SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

All lines of business

BENEFIT APPLICATION

Chiropractic care is specifically excluded under some health benefit plans. When covered, chiropractic care may be subject to the terms, conditions and limitations of the applicable benefit plan’s Short-Term Rehabilitative Therapy or Chiropractic Care Services benefit and schedule of copayments. Many benefit plans include a maximum allowable benefit for duration of treatment or number of visits. When the maximum allowable benefit is exhausted, coverage will no longer be provided even if the medical necessity criteria described below are met. In addition, chiropractic care provided to treat an injury or condition that is work-related or was sustained in the workplace may require coordination of benefits (COB) and/or may not be covered. Please refer to the applicable benefit plan document to determine the terms, conditions and limitations of coverage.

Medicaid Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.
POLICY CRITERIA

Coverage Criteria

Note: In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

I. Chiropractic physical medicine services (e.g., manipulation and adjunct therapeutic procedures and modalities) may be considered medically necessary and covered when ALL of the following conditions are met:

A. A neuromusculoskeletal condition is diagnosed and documented. The condition is one that can be relieved by standard chiropractic management in order to reduce pain and disability.

B. Chiropractic care is being performed by a licensed doctor of chiropractic who is practicing within the scope of his/her license as defined by state law.

C. The individual has a treatment program that clearly documents all of the following:
   1. A history and examination that document the symptoms to be treated.
   2. Diagnostic tests and results.
   3. A prescribed treatment plan that is expected to result in 30%-50% therapeutic improvement over a 2-6 week period of time. Patient self-reporting psychometric instruments documenting current levels of pain and activity intolerance (e.g., pain drawings, visual analog scale, numeric pain scoring, revised Oswestry, neck disability index etc.) should be used and signed and dated by the patient improvement over a 2-6 week period of time.
   5. An estimation of length of treatment based on pre-set goals.

Note: Response to chiropractic treatment typically occurs within two to four weeks.

II. Continuation of chiropractic care is considered medically necessary and covered until a maximum therapeutic benefit has been reached, when the patient fails to show improvement, or when a pre-injury level of functioning has been reached and validated by evidence-based self-reporting instruments. Chiropractic physicians shall document in clinical records their objective examination findings in addition to the patient self-reporting to support the necessity for a chiropractic treatment regimen. A treatment plan shall be developed with planned modalities (frequency and duration), measurable and attainable goals (short- and long-term), and anticipated duration of care. There should be a reasonable expectation that the identified goals will be met. The following are recommended:

A. If conservative care is appropriate, a short course (not to extend beyond two to four weeks) is warranted. If the patient demonstrates objective evidence of improvement, up to an additional four weeks of care may be appropriate.
B. The provider shall integrate some form of active home care. Continued use of passive care modalities may lead to patient dependency and should be avoided.

C. Clear clinical rational must be shown for all passive treatment modalities and the utilization of more than 2-3 passive modalities per office visit is excessive and not necessary.

Note: These rules hold true for acute, subacute, chronic and postsurgical cases.

III. For repeat therapies, chiropractic manipulation and adjunct physiotherapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) may be considered medically necessary and covered for an acute exacerbation or re-injury when ALL of the following criteria are met:

A. The individual reached maximal therapeutic benefit with prior chiropractic treatment;
B. The individual has documented current areas of pain and activity intolerance via accepted self-reporting psychometric instruments;
C. The individual was compliant with a self-directed home care program;
D. Therapeutic improvement is expected with continued treatment;
E. The anticipated length of treatment is expected to be short-term (i.e., no more than 6 visits within a 3 week period).

Note: For all the coverage criteria above (I.-III.) the patient must have significant health problems in the form of a neuro-musculoskeletal condition necessitating treatments and the manual manipulative services rendered must have a direct therapeutic relationship to the patient’s condition. Spinal axis aches, strains, sprains, nerve pains and functional mechanical disabilities of the spine are considered medically necessary therapeutic grounds for chiropractic manipulative treatment.

The level of spinal subluxation must bear a direct causal relationship to the patient’s symptoms and the symptoms must be directly related to the level of the subluxation that has been diagnosed.

Non-coverage Criteria

IV. Chiropractic manipulation and adjunct therapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) are considered not medically necessary and are not covered for ANY of the following:

A. Manipulations or modalities that are not related to the individual’s symptoms, not likely to result in sustained improvement, or do not have defined endpoints, including maintenance, preventive or supportive care or care provided to prevent reoccurrences or slow deterioration;
B. Services provided to reduce potential risk factors where significant improvement is not expected;
C. Duplicated services, when provided by a physical therapist or other health professional.

V. The following non-medical, educational, or training treatments/programs are considered **not medically necessary and are not covered**:

A. Work hardening programs;
B. Back school;
C. Vocational rehabilitation programs and any program with the primary goal of returning an individual to work;
D. Services for the purpose of enhancing athletic performance or for recreation.

Note: These treatments/programs may be specifically excluded under many benefit plans:

VI. Chiropractic manipulation and adjunct therapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) for non-neuromusculoskeletal conditions are considered **experimental/investigational and are not covered**.

VII. The following procedures or devices are **experimental/investigational and are not covered**:

A. Digital radiographic mensuration;
B. Digital postural analysis;
C. Therapeutic (wobble) chair.

**BILLING GUIDELINES**

CMS has developed policies which specifically limit coverage to manual manipulation of the spine to correct a subluxation. The codes that accurately reflect this service are the CPT Codes 98940, 98941, and 98942. Documentation must clearly reflect the medical necessity for the service billed.

**CPT CODES**

<table>
<thead>
<tr>
<th>All Lines of Business</th>
<th>No Prior Authorization Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note:</strong> Codes which may be billed for chiropractic service may include, but are not limited to the following:</td>
<td></td>
</tr>
<tr>
<td>98940</td>
<td>Chiropractic manipulative treatment (CMT); spinal, 1-2 regions</td>
</tr>
<tr>
<td>98941</td>
<td>Chiropractic manipulative treatment (CMT); spinal, 3-4 regions</td>
</tr>
<tr>
<td>98942</td>
<td>Chiropractic manipulative treatment (CMT); spinal, 5 regions</td>
</tr>
</tbody>
</table>

**DESCRIPTION**
Chiropractic care is a system that, in theory, uses the recuperative powers of the body and the relationship between the musculoskeletal structures and functions of the body, particularly of the spinal column and nervous system, to restore and maintain health without drugs or surgery. Chiropractic science is based on the premise that abnormalities and misalignments of the spine, defined as subluxations, distort and interrupt the normal function of the nervous system.

Chiropractic care may be a primary method of treatment for some medical conditions, and for others it may complement or support medical treatment. Chiropractic care typically involves neuromuscular treatment if the form of manipulation, mobilization and adjustment of the tissues of the body, particularly of the spinal column. The correction of the subluxation(s) through manipulation of the spinal structures is thought to remove nervous system interference and restore optimal function. In addition to manual therapy and therapeutic exercise, other modalities, both passive and active, are often used as adjunct treatments throughout the treatment program.

**Manipulation**

Manipulation is defined as a manual procedure that involves a directed thrust to move a joint past its physiological range of motion, without exceeding the anatomical limit.

Spinal manipulation refers to all types of manual techniques. While many techniques are taught both in and outside the established curriculum, the most widely taught techniques include the following:

- **Diversified:** This is the most commonly used of all techniques and employs a high-velocity, low-amplitude thrust that usually results in cavitation of a joint.
- **Extremity manipulation/adjusting:** This application is used for joints other than the spine, such as the shoulder, elbow, wrist, hand, finger, hip, knee, etc., and may be used for carpal tunnel syndrome, gait or posture-related problems.
- **Activator methods:** This employs the use of a hand-held spring-loaded instrument-based manipulation/adjustment protocol. Force is generated by the appliance (e.g., Activator Adjusting Instrument; AcuWave) and can be used as a primary treatment method for all patients.
- **Gonstead:** This technique is a variation of the Diversified technique and provides a specific adjustment by hand that result in joint cavitation, and may use radiograph analysis, palpation, and temperature gradient studies to determine which segments to manipulate.
- **Cox flexion distraction:** This technique employs the use of mechanical and hands-on manipulation/adjustment by utilizing a special table where traction is applied to the spine and the spine is flexed forward. This technique requires active participation from the physician and is not primarily mechanical and provider passive such as with mechanical traction or a traction table. It is primarily used to treat disc herniation, non-disc spinal disorders, and to increase mobility of the spinal joints.
- **Thompson:** This is also a variation of the Diversified technique using a table with several segments called drop pieces. The drop pieces assist the thrust while minimizing the force used for the manipulation/adjustment.
Mobilization

Mobilization is defined as a passive movement of a joint within its physiological range for the purpose of increasing overall joint motion.

REVIEW OF EVIDENCE

Therapeutic (Wobble) Chair

A portable therapeutic (wobble) chair by Pettibon System© is a patented specialty seat with 360° of rotation, 40° of side to side flexion and 35° of front to back flexion on a universal type joint. The wobble chair is intended to facilitate combinations of exercise motion to aide in lumbar disc mobility, re-hydration, nutrition deliver, and waste elimination. The portable version of the wobble chair is intended for use in the home.¹

A review of the ECRI, Hayes, Cochrane, and PubMed databases was conducted regarding the use of a therapeutic (wobbler) chair as a treatment for any condition. Below is a summary of the available evidence identified through July of 2017.

Overall, evidence is lack regarding the safety and effectiveness of a wobble chair as an exercise tool to treat any condition. No high-quality studies were identified which compared the use of the wobble chair to other therapeutic treatments or regular activities of daily living. Identified studies were limited to non-evidence based reviews,² or small, non-comparative retrospective case reviews.³ In addition, no evidence-based clinical practice guidelines were identified which addressed the use of the therapeutic wobble chair as a treatment of any condition.

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time.

Providers will be given at least 60-days notice of policy changes that are restrictive in nature. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement
Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

REFERENCES

