### **INTEGRITY**

- There is no annual limit placed on visits.
- Treatment is based on medical review.
- Limited to not more than one treatment per day.

### **Commercial**

- The chiropractic medicine benefit is limited to twelve (12) visits per plan year.

Chiropractic services require prior authorization. Prior authorization for children under 18 must come from the child's Neighborhood credentialed primary care provider,

#### **Place of service**

Chiropractic services are limited to office settings and are not covered when performed in the home, nursing, residential, domiciliary, or custodial facilities.

#### **Authorization Request Forms**

Access prior authorization request forms by visiting Neighborhood's website at [www.nhpri.org](http://www.nhpri.org).

1. Click on [Providers](#)
2. Click on [Provider Resources](#)
3. Click on [Forms](#)
4. Click on "[Click here for a list of prior authorization request forms](#)" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours.

Providers can call 1-800-963-1001 for assistance.

**Covered Codes:** For information on coding, please reference the [Authorization Quick Reference Guide](#).

#### **Exclusions**

All other services furnished or ordered by chiropractors are not covered. A chiropractor may order an x-ray or other diagnostic procedure to demonstrate a subluxation of the spine or other musculoskeletal problem and the x-ray can be used for documentation. However, there is no coverage or payment for ordering, performing, or interpreting these images, or for any other diagnostic or therapeutic service ordered or furnished by the chiropractor. This prohibition does not affect the coverage of x-rays or other diagnostic test furnished by other practitioners. For example, an x-ray or any diagnostic test taken for the purpose of determining or demonstrating the existence of a subluxation of the spine is a diagnostic x-ray test that is covered, if ordered, taken, and interpreted by a physician who is a doctor of medicine or osteopathy.

When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy. Chiropractic maintenance therapy is not considered to be medically reasonable or necessary and is therefore not payable.

Chiropractic care is not considered medically necessary in the following conditions:

1. Non-musculoskeletal conditions
2. Asymptomatic persons or persons without an identifiable clinical condition
3. Additional treatment with no documented improvement after initial two weeks
4. Persons whose condition is neither regressing or improving

Osteopathic Manipulative Treatment codes should not be confused with Chiropractic Manipulative Treatment codes. Osteopathic treatment method is administered by a Doctor of Osteopathic Medicine, or a D.O. who is licensed to prescribe medication and can practice in all specialty areas as well as perform surgery, while a chiropractic physician's scope of practice is limited.

<b>CMP Cross References:</b>	CMP #073 In Lieu of Services
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**Neighborhood reviews clinical medical policies on an annual base.**

**Disclaimer:**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

**References:**

Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual

Chapter 15 – Covered Medical and Other Health Services. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>

Agency for Healthcare Policy and Research (AHCPR). Chiropractic in the United States: training, practice and research. Publication No. 98-N002. 1997 Dec. Retrieved 5/29/09.

Vernon, Howard T., DC. *Biological rationale for possible benefits of spinal manipulation*. Chapter X. <http://www.chiroweb.com/archives/ahcpr/chapter10.htm>