

Corporate Medical Policy



CIGNA HealthCare Coverage Position

Effective Date.....12/15/2008

Next review Date.....12/15/2009

Coverage Position Number.....0267

Subject: Chiropractic Care

Contents:

Coverage Position

General Background

Coding/Billing Information

INSTRUCTIONS FOR USE

Coverage Positions are intended to supplement certain standard CIGNA HealthCare benefit plans. Please note, the terms of a participant's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Positions are based. For example, a participant's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Position. In the event of a conflict, a participant's benefit plan document always supersedes the information in the Coverage Positions. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration; 1) the terms of the applicable group benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Positions and; 4) the specific facts of the particular situation. Coverage Positions relate exclusively to the administration of health benefit plans. Coverage Positions are not recommendations for treatment and should never be used as treatment guidelines. 2007 CIGNA Health Corporation

Coverage Position

Chiropractic care is specifically excluded under some CIGNA HealthCare 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 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). Please refer to the applicable CIGNA HealthCare benefit plan document to determine the terms, conditions and limitations of coverage.

If coverage for chiropractic care is available, the following conditions of coverage apply.

CIGNA HealthCare covers chiropractic manipulation and adjunct therapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) as medically necessary when ALL of the following conditions are met.

- A neuromusculoskeletal condition is diagnosed that may be relieved by standard chiropractic treatment in order to restore optimal function.
- 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.
- The patient is involved in an ongoing treatment program that clearly documents all of the following:
 - a prescribed treatment program that is expected to result in significant therapeutic improvements over a clearly defined period of time.
 - the symptoms being treated
 - diagnostic procedures and results
 - frequency, duration and results of planned treatment modalities
 - anticipated length of treatment plan with identification of quantifiable, attainable short-term and long-term goals
 - demonstrated progress toward significant functional gains and/or improved activity tolerances

CIGNA HealthCare does not cover chiropractic manipulation and adjunct therapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) for ANY of the following, as they are considered not medically necessary:

- for manipulations that are not related to the patient's symptoms, not likely to result in long-term improvement, or do not have defined endpoint, including maintenance, preventive or supportive care or care provided to prevent reoccurrences or slow deterioration
- services provided to reduce risk factors when significant improvement is not expected
- for duplicated services, when provided by a physical therapist or other health professional

CIGNA HealthCare does not cover chiropractic manipulation and adjunct therapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) for treatment of non-neuromusculoskeletal conditions because it is considered experimental, investigational, or unproven.

General Background

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, defend 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 in 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 and mobilization are methods used to apply force to a joint with the intent of normalizing function. 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. During manipulation, a

passive joint movement, the joint is moved into a parapsycho-physiologic zone. This results in cavitation or gapping of the joint, which usually produces an audible “pop” or “click” as a result of an intrasynovial vacuum phenomenon, which is thought to involve gas separating from fluid (Agency for HealthCare Policy and Research [AHCPR], 1997; now known as Agency for HealthCare Research and Quality [AHRQ]). Mobilization is defined as passive movement of a joint within its physiological range for the purpose of increasing overall joint motion.

Various manipulative/adjustment techniques may be employed by doctors of chiropractic, and practitioners may vary in approaches utilized. The term “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 [Activator Methods International, Ltd., Phoenix, AZ]; AcuWave [Sigma Instruments, Inc. Cranberry, PA]) and can be used as a primary treatment method for all patients.
- Gonstead: This technique is a variation of the Diversified technique and utilizes manipulation/adjustment by hand that results 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.

Chiropractic care may be employed as a treatment for many conditions of the spine, such as low-back pain and cervical and thoracic spine disorders. In addition, it may be used as treatment for extremity joint and temporomandibular joint (TMJ) conditions. The long-term safety and effectiveness of the use of chiropractic management and manual therapies in the treatment of non-neuromusculoskeletal conditions, including but not limited to hypertension, obesity, rheumatoid arthritis, smoking, asthma, colic and otitis media have not been proven in the medical literature through long-term, randomized, controlled clinical trials.

Most studies involving the long-term safety and effectiveness of spinal manipulation have been done on adult populations. Thus, no generalizations can be made regarding the long-term safety and effectiveness of spinal manipulation for other populations.

Response to chiropractic treatment typically occurs within four weeks. Continuation of chiropractic care is considered medically necessary until a maximum therapeutic benefit has been reached, when the patient fails to show improvements, or when pre-injury level of functioning has been reached. Chiropractic physicians should document in clinical records the objective findings and subjective complaints that support the necessity for a chiropractic treatment regimen. A treatment plan should 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:

- If conservative care is appropriate, a short course (not to extend beyond four weeks) is warranted. If the patient demonstrates objective evidence of improvement, up to an additional four weeks of care may be appropriate.
- The provider should attempt to integrate some form of active care. Continued use of passive care modalities may lead to patient dependency and should be avoided.
- The utilization of more than 2-3 passive modalities per office visit is excessive and is not supported as necessary.
- These rules hold true for acute, chronic and postsurgical cases. No matter what specific treatment is chosen, it must yield identifiable, objective outcomes to establish the necessity of care.

The treating physician commonly determines that a patient is unresponsive to a treatment program when two consecutive reexaminations demonstrate lack of progress. When this occurs, the physician should develop an alternative treatment program, focusing on a change to overcome the patient's lack of improvement. If there is still no continued improvement in outcome assessment at the end of the third to fourth week of a treatment program, consultation or referral may be indicated.

The chiropractor should document at each visit and periodically how the patient is progressing. This documentation should contain both quantitative and qualitative measures that clearly define level of function and/or activity tolerance. If improvement is demonstrated, continued treatment should reflect ongoing patient progression toward identified goals.

In many cases, musculoskeletal conditions do not resolve completely within one or two months. Once maximum therapeutic benefit from chiropractic care has been obtained, additional chiropractic care may be considered as elective preventive/maintenance care or supportive care; however, the potential for the patient to develop dependency on this form of treatment should be considered. Supportive care is defined as long-term treatment or care that is therapeutically necessary. It is considered a treatment for patients who have reached a maximum benefit but fail to sustain the benefit and progressively deteriorate when removed from treatment programs. Once a maximum benefit has been reached, continued chiropractic care is considered not medically necessary.

Preventive/maintenance care is defined as elective HealthCare that is typically long-term, by definition not therapeutically necessary, but provided at intervals (preferably regular) to prevent disease, prolong life, promote health and enhance the quality of life. Ongoing preventive/maintenance care may include patient education, screening procedures to identify risk, a home exercise program (HEP), and lifestyle modifications in the hope of promoting optimal health. Evidence in the published, peer-reviewed, scientific literature has not shown that preventive chiropractic services are effective and improve long-term clinical outcomes.

Adjunct Modalities

In addition to spinal manipulation, which is a manual therapy, other modalities, both passive and active, are often used as adjunct treatments. Passive modalities include treatments such as electrical stimulation, therapeutic ultrasound, high-voltage galvanic stimulation, therapeutic heat, cryotherapy, passive assistive exercise, traction, diathermy and massage. Passive modalities are most effective during the acute phase of treatment, as they are typically directed at reducing pain and swelling. They may also be used during the acute phase of an exacerbation of a chronic condition. The optimal duration of a course of passive modalities is a maximum of one to two months, after which their effectiveness diminishes, and patient dependency may develop. Treatment plans for patients who are at risk for developing chronic conditions should de-emphasize passive care and refocus on active care approaches. When utilizing passive modalities after a lasting physiological benefit has been reached, the modalities serve only to facilitate the manipulation and are considered integral to the manipulative procedure.

Most uncomplicated cases can be adequately managed with spinal manipulation plus one or two adjunct modalities. Using more than two or three adjunctive passive modalities in one visit, in addition to joint manipulation, is considered excessive and not of proven benefit. Chiropractic care provided five or more times per week for more than one week is generally not medically necessary. The provision of duplicate services by other providers, such as physical therapy for the same condition, is not typically warranted.

As swelling and inflammation are reduced, the need for stabilization and support is replaced by the need to increase range of motion and restore function. Active modalities include increasing endurance capabilities of the muscles. Active modalities focus on patients' active participation in their exercise programs. Progressive resistive exercises are considered an active modality. Many active modalities focus primarily on patient education and training (e.g., back to school, work hardening programs, vocational rehabilitation programs, functional restoration programs, weight training, endurance training). Active modalities may be performed independently and safely by the patient in a setting not medically supervised.

Chiropractic Scope of Practice

Chiropractic care is licensed and regulated in all 50 states. State statutes determine the scope of clinical procedures that chiropractor may legally perform in their respective jurisdictions. Providing care for neuromusculoskeletal conditions using manipulation as a primary intervention is within the scope of practice in all states. All states currently exclude prescribing drugs and performing major surgery from chiropractic practice (AHCPR, 1997). The legal right to use the other procedures, including modalities, myofascial works, and acupuncture, varies from state to state. Some states have expansive scopes of practice that may include specialty diagnostic testing, pelvic and rectal exams, venipuncture, and acupuncture. Specific state licensure information should be referenced when there is any question about the scope of license.

Conservative management of neuromusculoskeletal conditions does not routinely include the use of laboratory testing. Diagnostic imaging, which may be used as a screening procedure for some conditions, is used far more often than laboratory procedures (AHCPR, 1997). The need for frequent diagnostic images for purely biomechanical analysis is not well-supported, nor is the need for imaging patients prior to release from care. The decision for radiographic reexamination should be based on patient symptoms, physical findings, and the potential impact of the results of the examination on the treatment plan and on net health outcome.

Diagnostic ultrasound should only be performed for valid medical reasons, according to the American College of Radiology (ACR) practice guidelines for performing and interpreting diagnostic ultrasound examinations (2006). While some guidelines indicate diagnostic ultrasound may be indicated for musculoskeletal conditions, according to the American Institute of Ultrasound Medicine (AIUM) guidelines, the indications are for musculoskeletal interventions, and include, but are not limited to, aspiration of cysts, fluid collections and abscesses, arthrocentesis, ultrasound-guided biopsy and injections (AIUM, 2007). Additionally, in 2002, the AIUM issued the following statement, "The use of diagnostic spinal ultrasound (for the study of facet joints and capsules, nerve and fascial edema, and other subtle paraspinal abnormalities) for diagnostic evaluation, for evaluation of pain or radiculopathy syndromes, and monitoring of therapy has no proven clinical utility."

Other special studies that may be used as part of a conservative treatment plan include nerve conduction studies, electromyography studies, and various imaging technologies. The clinical utility of some laboratory testing, diagnostic tools, and/or rehabilitative devices, has not been proven in the medical literature through well-designed clinical trials. The published scientific evidence is insufficient to show improvement in net health outcomes; consequently, the use of any of the following procedures remains unproven or not medically necessary:

- diagnostic musculoskeletal ultrasound for soft-tissue injury

- surface electromyography/paraspinal electromyography
- massage therapy, if not performed in conjunction with other modalities or manipulation
- hot or cold packs used in the absence of other modalities or manipulation
- iontophoresis or phonophoresis, if not employed in conjunction with other modalities or manipulation
- thermography
- MedX lumbar/cervical extension machine
- Cybex back system/BioDex
- vertebral axial decompression therapy (VAX-D Therapeutic Table, Decompression Reduction Stabilization System)
- spinal ultrasound

Other Common Medical Practices

The AHCPR's self-care recommendations for acute adult low back problems include activity modification to avoid irritation of the back condition (maintaining enough activity to avoid weakening of muscles, using proper body mechanics, and avoiding heavy lifting); low-stress exercising; and a gradual return to normal activities.

Common medical practices that may also be used to manage neuromusculoskeletal conditions, such as sprains or strains, include home use of nonsteroidal anti-inflammatory drugs (NSAIDs), cold packs, moist heat, rest and a gradual increase of activity.

Summary

Chiropractic care involves neuromuscular treatment in the form of manipulation and adjustment of the tissues of the body, particularly of the spinal column. Chiropractic procedures may include spinal manipulation and mobilization in combination with both passive and active modalities aimed at improving joint motion and function. Providing care for neuromusculoskeletal conditions using manipulation as a primary intervention is within the scope of practice in all states. Response to treatment is typically demonstrated within four weeks of therapy. When the patient reaches a maximal level of functioning or activity tolerance or fails to show improvement, chiropractic care is no longer medically necessary.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

Covered when medically necessary:

CPT® Codes	Description
97010	Application of a modality to one or more areas; hot or cold packs
97012	Application of a modality to one or more areas; traction, mechanical
97014	Application of a modality to one or more areas; electrical stimulation (unattended)
97016	Application of a modality to one or more areas; vasopneumatic devices
97018	Application of a modality to one or more areas; paraffin bath
97022	Application of a modality to one or more areas; whirlpool
97024	Application of modality to one or more areas; diathermy (e.g. microwave)
97026	Application of a modality to one or more areas; infrared

97028	Application of a modality to one or more areas; ultraviolet
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of a modality to one or more areas; iontophoresis, each 15 minutes
97034	Application of a modality to one or more areas; contrast baths, each 15 minutes
97035	Application of a modality to one or more areas; ultrasound, each 15 minutes
97036	Application of a modality to one or more areas; Hubbard tank, each 15 minutes
97110	Therapeutic procedure; one or more areas; each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapeutic procedure, one or more areas, each 15 minutes, massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions
98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions
98942	Chiropractic manipulative treatment (CMT); spinal, five regions
98943	Chiropractic manipulative treatment (CMT); extraspinal, one or more regions

HCPCS Codes	Description
	No specific codes

ICD-9-CM Diagnosis Codes	Description
722.0-722.9	Intervertebral disc disorders
737.0-737.9	Curvature of the spine
738.4	Acquired spondylolisthesis
738.5	Other acquired deformity of back or spine
739.1	Nonallopathic lesion of cervical region, not elsewhere classified
739.2	Nonallopathic lesion of thoracic region, not elsewhere classified
739.3	Nonallopathic lesion of lumbar region, not elsewhere classified
739.4	Nonallopathic lesion of sacral region, not elsewhere classified
756.11	Congenital spondylolysis, lumbosacral region
839.00-839.08	Closed dislocation, cervical vertebra
839.10-839.18	Open dislocation, cervical vertebra
839.20-839.21	Closed dislocation, thoracic and lumbar vertebra
839.30-839.31	Open dislocation, thoracic and lumbar vertebra
	Multiple/Varied

Experimental/Investigational/Unproven/Not Covered:

HCPCS Codes	Description
S8990	Physical or manipulative therapy performed for maintenance rather than restoration

***Current Procedural Terminology (CPT®) ©2006 American Medical Association: Chicago, IL.**

For the complete medical policy, including references, please visit the CIGNA Web site

www.cignaforhcp.com