

1 **Clinical Practice Guideline:** **Chiropractic Services Medical Policy/Guideline**

2

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4

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- Related Policies:
- CPG 1: X-ray Guidelines
 - CPG 3: Quality Patient Management
 - CPG 12: Medical Necessity Decision Assist Guideline for Rehabilitative Care
 - CPG 110: Medical Record Maintenance and Documentation Practices
 - CPG 111: Patient Assessments: Medical Necessity Decision Assist Guideline for Evaluations, Re-evaluations and Consultations
 - CPG 119: Spinal Manipulative Therapy for Non-Musculoskeletal and Related Disorders
 - CPG 120: Spinal Manipulative Therapy for Treatment of Children
 - CPG 121: Passive Physiotherapy Modalities
 - CPG 129: Electrodiagnostic Testing
 - CPG 133: Techniques and Procedures Not Widely Supported as Evidence-Based
 - CPG 135: Physical Therapy Medical Policy / Guidelines
 - CPG 142: Supports and Appliances
 - CPG 175: Extra-Spinal Joint Manipulation / Mobilization for the Treatment of Upper Extremity Musculoskeletal Conditions
 - CPG 177: Extra-Spinal Joint Manipulation / Mobilization for the Treatment of Lower Extremity Musculoskeletal Conditions
 - CPG 275: Mechanical Traction (Provided in a Clinical Setting)
 - CPG 285: Spinal Manipulative Therapy (SMT) for Musculoskeletal and Related Disorders

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DESCRIPTION

This document addresses Chiropractic skilled services which may be delivered by a Chiropractor/Doctor of Chiropractic acting within the scope of a professional license. This document also addresses the processes associated with Medical Necessity Determinations performed by American Specialty Health (ASH) Clinical Quality Evaluators (CQEs) on Chiropractic services submitted for review. For information about Medicare (CMS) medical necessity, please see Section 8.4.

The determination of medically necessary care, as outlined in this guideline, protects against inappropriate care that may be wasteful, unsafe, and harmful to the patient, while assuring approved care is safe, appropriate, curative, and improves the patient's function and quality of life. To protect the health and safety of patients, American Specialty Health (ASH) has implemented medical necessity review strategies to educate practitioners of the need to implement methods to reduce clinical errors and improve patient safety. These medical necessity review strategies include encouraging practitioners to adopt evidence-based health care approaches to patient care, implement professional standards of care, and follow applicable care management guidelines. Conducting risk management procedures via medical necessity review minimizes potential adverse outcomes and harm to the patient and prevents wasteful, unsafe and inappropriate care.

Medical necessity review protects the safety of patients. The application of rehabilitative spinal manipulative care to a patient must be appropriate and safe. Cases where it is not safe to administer spinal manipulative care may pose significant health and safety risk to a patient, for example:

- A patient with atlantoaxial instability secondary to chronic rheumatoid arthritis would be put at significant risk of harm, possibly life threatening, if spinal manipulative procedures were administered to the cervical spine.
- A patient that had received a trial of spinal manipulative care but is now showing signs of progressive neurological deficits should not receive ongoing care but should be referred for further studies and possible alternative consultations to determine if more aggressive care is needed (e.g., surgical spinal decompression) to prevent permanent neurological damage.
- A patient reports acute low back pain, loss of sensory perception in the lower extremities and bladder dysfunction. Failure to recognize and diagnose classic signs of Cauda Equina syndrome would have serious harmful effects including permanent neurological dysfunction as this condition requires immediate surgical intervention.

Care approved through medical necessity review is safe, appropriate, curative in nature, and directed at specific treatment goal resolution to ensure clinical benefit and improvement to the patient's quality of life.

- For risk-reduction and the protection of patients, the review process does not approve treatment when a condition should be referred to a medical physician, the

1 treatment is unsafe, or when treatment is not providing measurable health
2 improvement.

- 3 • For the benefit of patients, the review process approves services when the evidence
4 and practitioner treatment plan supports the use of conservative treatment for
5 conditions known to be amenable to the services provided so that patients may
6 recover from conditions without the need for more costly or high-risk treatments
7 such as prescription opioids, injections, or surgery.

8

9 The availability of coverage for rehabilitative and/or habilitative services will vary by
10 benefit design as well as by State and Federal regulatory requirements. Benefit plans may
11 include a maximum allowable chiropractic benefit, either in duration of treatment or in
12 number of visits or in the conditions covered or type of services covered. When the
13 maximum allowable benefit is exhausted or if the condition or service are not covered,
14 coverage will no longer be provided even if the medical necessity criteria described below
15 are met.

16

17 **GUIDELINES**

18

19 **1. PROVIDERS OF CHIROPRACTIC SERVICES**

20 Covered, medically necessary chiropractic services must be delivered by a qualified
21 Chiropractor acting within the scope of their license as regulated by the Federal and State
22 governments. Some services may be performed by ancillary providers (e.g., licensed
23 massage therapist, physical therapist) under the direction and supervision of a licensed
24 Chiropractor; however, generally, only those healthcare practitioners who hold an active
25 license, certification, or registration with the applicable state board or agency may provide
26 such services. Benefits for services provided by these ancillary healthcare providers may
27 also be dependent upon the patient's benefit contract language.

28

29 Aides and other nonqualified personnel are limited to provision of non-skilled services
30 such as preparing the individual, treatment area, equipment, or supplies; assisting a
31 qualified therapist or assistant; and transporting individuals.

32

33 **2. HABILITATIVE SERVICES**

34 Chiropractic Manipulative Therapy (CMT) is not generally considered to be a medically
35 necessary habilitative service. Medically necessary habilitative services refer to therapeutic
36 modalities and procedures necessary to maintain, develop or improve skills needed to
37 perform activities of daily living (ADLs) or instrumental activities of daily living (IADLs)
38 which have not (but normally would have) developed or which are at risk of being lost as
39 a result of illness, injury, loss of a body part, or congenital abnormality. Such services are
40 generally performed by physical therapists, occupational therapists, and speech therapists.
41 However, Chiropractors may provide therapeutic modalities and procedures that meet the
42 definition of medically necessary habilitative services when allowed by state scope of
43 practice; however, joint manipulation (chiropractic manipulation/osteopathic
44 manipulation) is not generally considered to be medically necessary as a Habilitative
45 service.

3. REHABILITATIVE CHIROPRACTIC SERVICES

Medically Necessary

Rehabilitative chiropractic services are considered **medically necessary** when **ALL** the following criteria are met:

1. The services are delivered by a qualified provider of chiropractic services; and
2. The services require the judgment, knowledge, and skills of a qualified provider of chiropractic services due to the complexity and sophistication of the therapy and the medical condition of the individual; and
3. The service is aimed at diagnosis, treatment, and/or prevention of disorders of the musculoskeletal system, and the effects of these disorders on the nervous system and general health; and
4. The service is for conditions that require the unique knowledge, skills, and judgment of a Chiropractor for education and training of the patient that is part of an active skilled plan of treatment; and
5. There is a clinically supported expectation that the service will result in a clinically significant level of functional improvement within a **reasonable and predictable period of time***; and
 - Improvement or restoration of function could not be reasonably expected as the individual gradually resumes normal activities without the provision of skilled therapy services; and
 - The documentation objectively verifies progressive functional improvement over specific time frames and clinically justifies the initiation of continuation of rehabilitative services.

***Reasonable and predictable period of time:** The specific time frames for which one would expect practical functional improvement is dependent on various factors including whether the services are Rehabilitative or Habilitative services. A reasonable trial of care for rehabilitative services to determine the patient's potential for improvement in or restoration of function is generally up to 4 weeks and is influenced by the diagnosis; clinical evaluation findings; stage of the condition (acute, sub-acute, chronic); severity of the condition; and patient-specific elements (age, gender, past and current medical history, family history, and any relevant psychosocial factors). Habilitative services may be prolonged and are primarily influenced by the type of ADLs or IADLs which have not developed, or which are at risk of being lost.

Not Medically Necessary

(1) Maintenance care (e.g., elective care, wellness care) is considered **not** medically necessary as a rehabilitative service; and is often a specific benefit exclusion.

(2) Rehabilitative Chiropractic services are considered **not** medically necessary if **any** of the following is determined:

1. The service is **not** aimed at diagnosis, treatment, and prevention of disorders of the musculoskeletal system, and the effects of these disorders on the nervous system and general health.

- 1 2. The service is for conditions for which therapy would be considered routine
2 educational, training, conditioning, or fitness. This includes treatments or activities
3 that require only routine supervision.
- 4 3. The expectation does **not** exist that the service(s) will result in a clinically
5 significant improvement in the level of functioning within a reasonable and
6 predictable period of time (up to 4 weeks).
 - 7 ○ If function could reasonably be expected to improve as the individual gradually
8 resumes normal activities, then the service is considered **not** medically
9 necessary.
 - 10 ○ If an individual's expected restoration potential would be insignificant in
11 relation to the extent and duration of the service required to achieve such
12 potential, the service(s) would be considered **not** medically necessary.
 - 13 ○ The documentation fails to objectively verify functional progress over a
14 reasonable period of time (up to 4 weeks).
 - 15 ○ The patient has reached maximum therapeutic benefit.
- 16 4. A passive modality is **not** preparatory to other skilled treatment procedures or is
17 not necessary in order to provide other skilled treatment procedures safely and
18 effectively.
- 19 5. A passive modality has insufficient published evidence to support a clinically
20 meaningful physiologic effect on the target tissue or improve the potential for a
21 positive response to care for the condition being treated.
- 22 6. Services do **not** require the skills of a qualified provider of chiropractic services.
23 Examples include but not limited to:
 - 24 ○ Practitioner recommended activities and services that can be practiced
25 independently and can be self-administered safely and effectively.
 - 26 ○ Home exercise programs that can be performed safely and independently to
27 continue therapy without skilled supervision.
 - 28 ○ Activities for the general health and welfare of the individual such as:
 - 29 ▪ General exercises (basic aerobic, strength, flexibility, or aquatic programs)
30 to promote overall fitness/conditioning.
 - 31 ▪ Services/programs for the primary purpose of enhancing or returning to
32 athletic or recreational sports.
 - 33 ▪ Massages and whirlpools for relaxation.
 - 34 ▪ General public education/instruction sessions.
- 35 7. Reevaluations or assessments of a patient's status that are not separate and distinct
36 services from those work components included within the Chiropractic
37 Manipulative Services.
- 38 8. Reevaluations or assessments of a patient's status that are not necessary to continue
39 a course of therapy nor related to a new condition, new or changed health status for
40 which the evaluation will likely result in a change in the treatment plan.
- 41 9. The treatments/services are **not** supported by and are **not** performed in accordance
42 with peer-reviewed literature as documented in applicable ASH CPGs or other
43 literature accepted by ASH Clinical Quality committee.
- 44

1 (3) The following treatments are considered **not** medically necessary because they are non-
 2 medical, educational, or training in nature. In addition, these treatments/programs may be
 3 specifically excluded under benefit plans:

- 4 • Back school.
- 5 • Group therapy (because it is not one-on-one, individualized to the specific patient's
 6 needs).
- 7 • Vocational rehabilitation programs and any program or evaluation with the primary
 8 goal of returning a patient to work.
- 9 • Work hardening programs.
- 10 • Nutrition wellness education or similar wellness interventions.

11 12 **4. CHIROPRACTIC MANIPULATION / MOBILIZATION**

13 Chiropractic Manipulative Therapy (CMT) is a specific therapeutic procedure
 14 characterized by controlled force, leverage, direction, amplitude, and velocity intended to
 15 correct or improve spinal subluxation (altered joint alignment, motion, or physiologic
 16 function in an intact motion segment). This is distinguished from the use of the term
 17 manipulation by other professions which may include a spectrum of manual therapies such
 18 as mobilization, soft tissue manipulation, and muscle-energy techniques. For more
 19 information, see the *Spinal Manipulative Therapy for Musculoskeletal and Related*
 20 *Disorders (CPG 285 - S)* clinical practice guideline.

21
22 The CMT service includes a brief pre-treatment evaluation of the patient's condition(s), as
 23 well as documentation of the patient's response post-treatment. These brief evaluations are
 24 essential to determine if:

- 25 • The treatment provided significant clinical improvement;
- 26 • Further care is warranted;
- 27 • A change in treatment plan is indicated;
- 28 • A referral is indicated; or
- 29 • The treatment should be discontinued.

30
31 Failure to appropriately perform and adequately document these brief evaluations may
 32 result in an adverse determination (partial approval or denial) of those CMT services.

33 34 **4.1 Guidelines for Chiropractic Spinal Manipulation**

35 In accordance with the current version of the American Medical Association's (AMA)
 36 Current Procedural Terminology (CPT) codebook, the five spinal regions are:

- 37 • Cervical region (includes the atlanto-occipital joint)
- 38 • Thoracic region (includes the costovertebral and costotransverse joints)
- 39 • Lumbar region
- 40 • Sacral region
- 41 • Pelvic region (includes the sacro-iliac joints)

42
43 The CPT codes for reporting spinal manipulation/mobilization are as follows:

- 44 • 98940 CMT; Spinal, 1-2 regions

- 1 • 98941 CMT; Spinal, 3-4 regions
- 2 • 98942 CMT; Spinal, 5 regions

4 **Medical Necessity Criteria**

5 ASH considers Chiropractic spinal manipulation (or grade V mobilization) to be medically
6 necessary when both of the following criteria are met:

- 7 • There is adequate documentation that the patient has a symptomatic (acute,
8 subacute, or chronic; with or without radicular components) musculoskeletal or
9 related disorder attributable to a mechanical, structural, or functional disorder of
10 the sacroiliac, lumbosacral; lumbar, thoracic and/or cervical spine or headache
11 disorders including tension-type and migraine headaches; and
- 12 • There is an absence of contraindications to manipulation/mobilization or diagnostic
13 red flags suggesting a possible organic disorder in the area of treatment, including
14 but not limited to:
 - 15 ○ Malignancy or infection
 - 16 ○ Metabolic bone disease
 - 17 ○ Fusion or ankylosis
 - 18 ○ Acute fracture or ligament rupture
 - 19 ○ Joint hypermobility/instability

21 **Documentation Requirements to Substantiate Medical Necessity of Chiropractic 22 Spinal Manipulation/Mobilization**

23 Proper and sufficient documentation is essential to establish the clinical necessity and
24 effectiveness of spinal manipulation/mobilization, aid in the determination of patient
25 outcomes management, and support continuity of patient care. At a minimum,
26 documentation is required for every treatment day and for each area or spinal segment
27 treated. Each daily record should include: the date of service, the procedure performed,
28 area of treatment, and the identity of the person(s) providing the manipulation/mobilization
29 services. Failure to properly identify and sufficiently document the practitioner's clinical
30 findings that substantiate the clinical rationale to support spinal manipulation/mobilization
31 on a daily progress note may result in an adverse determination (partial approval or denial).
32 Documentation should include:

- 34 (1) Absence of contraindications to spinal manipulation/mobilization in the area of
35 treatment.
- 36
- 37 (2) Physical exam findings that correlate with the patient's subjective complaint(s) and
38 support the diagnosis and treatment plan. Such findings may include:
 - 39 • Pain (e.g., bone, muscle, joint)
 - 40 • Tenderness/achiness (e.g., muscles, joints)
 - 41 • Stiffness and/or limited motion
 - 42 • Tone or texture changes in the adjacent muscles and soft tissues including muscle
43 tightness or weakness
 - 44 • Asymmetry or misalignment between adjacent spinal segments

- 1 • Acute inflammation (e.g., redness, heat, swelling, pain, impaired function,
2 tenderness)
- 3 • Headache disorders (including tension-type and migraine headaches)
- 4 • Impaired function (e.g., functional deficits, ADL restrictions)
- 5 • Muscle disorders (e.g., spasms, cramps, injuries, trigger points)
- 6 • Numbness/tingling or other paresthesia, weakness, loss of deep tendon reflexes, or
7 other signs of nerve or nerve root compression or irritation
- 8 • Other exam findings related and/or specific to the patient's condition(s) or
9 complaint(s)

10
11 (3) A valid musculoskeletal diagnosis for a spinal complaint for which there is sufficient
12 clinical evidence that spinal manipulation/mobilization is both safe and efficacious. Spinal
13 manipulation/mobilization for non-musculoskeletal conditions is not medically necessary.

14
15 (4) Documentation that identifies against valid criteria (x-ray findings or physical exam
16 findings) the presence and location of spinal dysfunctions / subluxation. Failure to
17 appropriately document the spinal subluxation(s) may result in an adverse determination
18 (partial approval or denial) of CMT services.

19
20 (5) An assessment of clinically significant change(s) in the patient's condition(s) if
21 documenting the need for continued care.

22 23 **4.2 Guidelines for Chiropractic Extra-Spinal Joint Manipulation/Mobilization**

24 In accordance with the current version of the CPT codebook, the five extraspinal regions
25 are:

- 26 • Head region (includes the temporomandibular joint, excluding the atlanto-
27 occipital)
- 28 • Upper extremities
- 29 • Lower extremities
- 30 • Rib cage (excluding the costotransverse and costovertebral joints)
- 31 • Abdomen

32
33 The CPT code for reporting extra-spinal manipulation/mobilization is:

- 34 • 98943 CMT; Extraspinal, 1 or more regions

35 36 **Medically Necessary Extra-Spinal Joint Manipulation/Mobilization**

37 In the absence of contraindications, the use of Extra-Spinal Joint
38 Manipulation/Mobilization may be considered medically necessary when subjective
39 complaint(s) and objective findings demonstrate a reasonable expectation of achieving a
40 clinically significant level of improvement in the patient's complaint/condition. Examples
41 of such complaints/conditions include, but not limited to:

- 42 • Shoulder complaints, dysfunction, disorders, and/or pain
- 43 • Restricted joint play of humeroradial joint
- 44 • Restricted joint play of radiocarpal joint

- 1 • Restricted joint play of iliofemoral joint
- 2 • Restricted joint play of proximal tibiofibular joint
- 3 • Ankle inversion sprains

5 **Documentation Requirements to Substantiate Medical Necessity of Chiropractic Extra-Spinal Manipulation / Mobilization**

7 The patient's medical records should document the practitioner's clinical rationale to
 8 support extra-spinal manipulation/mobilization (98943). In addition to the documentation
 9 criteria in section 4.1, documentation for extra spinal manipulation should include, at a
 10 minimum, abnormal joint mechanics or a range of motion abnormality that is appropriately
 11 documented and correlated with the subjective findings of an extra-spinal complaint and
 12 other pertinent exam findings in order to support extra-spinal manipulation/mobilization.

14 **4.3 Use of Chiropractic Spinal Manipulation / Mobilization on Children**

15 ASH considers Chiropractic spinal manipulation or mobilization for the treatment of
 16 children to be medically necessary when the documentation establishes a valid diagnosis
 17 and symptom pattern and there is a reasonable assumption of a positive benefit versus risk
 18 profile. Additional caution should be considered prior to performing Chiropractic spinal
 19 manipulation on infants and children. While there is insufficient literature to conclude that
 20 CMT is clinically effective or ineffective in children, a limited, short trial of care may be
 21 reasonable when the CMT meets all other medical necessity criteria. Monitoring the
 22 patient's tolerance for the services provided and response to care is especially important in
 23 this population as tolerance and response is highly variable in the pediatric population.

25 Chiropractic spinal manipulation is considered **not** medically necessary for non-
 26 musculoskeletal and related disorders in children, such as:

- 27 • Asthma
- 28 • Infantile colic
- 29 • Nocturnal enuresis
- 30 • Otitis media

32 **5. THERAPEUTIC MODALITIES AND PROCEDURES**

33 The CPT codebook defines a modality as "any physical agent applied to produce
 34 therapeutic changes to biologic tissue; includes but is not limited to thermal, acoustic, light,
 35 mechanical, or electric energy." Modalities may be supervised, which means that the
 36 application of the modality does not require direct one-on-one patient contact by the
 37 Chiropractor; or modalities may involve constant attendance, which indicates that the
 38 modality requires direct one-on-one patient contact by the Chiropractor.

40 Supervised modalities are untimed therapies. Untimed therapies are usually reported only
 41 once for each date of service regardless of the number of minutes spent providing this
 42 service or the number of body areas to which they were applied. Untimed services billed
 43 as more than one unit will require significant documentation to justify treatment greater
 44 than one session per day. Examples of supervised modalities include:

- 1 • Hot or cold packs
- 2 • Mechanical traction
- 3 • Unattended electrical stimulation
- 4 • Vasopneumatic devices
- 5 • Whirlpool
- 6 • Paraffin bath
- 7 • Diathermy
- 8 • Ultraviolet or infrared light
- 9

10 Modalities that require constant attendance, are timed, and reported in 15-minute
11 increments (one unit) regardless of the number of body areas to which they are applied.

12 Examples of modalities that require constant attendance include:

- 13 • Contrast baths
- 14 • Ultrasound
- 15 • Manual, attended electrical stimulation (e.g., NMES)
- 16 • Iontophoresis
- 17

18 The CPT codebook defines therapeutic procedures as "A manner of effecting change
19 through the application of clinical skills and/or services that attempt to improve function."
20 Except for Group Therapy (97150) and Work Hardening/Conditioning (97545-6),
21 therapeutic procedures require direct (one-on-one) patient contact by the Chiropractor, are
22 timed therapies, and must be reported in units of 15-minute increments. Only the actual
23 time that the Chiropractor is directly working with the patient performing
24 exercises/activities, instruction, or assessments is counted as treatment time. The time that
25 the patient spends not being treated because of a need for rest or equipment set up is not
26 considered treatment time. Any exercise/activity that does not require, or no longer
27 requires, the skilled assessment and intervention of a health care practitioner is not
28 considered a medically necessary therapeutic procedure. Exercises often can be taught to
29 the patient or a caregiver as part of a home/self-care program. Examples of therapeutic
30 procedures that require the Chiropractor to have direct (one-on-one) patient contact
31 include:

- 32 • Therapeutic exercises
- 33 • Neuromuscular reeducation
- 34 • Gait training
- 35 • Manual therapy (e.g., soft tissue mobilization)
- 36 • Therapeutic activities
- 37 • Sensory integrative techniques
- 38 • Wheelchair training
- 39

40 **Documentation Requirements to Substantiate Medical Necessity of Therapeutic** 41 **Modalities and Procedures**

42 Proper and sufficient documentation is essential to establish the clinical necessity and
43 effectiveness of each modality and procedure, aid in the determination of patient outcomes
44 management, and support continuity of patient care. At a minimum, documentation is

1 required for every treatment day and for each therapy performed. Each daily record should
 2 include: the date of service, the name of each modality and/or procedure performed, the
 3 parameters for each modality (e.g., amperage/voltage, location of pads/electrodes), area of
 4 treatment, total treatment time spent for each therapy (mandatory for timed services), the
 5 total treatment time for each date of service, and the identity of the person(s) providing the
 6 services. Failure to properly identify and sufficiently document the parameters for each
 7 therapy on a daily progress note may result in an adverse determination (partial approval
 8 or denial).

9 10 **5.1 Passive Care and Active Care**

11 Generally, passive modalities are used to manage the acute inflammatory response, pain,
 12 and/or muscle tightness or spasm in the early stages of musculoskeletal and related
 13 condition management. They are most effective during the acute phase of treatment. The
 14 use of passive modalities in the treatment of sub-acute or chronic conditions beyond the
 15 acute inflammatory response time frame is generally considered not medically necessary
 16 unless there is an exacerbation. The use of passive modalities is generally considered not
 17 medically necessary unless they are preparatory and essential to the safe and effective
 18 delivery of other skilled treatment procedures (e.g., chiropractic manipulation, therapeutic
 19 exercise training, etc.). Prolonged reliance on passive modalities is not supported by the
 20 clinical literature.

21
22 A “passive therapy” is a procedure applied by a clinical practitioner without active
 23 engagement of or movement by the patient. (e.g., ultrasound, hot packs)

24
25 The selection of a passive modality should be based on an understanding of the known
 26 physiologic effects of the modality, contraindications, the stage of injury and/or tissue
 27 healing, anatomical location to be treated, patient specific conditions and the likelihood of
 28 the therapy to enhance recovery or facilitate treatment with manual and active therapeutic
 29 procedures. Use of more than two (2) modalities on each visit date is unusual and should
 30 be justified in the documentation.

31
32 Transition from passive modalities to active treatment procedures should be timely and
 33 evidenced in the medical record, including instructions on self/home care. Active
 34 therapeutic procedures are typically initiated as swelling, pain, and inflammation are
 35 reduced. Active care elements include increasing range of motion, strengthening primary
 36 and secondary stabilizers of a given region, and increasing the endurance capability of the
 37 muscles. Activities of Daily Living training, muscle strengthening, movement retraining,
 38 and progressive resistive exercises are considered active procedures. Patients should
 39 progress from active procedures requiring the supervision of a skilled practitioner to a self-
 40 directed home activity program as soon as possible.

41 42 **5.2 Treatment Interventions**

43 Below are descriptions and medical necessity criteria, as applicable, for different treatment
 44 interventions, including specific modalities and therapeutic procedures associated with

1 Chiropractic services. This material is for informational purposes only and is not indicative
2 of coverage, nor is it an exhaustive list of services provided.

3 4 **Hydrotherapy/Whirlpool/Hubbard Tank**

5 These modalities involve supervised use of agitated water in order to relieve muscle spasm,
6 improve circulation, or cleanse wounds e.g., ulcers, skin conditions. Hydrotherapy may be
7 considered medically necessary for pain relief, muscle relaxation and improvement of
8 movement for persons with musculoskeletal conditions or for wound care (cleansing and
9 debridement).

10 11 **Hot/Cold Packs**

12 Hot packs increase blood flow, relieve pain, and increase flexibility. Cold packs decrease
13 blood flow to an area for reduction of pain and swelling. They may be considered medically
14 necessary for musculoskeletal conditions that include significant pain and or swelling

15 16 **Paraffin Bath**

17 This modality uses hot wax for application of heat. It is indicated for use to relieve pain
18 and increase range of motion of extremities (typically wrists and hands) in post-surgical
19 patients or patients with chronic joint dysfunction.

20 21 **Mechanical Traction**

22 This device provides a mechanical pull on the spine (cervical or lumbar) to relieve pain,
23 spasm, and nerve root compression. Mechanical traction may be considered medically
24 necessary only when there is no improvement after the application of other evidence-based
25 therapeutic procedures to significantly improve symptoms for 3 weeks; the patient has
26 signs of nerve root compression or radiculopathy; it is used in combination with other
27 evidence-based treatments including therapeutic exercise with extension movements.

28
29 Axial Decompression Therapy (aka Decompression Therapy or Spinal Decompression
30 Therapy Are considered experimental and not medically necessary.

31 32 **Infrared Light Therapy**

33 Infrared light therapy is a form of heat therapy used to increase circulation to relieve muscle
34 spasm. Other heating modalities are considered superior to infrared lamps and should be
35 considered unless there is a contraindication to those other forms of heat. Utilization of the
36 Infrared light therapy CPT code is not appropriate for low level laser treatment.

37 38 **Electrical Stimulation**

39 Various types and frequencies of electrical stimulation is used to relieve pain, reduce
40 swelling, heal wounds, and improve muscle function. Functional electric stimulation may
41 be considered medically necessary for muscle re-education (to improve muscle
42 contraction) in the earlier phases of rehabilitation.

Iontophoresis

Electric current used to transfer certain chemicals (medications) into body tissues. Use of iontophoresis may be considered medically necessary for the treatment of inflammatory conditions, such as plantar fasciitis and lateral epicondylitis.

Contrast Baths

This modality is the application of alternative hot and cold baths and is typically used to treat extremities with subacute swelling or chronic regional pain syndrome (CRPS). Contrast baths may be considered medically necessary to reduce hypersensitivity reduction and swelling.

Ultrasound

This modality provides deep heating through high frequency sound wave application. Non-thermal applications are also possible using the pulsed option. Ultrasound is commonly used to treat many soft tissue conditions that require deep heating or micromassage to a localized area to relieve pain and improve healing. Ultrasound may be considered medically necessary to relieve pain and improve healing.

Diathermy

Shortwave diathermy utilizes high frequency magnetic and electrical current to provide deep heating to larger joints and soft tissue, and may be considered medically necessary for pain relief, increased circulation, and muscle spasm reduction. Microwave diathermy presents an unacceptable risk profile and is considered not medically necessary.

Therapeutic Exercises

Therapeutic exercise includes instruction, feedback, and supervision of a person in an exercise program specific to their condition. Therapeutic exercise may be considered medically necessary to restore/develop strength, endurance, range of motion and flexibility which has been lost or limited as a result of a disease or injury. Exercise performed by the patient within a clinic facility or other location (e.g., home; gym) without a physician or therapist present and supervising would be considered not medically necessary.

Neuromuscular Reeducation (NMR)

NMR generally refers to a treatment technique performed for the purpose of retraining the connection of the brain and muscles, via the nervous system, the level of communication to improve movement, strength, balance and function. The goal of NMR is to develop conscious control of individual muscles and awareness of position of extremities. The procedure may be considered medically necessary for impairments which affect the neuromuscular system (e.g., poor static or dynamic sitting/standing balance, loss of gross and fine motor coordination) that may result from musculoskeletal or neuromuscular disease or injury such as severe trauma to nervous system, post orthopedic surgery, cerebral vascular accident, and systemic neurological disease. Example techniques may include: proprioceptive neuromuscular facilitation (PNF), BAP's boards, vestibular rehabilitation, and desensitization techniques. This does not include contract/relax or other soft tissue

1 massage techniques. NMR is typically used as the precursor to the implementation of
2 Therapeutic Activities.

3 **Aquatic Therapy**

4 Pool therapy (aquatic therapy) is provided individually, in a pool, to debilitated or
5 neurologically impaired individuals. (The term is not intended to refer to relatively normal
6 functioning individuals who exercise, swim laps or relax in a hot tub or Jacuzzi.) The goal
7 is to develop and/or maintain muscle strength and range of motion by reducing forces of
8 gravity through total or partial body immersion (except for head). Aquatic therapy may be
9 considered medically necessary to develop and/or maintain muscle strength and range of
10 motion when it is necessary to reduce the force of gravity through partial body immersion.

11 **Gait Training**

12
13 This procedure involves teaching patients with neurological or musculoskeletal disorders
14 how to ambulate given their disability or to ambulate with an assistive device. Assessment
15 of muscle function and joint position during ambulation is considered a necessary
16 component of this procedure, including direct visual observation and may include video,
17 various measurements, and progressive training in ambulation and stairs. Gait training may
18 be considered medically necessary for patients whose walking abilities have been impaired
19 by neurological, integumentary, muscular or skeletal abnormalities, surgery, or trauma.
20 This also includes crutch/cane ambulation training and re-education.

21 **Therapeutic Massage**

22
23 Therapeutic Massage involves the application of fixed or movable pressure, holding and/or
24 causing movement of or to the body, using primarily the hands and may be considered
25 medically necessary when performed to restore muscle function, reduce edema, improve
26 joint motion, or relieve muscle spasm caused by a specific condition or injury.

27 **Soft Tissue Mobilization**

28
29 Soft tissue mobilization techniques are more specific in nature and include, but are not
30 limited to, myofascial release techniques, friction massage, and trigger point techniques.
31 Specifically, myofascial release is a soft tissue manual technique that involves
32 manipulation of the muscle, fascia, and skin. Skilled manual techniques (active and/or
33 passive) are applied to soft tissue to effect changes in the soft tissues, articular structures,
34 neural or vascular systems. Examples are facilitation of fluid exchange, restoration of
35 movement in acutely edematous muscles, or stretching of shortened connective tissue. This
36 procedure is considered medically necessary for treatment of pain and restricted motion of
37 soft tissues resulting in functional deficits.

38 **Therapeutic Activities**

39
40 Therapeutic activities or functional activities (e.g., bending, lifting, carrying, reaching,
41 pushing, pulling, stooping, catching and overhead activities may be considered medically
42 necessary) to improve function when there has been a loss or restriction of mobility,
43 strength, balance or coordination. These dynamic activities must be part of an active
44 treatment plan and directed at a specific outcome. This intervention may be considered
45

1 medically necessary after a patient has completed exercises focused on strengthening and
 2 range of motion but needs to improve function-based activities.

4 **Activities of Daily Living (ADL) Training**

5 This procedure is considered medically necessary to enable the patient to perform essential
 6 activities of daily living, instrumental activities of daily living and self-care including
 7 bathing, feeding, preparing meals, toileting, dressing, walking, making a bed, and
 8 transferring from bed to chair, wheelchair, or walker.

10 **Orthotic Management and Training**

11 Orthotic management and training may be considered medically necessary when the
 12 documentation specifically demonstrates that the specific knowledge, skills, and judgment
 13 of a Chiropractor are required to train the patient in the proper use of braces and/or splints
 14 (orthotics). Many braces or splints do not require specific training by the Chiropractor in
 15 their use and can be safely procured and applied by the patient. Patients with cognitive,
 16 dexterity, or other significant deficits may need specific training where other patients do
 17 not.

19 **Prosthetic Training**

20 Prosthetic training may be considered medically necessary when the professional skills of
 21 the practitioner are required to train the patient in the proper fitting and use of a prosthetic
 22 (an artificial body part, such as a limb). Periodic return visits beyond the third month may
 23 be necessary.

25 **Wheelchair Management Training**

26 This procedure is considered medically necessary only when it is part of a broader active
 27 treatment plan directed at a specific goal. The patient must have the capacity to learn from
 28 instructions. Typically, three (3) sessions are adequate.

30 **5.3 Precautions and Contraindications to Therapeutic Modalities and Procedures**

31 1. The use of thermotherapy is contraindicated for the following:

- 32 • Recent or potential hemorrhage
- 33 • Thrombophlebitis
- 34 • Impaired sensation
- 35 • Impaired mentation
- 36 • Malignant tumor
- 37 • IR irradiation of the eyes

39 Precautions for use of thermotherapy include:

- 40 • Acute injury or inflammation
- 41 • Pregnancy
- 42 • Impaired circulation
- 43 • Poor thermal regulation

- 1 • Edema
- 2 • Cardiac insufficiency
- 3 • Metal in the area
- 4 • Over an open wound
- 5 • Over areas where topical counterirritants have recently been applied
- 6 • Demyelinated nerve

7

8 2. The use of cryotherapy is contraindicated for the following:

- 9 • Cold hypersensitivity
- 10 • Cold intolerance
- 11 • Cryoglobulinemia
- 12 • Paroxysmal cold hemoglobinuria
- 13 • Raynaud disease or phenomenon
- 14 • Over regenerating peripheral nerves
- 15 • Over an area with circulatory compromise or peripheral vascular disease

16

17 Precautions for cryotherapy include:

- 18 • Over the superficial branch of a nerve
- 19 • Over an open wound
- 20 • Hypertension
- 21 • Poor sensation or mentation

22

23 3. The use of immersion hydrotherapy is contraindicated for the following:

- 24 • Cardiac instability
- 25 • Confusion or impaired cognition
- 26 • Maceration around a wound
- 27 • Bleeding
- 28 • Infection in the area to be immersed
- 29 • Bowel incontinence
- 30 • Severe epilepsy
- 31 • Suicidal patients

32

33 Precautions for full body immersion in hot or very warm water include:

- 34 • Pregnancy
- 35 • Multiple Sclerosis
- 36 • Poor thermal regulation

37

38 4. Contraindications for Traction include:

- 39 • Where motion is contraindicated
- 40 • Acute injury or inflammation
- 41 • Joint hypermobility or instability
- 42 • Peripheralization of symptoms with traction

- 1 • Uncontrolled hypertension

2

3 Precautions for Traction include:

- 4 • Structural diseases or conditions affecting the tissues in the area to be treated (e.g.,
5 tumor, infection, osteoporosis, RA, prolonged systemic steroid use, local radiation
6 therapy)
- 7 • When pressure of the belts may be hazardous (e.g., with pregnancy, hiatal hernia,
8 vascular compromise, osteoporosis)
- 9 • Displaced annular fragment
- 10 • Medial disc protrusion
- 11 • When severe pain fully resolves with traction
- 12 • Claustrophobia or other psychological aversion to traction
- 13 • Inability to tolerate prone or supine position
- 14 • Disorientation

15

16 Additional precautions for cervical traction:

- 17 • TMJ problems
- 18 • Dentures

19

20 5. The use of thermal shortwave diathermy (SWD) is contraindicated for the following

- 21 • Any metal in the treatment area or on/in the body.
- 22 • Malignancy
- 23 • Eyes
- 24 • Testes
- 25 • Growing epiphyses

26

27 Contraindications for all forms of SWD:

- 28 • Implanted or transcutaneous neural stimulators including cardiac pacemakers
- 29 • Pregnancy

30

31 Precautions for all forms of SWD:

- 32 • Near electronic or magnetic equipment
- 33 • Obesity
- 34 • Copper-bearing intrauterine contraceptive devices

35

36 6. Contraindications for use of Electrical Currents:

- 37 • Demand pacemakers, implantable defibrillator, or unstable arrhythmia
- 38 • Placement of electrodes over carotid sinus
- 39 • Areas where venous or arterial thrombosis or thrombophlebitis is present
- 40 • Pregnancy – over or around the abdomen or low back

41

42 Precautions for electrical current use:

- 43 • Cardiac disease

- 1 • Impaired mentation
- 2 • Impaired sensation
- 3 • Malignant tumors
- 4 • Areas of skin irritation or open wounds

5

6 7. Contraindications to the use of ultrasound include:

- 7 • Malignant tumor
- 8 • Pregnancy
- 9 • Central Nervous Tissue
- 10 • Joint cement
- 11 • Plastic components
- 12 • Pacemaker or implantable cardiac rhythm device
- 13 • Thrombophlebitis
- 14 • Eyes
- 15 • Reproductive organs

16

17 Precautions for Ultrasound include:

- 18 • Acute inflammation
- 19 • Epiphyseal plates
- 20 • Fractures
- 21 • Breast implants

22

23 The use of electrical muscle stimulation, SWD, thermotherapy, cryotherapy, ultrasound,
 24 laser/light therapy, immersion hydrotherapy, and mechanical traction with pediatric
 25 patients is contraindicated if the patient cannot provide the proper feedback necessary for
 26 safe application.

27

28 In addition to the contraindications listed above, there are a wide range of services which
 29 are considered unproven, pose a significant health and safety risk, are scientifically
 30 implausible and/or are not widely supported as evidence based. Such services would be
 31 considered not medically necessary and include, but are not limited to:

- 32 • Axial/Spinal decompression
- 33 • Dry needling
- 34 • Laser therapy
- 35 • Manual muscle testing to diagnosis non-neuromusculoskeletal conditions
- 36 • Microcurrent Electrical Nerve Stimulation (MENS)
- 37 • Other unproven procedures (see the *Techniques and Procedures Not Widely*
 38 *Supported as Evidence-Based (CPG 133 – S)* clinical practice guideline for
 39 complete list)

1 **5.4 Redundant Therapeutic Effects and Duplicative Rehabilitative or Habilitative** 2 **Services**

3 (1) Certain therapeutic modalities and procedures are considered redundant in nature, and
 4 it would be inappropriate to provide these services to the same body region during the same
 5 treatment session. This includes treatments, such as but not limited to:

- 6 • More than one heating modality
- 7 • Massage therapy and myofascial release
- 8 • Orthotics training and prosthetic training
- 9 • Whirlpool and Hubbard tank
- 10 • CMT and manual therapy techniques applied for same physiological purpose

11
 12 (2) Duplicative (same or similar) rehabilitative services provided by different healthcare
 13 practitioners/specialties for the same condition(s) are considered **not** medically necessary.
 14 When patients receive chiropractic services, physical therapy services, occupational
 15 therapy services, or other healthcare specialty services for the same condition(s), the
 16 healthcare practitioners should provide different treatments that reflect each healthcare
 17 discipline's unique perspective on the patient's impairments and functional deficits and not
 18 duplicate the same treatment therapeutic goals. Each healthcare specialty practitioner must
 19 also have separate and distinct evaluations, treatment plans, and goals.

20 21 **6. CLINICAL DOCUMENTATION**

22 Medical record keeping an essential component of patient evaluation and management.
 23 Medical records should be legible and should contain, at a minimum sufficient information
 24 to identify the patient, support the diagnosis, justify the treatment, accurately document the
 25 results, indicate advice and cautionary warnings provided to the patient and provide
 26 sufficient information for another practitioner to assume continuity of the patient's care at
 27 any point in the course of treatment. Good medical record keeping improves the likelihood
 28 of a positive outcome and reduces the risk of treatment errors. It also provides a resource
 29 to review cases for opportunities to improve care, provides evidence for legal records, and
 30 offers necessary information for third parties who need to review and understand the
 31 rationale and type of services rendered (e.g., medical billers and auditors/reviewers).

32
 33 Outcome measures are important in determining effectiveness of a patient's care. The use
 34 of standardized tests and measures early in an episode of care establishes the baseline status
 35 of the patient, providing a means to quantify change in the patient's functioning. Outcome
 36 measures provide information about whether predicted outcomes are being realized. When
 37 comparison of follow-up with baseline outcome metrics does not demonstrate minimal
 38 clinically important difference (MCID) (minimal amount of change in a score of a valid
 39 outcome assessment tool) the treatment plan should be changed or be discontinued. Failure
 40 to use Functional Outcome Measures (FOMs) / Outcome Assessment Tools (OATs) may
 41 result in insufficient documentation of patient progress and may result in an adverse
 42 determination (partial approval or denial) of continued care.

1 **6.1 Evaluation and Re-evaluations**

2 As a best practice, all the following should be clearly described in the submitted records:

- 3 • Historical information including a clear description of the current complaint(s);
- 4 • Prior and current levels of function;
- 5 • Tests performed and the results (e.g., evaluation findings);
- 6 • Valid diagnosis(es);
- 7 • Therapeutic goals and treatment plan (e.g., specific treatments, number of office
- 8 visits);
- 9 • Response to care, progress, and prognosis ; and
- 10 • Self – Care advice, including home exercise program.

11
12 The initial evaluation is usually completed in a single session. An evaluation is mandatory
13 before implementing any chiropractic treatment in order to determine if the patient needs
14 skilled chiropractic care. Initial evaluations (New or Established Patient) include an
15 Evaluation and Management (E/M) history and physical examination service and may be
16 supported by, as necessary, imaging, laboratory studies, and/or other diagnostic tests and
17 measures. An initial evaluation is essential to determine whether any services that may be
18 recommended by the evaluating practitioner are medically necessary, to determine if
19 referral to another clinical setting or another type of evaluation is necessary, to gather
20 baseline data, establish a treatment plan, and develop goals based on the data.

21
22 A reevaluation is considered medically necessary following a trial of care to determine
23 whether that care resulted in significant clinical improvement documenting the need to
24 continue a course of therapy, there is need for referral to other healthcare
25 practitioner(s)/specialist(s), or that discontinuance of treatment is warranted.

26
27 A reevaluation (an Established Patient E/M service) is considered medically necessary
28 when **all** of the following conditions are met:

- 29 • The reevaluation exceeds the recurring routine assessment of patient status included
30 in the work value of the Chiropractic Manipulation CPT codes work-value; and
- 31 • The documentation of the reevaluation includes **all** of the following elements:
32 ○ An evaluation of progress toward current goals; and
33 ○ Making a professional judgment about continued care; and
34 ○ Making a professional judgment about revising goals and/or treatment or
35 terminating services; and
- 36 • Any **one** of the following indications is documented:
37 ○ The patient presents with an exacerbation, a new condition(s), or new clinical
38 findings.
39 ○ There is a significant change in the patient's condition(s).
40 ○ The patient has failed to respond to the therapeutic interventions outlined in the
41 current plan of care.

42
43 In order to reflect that continued chiropractic services are medically necessary, intermittent
44 progress reports must demonstrate that the patient is making functional progress. Progress

1 reports should be maintained in the medical record and may be required for approval of
2 coverage of services.

3
4 A reevaluation is considered **not** medically necessary once it has been determined that the
5 patient has reached maximum therapeutic benefit from the services provided unless there
6 is/are medically necessary reason(s) documented for the reevaluation service.

7
8 The CPT codebook provides the following definitions:

9
10 ***New Patient:*** Is one who **has not** received any professional services from the
11 physician/qualified health care professional or another physician/qualified health care
12 professional of the exact same special and subspecialty who belongs to the same group
13 practice, within the past three (3) years.

14
15 ***Established Patient:*** Is one who **has** received professional services from the
16 physician/qualified health care professional or another physician/qualified health care
17 professional of the exact same specialty and subspecialty who belongs to the same group
18 practice, within the past three (3) years.

19 20 **6.2 Treatment Sessions**

21 Chiropractic treatment can vary from performing CMT alone to using a variety of
22 therapeutic modalities and procedures depending on the patient's condition(s), response to
23 care, and treatment tolerance. All services must be supported in the treatment plan and be
24 based on the patient's medical condition(s)

25
26 A chiropractic treatment session may include:

- 27 • Chiropractic Manipulation.
- 28 • Passive modalities such as electrotherapeutic and mechanical modalities
29 preparatory to other skilled services.
- 30 • Active therapeutic procedures such as therapeutic exercise, functional activities, or
31 manual therapies such as soft tissue mobilization or joint mobilization.
- 32 • Functional training in self-care and home management or modification of
33 environments (e.g., home, work, school, community) including biomechanics and
34 ergonomics.
- 35 • Application, fitting, and training in assistive technology, adaptive devices,
36 orthotics, and prosthetic devices.
- 37 • Reevaluation, if there is a significant change in the patient's condition, the patient
38 has a new complaint(s), or there is a need to update and modify the treatment plan
39 and goals.

40
41 Documentation of each treatment session should include at a minimum:

- 42 • Date of treatment;
- 43 • Subjective complaints and current status (including functional deficits and ADL
44 restrictions);

- 1 • Description/name of each specific treatment intervention provided, including;
 - 2 ○ The type and specific location of CMT including segment(s) adjusted,
 - 3 subluxation listings/dynamic restrictions, direction(s) of corrective thrust(s),
 - 4 and specific technique(s) used;
 - 5 ○ The parameters for each therapy provided (e.g., voltage/amperage,
 - 6 pad/electrode placement, area of treatment, types of exercises/activities, and
 - 7 intended goal of each therapy);
 - 8 ○ Treatment time for each therapy and total treatment time per date of service;
- 9 • The patient's response to each service and to the entire treatment session;
- 10 • Any progress toward the goals in objective, measurable terms using consistent and
- 11 comparable methods;
- 12 • Any changes to the plan of care;
- 13 • Recommendations for follow-up visit(s);
- 14 • Signature/electronic identifier, name and credentials of the treating clinician.

15
16 The CMT service includes a brief pre-treatment evaluation of the patient's condition(s), as
17 well as documentation of the patient's response post-treatment. Failure to appropriately
18 perform and document these brief evaluations may result in an adverse determination
19 (partial approval or denial) of those services.

20 21 **6.3 Discharge/Discontinuation of Intervention**

22 The chiropractor discharges the patient from chiropractic services when the anticipated
23 goals or expected outcomes for the patient have been achieved. The chiropractor
24 discontinues intervention when the patient is unable to continue to progress toward goals
25 or when they determine that the patient will no longer benefit from care.

26
27 The discharge documentation includes:

- 28 • The status of the patient at discharge and the goals and outcomes attained.
- 29 • Appropriate date and authentication by the chiropractor who performed the
- 30 discharge.
- 31 • When a patient is discharged prior to attainment of goals and outcomes, the status
- 32 of the patient and the rationale for discontinuation.
- 33 • Initial, subsequent, and final FOMs scores.
- 34 • Proposed self-care recommendations, if applicable.
- 35 • Referrals to other health care practitioners/referring physicians, as appropriate.

36 37 **6.4 Duplicated / Insufficient Information**

38 (1) Entries in the medical record should be contemporaneous, individualized, appropriately
39 comprehensive, and made in a chronological, systematic, and organized manner.
40 Duplicated/nearly duplicated medical records (a.k.a. cloned records) are not acceptable. It
41 is not clinically reasonable or physiologically feasible that a patient's condition will be
42 identical on multiple encounters. (Should the findings be identical for multiple encounters,
43 it would be expected that treatment would end because the patient is not making progress
44 toward current goals.)

1 This includes, but not limited to:

- 2 • Duplication of information from one treatment session to another (for the same or
- 3 different patient[s]);
- 4 • Duplication of information from one evaluation to another (for the same or different
- 5 patient[s]).

6
7 Duplicated medical records do not meet professional standards of medical record keeping
8 and may result in an adverse determination (partial approval or denial) of those services.

9
10 (2) The use of a system of record keeping that does not provide sufficient information (e.g.,
11 checking boxes, circling items from lists, arrows, travel cards with only dates of visit and
12 listings). These types of medical record keeping may result in an adverse determination
13 (partial approval or denial) of those services.

14
15 Effective and appropriate records keeping that meet professional standards of medical
16 record keeping document with adequate detail a proper assessment of the patient’s status,
17 the nature and severity of his/her complaint(s) or condition(s), and/or other relevant clinical
18 information (e.g., history, parameters of each therapy performed, objective findings,
19 progress towards treatment goals, response to care, prognosis.).

20
21 **7. CLINICAL REVIEW PROCESS**

22 Medical necessity evaluations require approaching the clinical data and scientific evidence
23 from a global perspective and synthesizing the various elements into a congruent picture
24 of the patient’s condition and need for skilled treatment intervention. Clinical review
25 decisions made by the CQEs are based upon the information provided by the treating
26 practitioner in the submitted documentation and other related findings and information.
27 Failure to appropriately document pertinent clinical information may result in adverse
28 determinations (partial approval or denial) of those services. Therefore, thorough
29 documentation of all clinical information that established the diagnosis/diagnoses and
30 supports the intended treatment is essential.

31
32 **7.1 Definition of Key Terminology used in Clinical Reviews**

33 **Chiropractic Maintenance Therapy Services**

34 Chiropractic maintenance therapy services is defined as a treatment plan that seeks to
35 prevent disease, promote health, correct subluxations unrelated to a diagnosed illness or
36 injury, and prolong and enhance the quality of life and is not directed toward a specific
37 condition that is expected to improve or resolve in a reasonable period of time (corrective
38 care). Medicare also includes supportive care as maintenance care and considers all forms
39 of chiropractic maintenance care as not covered. (Chiropractic maintenance therapy
40 services are not generally covered under Commercial benefits.)

41
42 **Chiropractic Supportive Care Services**

43 Supportive care is treatment for patients who have reached maximum therapeutic benefit,
44 but who fail to sustain this benefit and progressively deteriorate when there are periodic
45 withdrawals of treatment. Supportive care follows appropriate application of passive and

1 active care including rehabilitation and lifestyle modifications. Supportive care cannot be
 2 scheduled and should be rendered on an “as needed” basis (PRN) for up to 4 months in
 3 duration. Detailed and adequate documentation of each aspect and phase of intervention
 4 and patient’s response to care is necessary to document the medical necessity of Supportive
 5 Care. Supportive care may be covered under some Commercial benefits.

6 7 **Elective/Convenience Services**

8 Examples of elective/convenience services include: (a) preventive services; (b) wellness
 9 services; (c) services not necessary to return the patient to pre-illness/pre-injury functional
 10 status and level of activity; (d) services provided after the patient has reached MTB.
 11 (Elective/convenience services may not be covered through specific client or ASH
 12 benefits.)

13 14 **Minimal Clinically Important Difference (MCID)**

15 The MCID is the minimal amount of change in a score of a valid outcome assessment tool
 16 that indicates an actual improvement in the patient’s function or pain. Actual significance
 17 of outcome assessment tool findings requires correlation with the overall clinical
 18 presentation, including updated subjective and objective examination/evaluation findings.

19 20 **Maximum Therapeutic Benefit (MTB)**

21 MTB is the patient’s health status when the application of skilled therapeutic services has
 22 achieved its full potential (which may or may not be the complete resolution of the patient’s
 23 condition.) At the point of MTB, continuation of the same or similar skilled treatment
 24 approach will not significantly improve the patient’s impairments and function during this
 25 episode of care.

26
27 If the patient continues to have significant complaints, impairments, and documented
 28 functional limitations, one should consider the following:

- 29 • Altering the treatment regimen such as utilizing a different physiological approach
 30 to the treatment of the condition, or decreasing the use of passive care (modalities,
 31 massage etc.) and increasing the active care (therapeutic exercise) aspects of
 32 treatment to attain greater functional gains;
- 33 • Reviewing self-management program including home exercise programs; and/or
- 34 • Referring the patient for consultation by another health care practitioner for
 35 possible co-management or a different therapeutic approach.

36 37 **Preventive Services**

38 Preventive services are designed to reduce the incidence or prevalence of illness,
 39 impairment, and risk factors, and to promote optimal health, wellness, and function. These
 40 services are not designed or performed to treat or manage a specific health condition.
 41 (Preventive services may or may not be covered under specific clients or through ASH
 42 benefits.)

1 Acute

2 The stage of an injury, illness, or disease, in which the presence of clinical signs and
 3 symptoms is less than six weeks in duration, typically characterized by the presence of one
 4 or more signs of inflammation or other adaptive response.

6 Sub-Acute

7 The stage of an injury, illness, or disease, in which the presence of clinical signs and
 8 symptoms is greater than six weeks, but not greater than twelve weeks in duration.

10 Chronic

11 The stage of an injury, illness, or disease, in which the presence of clinical signs and
 12 symptoms is greater than twelve weeks in duration.

14 Red Flag(s)

15 Signs and symptoms presented through history or examination/assessment that warrant
 16 more detailed and immediate medical assessment and/or intervention.

18 Yellow Flag(s)

19 Adverse prognostic indicators with a psychosocial predominance associated with chronic
 20 pain and disability. Yellow flags signal the potential need for more intensive and complex
 21 treatment and/or earlier specialist referral.

23 Co-Morbid Condition(s)

24 The presence of a concomitant condition, that has an unrelated pathology or disease
 25 process, but may inhibit, lengthen, or alter in some way the expected response to care.

27 7.2 Clinical Quality Evaluation

28 The goal of the CQEs during the review and decision-making process is to approve, as
 29 appropriate, those clinical services necessary to return the patient to pre-clinical/pre-
 30 morbid health status or stabilize a chronic condition, as supported by the documentation
 31 presented. The CQE is to evaluate if the documentation and other clinical information
 32 presented by the treating provider has appropriately substantiated the patient's condition
 33 and appropriately justifies the treatment plan that is presented.

35 Approval

36 ASH CQEs have the responsibility to approve appropriate care for all services that are
 37 medically necessary. The CQEs assess the clinical data supplied by the practitioner in order
 38 to determine whether submitted services and/or the initiation or continuation of care has
 39 been documented as medically necessary. The practitioner is accountable to document the
 40 medical necessity of all services submitted/provided. It is the responsibility of the peer
 41 CQE to evaluate the documentation in accordance with their training, understanding of
 42 practice parameters, and review criteria adopted by ASH through its clinical committees.

44 The following items influence clinical service approvals:

- 45 • No evidence of contraindication(s) to services submitted for review;

- 1 • Complaints, exam findings, and diagnoses correlate with each other;
- 2 • Treatment Plan is supported by the nature and severity of complaints;
- 3 • Treatment Plan is supported by exam findings;
- 4 • Treatment Plan is expected to improve symptoms (e.g., pain, function) within a
- 5 reasonable period of time;
- 6 • Maximum therapeutic benefit has not been reached;
- 7 • Treatment Plan requires the skills of the provider; and
- 8 • Demonstration of progression toward active home/self-care and discharge.

10 **Partial Approval**

11 Occurs when only a portion of the submitted services are determined to be medically
 12 necessary services. The partial approval may refer to a decrease in treatment frequency,
 13 treatment duration, number of Durable Medical Equipment (DME)/supplies/appliances,
 14 number of therapies, or other services from the original amount/length submitted for
 15 review. This decision may be due to any number of reasons, such as:

- 16 • The practitioner's documentation of the history and exam findings are inconsistent
- 17 with the clinical conclusion(s).
- 18 • The treatment dosage (frequency/duration) submitted for review is not supported
- 19 by the underlying diagnostic or clinical features.
- 20 • The need to initiate only a limited episode of care in order to monitor the patient's
- 21 response to care.

22
 23 Additional services may be submitted and reviewed for evaluation of the patient's response
 24 to the initial trial of care. If the practitioner or patient disagrees with the partial approval of
 25 services, they may contact the CQE listed on their response form to discuss the case, submit
 26 additional documentation through the Reopen process, or submit additional documentation
 27 to appeal the decision through the Provider Appeals and Member Grievances process.

29 **Non-approval / Denial**

30 Occurs when none of the services submitted for review are determined to be medically
 31 necessary services. The most common causes for a non-approval/denial of all services are
 32 administrative or contractual in nature (e.g., ineligibility, reached plan benefit limits, non-
 33 coverage). Clinically, it is appropriate to deny continued/ongoing care if the patient's
 34 condition(s) are not, or are no longer, responding favorably to the services being rendered
 35 by the treating practitioner, or the patient has reached maximum therapeutic benefit.

37 **Additional / Continued Care**

38 Approval of an additional treatment/services requires submission of additional
 39 information, including the patient's response to care and updated clinical findings. In cases
 40 where an additional course of care is submitted, the decision to approve additional
 41 treatment/services will be based upon the following criteria:

- 42 • The patient has made clinically significant progress under the initial treatment
- 43 plan/program based on a reliable and valid outcome tool or updated subjective and
- 44 objective examination findings.

- 1 • Additional clinically significant progress can be reasonably expected by continued
2 treatment (The patient has not reached MTB or maximum medical improvement).
- 3 • There is no indication that immediate care/evaluation is required by other health
4 care professionals.

5
6 Any exacerbation or flare-up of the condition that contributes to the need for additional
7 treatment/services must be clearly documented.

8
9 Ancillary diagnostic procedures should be selected based on clinical history and
10 examination findings that suggest the necessity to rule out underlying pathology or to
11 confirm a diagnosis that cannot be verified through less invasive methods.

- 12 • Information is expected to directly impact the treatment/services and course of care.
- 13 • The benefit of the procedure outweighs the risk to the patient's health (short and
14 long term).
- 15 • The procedure is sensitive and specific for the condition being evaluated (e.g., an
16 appropriate procedure is utilized to evaluate for pathology).

17
18 The clinical information that the CQE expects to see when evaluating the documentation
19 in support of the medical necessity of submitted treatment/services should be
20 commensurate with the nature and severity of the presenting complaint(s), the scope of the
21 services being requested, the scope of practice of the practitioner performing the services,
22 and may include but is not limited to:

- 23 • History
- 24 • Physical examination/evaluation
- 25 • Documented treatment plan and goals
- 26 • Estimated time of discharge

27
28 In general, the initiation of care is warranted if there are no contraindications to prescribed
29 care, there is reasonable evidence to suggest the efficacy of the prescribed intervention,
30 and the intervention is within the scope of services permitted by State or Federal law. The
31 treatment submission for a disorder is typically structured in time-limited increments
32 depending on clinical presentation. Dosage (frequency and duration of service) should be
33 appropriately correlated with clinical findings, potential complications/barriers to recovery
34 and clinical evidence. When the practitioner discovers that a patient is nonresponsive to
35 the applied interventions within a reasonable time frame, re-assessment and treatment
36 modification should be implemented and documented. If the patient's condition(s) worsen,
37 the practitioner should take immediate and appropriate action to discontinue or modify care
38 and/or make an appropriate healthcare referral.

39
40 Services that do not require the professional skills of a practitioner to perform or
41 supervise are not medically necessary. If a patient's recovery can proceed safely and
42 effectively through a home exercise program or self-management program, services are
43 not indicated or medically necessary.

1 **7.3 Critical Factors during Clinical Reviews**

2 The complexity and/or severity of historical factors, symptoms, examination findings, and
 3 functional deficits play an essential role to help quantify the patient's clinical status and
 4 assess the effectiveness of planned interventions over time. CQEs consider patient-specific
 5 variables as part of the medical necessity verification process. The entire clinical picture
 6 must be taken into consideration with each case evaluated based upon unique patient and
 7 condition characteristics.

8
 9 Such variables may include, but not be limited to co-morbid conditions and other barriers
 10 to recovery, the stage(s) of the condition(s), mechanism of injury, severity of the
 11 symptoms, functional deficits, and exam findings, as well as social and psychological status
 12 of the patient and the available support systems for self-care. In addition, the patient's age,
 13 symptom severity, and the extent of positive clinical findings may influence duration,
 14 intensity, and frequency of services approved as medically necessary. For example:

- 15 • Severe symptomatology, exam findings, and/or functional deficits may require
 16 more care overall (e.g., longer duration, more services per encounter than the
 17 average); these patients may require a higher frequency of care; but may require
 18 short-term trials of care initially to assess the patient response to care.
- 19 • Less severe symptomatology, exam findings and/or functional deficits usually
 20 require less care overall (e.g., shorter duration, fewer services per encounter, and
 21 frequency of encounters than the average); but may allow for less oversight and a
 22 longer initial trial of care.
- 23 • As patients age they may have a slower response to care and this may affect the
 24 approval of a trial of care.
- 25 • Because pediatric patients (under the age of 12) have not reached musculoskeletal
 26 maturity, it may be necessary to modify the types of therapies approved as well as
 27 shorten the initial trial of care.
- 28 • Complicating and/or co-morbid condition factors vary depending upon individual
 29 patient characteristics, the nature of the condition/complaints, historical and
 30 examination elements, and may require appropriate coordination of care and/or
 31 more timely re-evaluation.

32
 33 The following are examples of the factors CQEs consider when verifying the medical
 34 necessity of rehabilitative services for musculoskeletal conditions and pain disorders.

35 36 **7.3.1 General Factors**

37 Multiple patient-specific historical and clinical findings may influence clinical decisions,
 38 such as but not limited to:

- 39 • Red flags
- 40 • Yellow flags (psychosocial factors)
- 41 • Co-morbid conditions (e.g., diabetes, inflammatory conditions, joint instability)
- 42 • Age (older or younger)
- 43 • Non-compliance with treatment and/or self-care recommendations
- 44 • Lack of response to appropriate care

- 1 • Lifestyle factors (e.g., smoking, diet, stress, deconditioning)
- 2 • Work and recreational activities
- 3 • Pre-operative/post-operative care
- 4 • Medication use (type and compliance)

6 Nature of Complaint(s)

- 7 • Acute and severe symptoms
- 8 • Functional testing results that display severe disability/dysfunction
- 9 • Pain that radiates below the knee or elbow (for spinal conditions)

11 History

- 12 • Trauma resulting in significant injury or functional deficits
- 13 • Pre-existing pathologies/surgery(ies)
- 14 • Congenital anomalies (e.g., severe scoliosis)
- 15 • Recurring exacerbations
- 16 • Prior episodes (e.g., >3 for spinal conditions)
- 17 • Multiple new conditions which introduce concerns regarding the cause of these
- 18 conditions

20 Examination

- 21 • Severe signs/findings
- 22 • Results from diagnostic testing that are likely to impact coordination of care and
- 23 response to care (e.g., fracture, joint instability, neurological deficits)

25 **Assessment of Red Flags**

26 At any time, the patient is under care, the practitioner is responsible for seeking and
 27 recognizing signs and symptoms that require additional diagnostics, treatment/service,
 28 and/or referral. A careful and adequately comprehensive history and evaluation in addition
 29 to ongoing monitoring during the course of treatment is necessary to discover potential
 30 serious underlying conditions that may need urgent attention. Red flags can present
 31 themselves at several points during the patient encounter and can appear in many different
 32 forms. If a red flag is identified during a medical necessity review, the CQE should
 33 communicate with the provider of services as soon as possible by telephone and/or through
 34 standardized communication methods. When a red flag is identified, the CQE may not
 35 approve services and recommend returning the patient back to the referring healthcare
 36 practitioner or referring the patient to other appropriate health care practitioner/specialist
 37 with the measure of urgency as warranted by the history and clinical findings.

39 Due to the rarity of actual red flag diagnoses in clinical practice, it is emphasized that the
 40 practitioner does not need to perform expensive or invasive diagnostic procedures (e.g., x-
 41 ray, advanced imaging, laboratory studies) in the absence of suspicious clinical
 42 characteristics. Important red flags and events as well as the points during the clinical
 43 encounter at which they are likely to appear include but may not be limited to: Past or
 44 Current History

- 1 • Personal or family history of cancer
- 2 • Current or recent urinary tract, respiratory tract, or other infection
- 3 • Anticoagulant therapy or blood clotting disorder
- 4 • Metabolic bone disorder (osteopenia and osteoporosis)
- 5 • Unintended weight loss
- 6 • Unexplained dizziness or hearing loss
- 7 • Trauma with skin penetration
- 8 • Immunosuppression (AIDS/ARC)

9

10 Present Complaint

- 11 • Writhing or cramping pain
- 12 • Precipitation by significant trauma
- 13 • Pain that is worse at night or not relieved by any position
- 14 • Suspicion of cerebrovascular compromise
- 15 • Symptom's indicative of progressive neurological disorder

16

17 Physical Examination/Assessment

- 18 • Inability to reproduce symptoms of musculoskeletal diagnosis or complaints
- 19 • Pulsing abdominal mass
- 20 • Fever, chills, or sweats without other obvious source
- 21 • New or recent neurologic deficit (special senses, sensory, language, and motor)
- 22 • Signs of carotid/vertebrobasilar insufficiency
- 23 • Uncontrolled hypertension
- 24 • Signs of nutritional deficiency
- 25 • Signs of allergic reaction requiring immediate attention
- 26 • Abuse/neglect
- 27 • Psychological distress

28

29 Pattern of Symptoms Not Consistent with Benign Disorder

- 30 • Chest tightness, difficulty breathing, chest pain
- 31 • Headache of morbid proportion
- 32 • Rapidly progressive neurological deficit
- 33 • Significant, unexplained extremity weakness or clumsiness
- 34 • Change in bladder or bowel function
- 35 • New or worsening numbness or paresthesia
- 36 • Saddle anesthesia
- 37 • New or recent bilateral radiculopathy

38

39 Lack of Response to Appropriate Care

- 40 • History of consultation/care from a series of practitioners or a variety of health care approaches without resolving the patient's complaint
- 41 • Unsatisfactory clinical progress, especially when compared to apparently similar cases or natural progression of the condition

43

- Signs and symptoms that do not fit the normal pattern and are not resolving

Assessment of Yellow Flags

When yellow flags are present, clinicians need to be vigilant for deviations from the normal course of illness and recovery. Examples of yellow flags include depressive symptoms, injuries still in litigation, signs, and symptoms not consistent with pain severity, and behaviors incongruent with underlying anatomic and physiologic principles.

If a yellow flag is identified during a medical necessity review, the reviewer should communicate with the provider of services as soon as possible by telephone and/or through standardized communication methods. CQE may recommend returning the patient back to the referring healthcare practitioner or referring the patient to other health care practitioner/specialist as appropriate.

Assessment of Historical Information

The following factors are assessed in review and determination if the services are medically necessary:

- The mechanism of onset and date of onset are congruent with the stated condition's etiology.
- The patient's past medical history and response to care do not pose contraindication(s) for the services submitted for review.
- The patient's past medical history of pertinent related and unrelated conditions does not pose contraindication(s) for the services submitted for review.
- The patient's complaint(s) have component(s) that are likely to respond favorably to services submitted for review.
- Provocative and palliative factors identified on examination indicate the presence of a musculoskeletal condition as expected per diagnosis(es) or complaints, or as consistent with other type of diagnosis(es).
- The patient's severity of limitations to activities of daily living (ADLs) are appropriate and commensurate for the presence of the condition(s) or disorder(s).
- The quality, radiation, severity, and timing of pain are congruent with the documented condition(s) or disorder(s).
- The patient's past medical history of having the same or similar condition(s) indicates a favorable response to care.
- The absence or presence of co-morbid condition(s) may or may not present absolute or relative contraindications to care.

Assessment of Examination Findings

- The exam procedures, level of complexity, and intensity are appropriate for the patient's complaint(s) and historical findings.
- Objective palpatory, orthopedic, neurologic, and other physical examination findings are current, clearly defined, qualified, and quantified, including the nature, extent, severity, character, professional interpretation, and significance of the finding(s) in relation to the patient's complaint(s) and differential diagnosis(es).

- 1 • Exam findings provide evidence justifying the condition(s) is/are likely to respond
- 2 favorably to services submitted for review.
- 3 • Exam findings provide a reasonable and reliable basis for the stated diagnosis(es).
- 4 • Exam findings provide a reasonable and reliable basis for treatment planning;
- 5 accounting for variables such as age, sex, physical condition, occupational and
- 6 recreational activities, co-morbid conditions, etc.
- 7 • The patient's progress is being appropriately monitored each visit (as noted within
- 8 daily chart notes and during periodic re-exams) to ensure that acceptable clinical
- 9 progress is realized.

10 **Assessment of Treatment / Treatment Planning**

- 11 • Treatment dosage (frequency and duration of service) is appropriately correlated
- 12 with the nature and severity of the subjective complaints, potential
- 13 complications/barriers to recovery, and objective clinical evidence.
- 14 • Services that do not require the professional skills of a practitioner to perform or
- 15 supervise are not medically necessary, even if they are performed or supervised by
- 16 a Chiropractor. Therefore, if the continuation of a patient's care can proceed safely
- 17 and effectively through a home exercise program or self-management program,
- 18 services are not indicated or medically necessary.
- 19 • The use of passive modalities in the treatment of subacute or chronic conditions
- 20 beyond the acute inflammatory response phase requires documentation of the
- 21 anticipated benefit and condition-specific rationale in order to be considered
- 22 medically necessary.
- 23 • The treatment plan includes the use of therapeutic procedures to address functional
- 24 deficits and ADL restrictions.
- 25 • The set therapeutic goals are functionally oriented, realistic, measurable, and
- 26 evidence based.
- 27 • The proposed date of release/discharge from treatment is clearly defined.
- 28 • The treatment/therapies are appropriately correlated with the nature and severity of
- 29 the patient's condition(s) and set treatment goals.
- 30 • Functional Outcome Measures (FOM) demonstrate minimal clinically important
- 31 difference (MCID) from baseline results through periodic reevaluations during the
- 32 course of care. This is important in order to determine the need for continued care,
- 33 the appropriate frequency of visits, estimated date of release from care, and if a
- 34 change in the treatment plan or a referral to an appropriate health care
- 35 practitioners/specialist is indicated.
- 36 • Home care, self-care, and active-care instructions are documented.
- 37 • Durable Medical Equipment (DME), supplies, appliances, and supports are
- 38 provided when medically necessary and appropriately correlated with clinical
- 39 findings and clinical evidence.
- 40
- 41

42 **Assessment of Diagnostic Imaging / Special Studies**

- 43 • Laboratory tests are performed only when medically necessary to improve
- 44 diagnostic accuracy and treatment planning. Abnormal values are professionally

1 interpreted as they relate to the patient’s complaint(s) or to unrelated co-morbid
 2 conditions that may or may not impact the patient’s prognosis and proposed
 3 treatment.

- 4 • X-ray procedures are performed only when medically necessary to improve
 5 diagnostic accuracy and treatment planning. (Indicators from history and physical
 6 examination indicating the need for x-ray procedures are described in the *X-Ray
 7 Guidelines (CPG 1 - S)* clinical practice guideline).
- 8 • Advanced imaging studies, when medically necessary and/or available, are
 9 evaluated for structural integrity and to rule out osseous, related soft tissue
 10 pathology, or other pathology.
- 11 • EMG and NCV studies, when medically necessary and/or available, are evaluated
 12 for objective evidence of neural deficit. For more information, see the
 13 *Electrodiagnostic Testing (CPG 129 - S)* clinical practice guideline.
- 14 • Imaging or special studies’ findings are appropriate given the nature and severity
 15 of the patient’s condition(s) and the findings obtained are likely to influence the
 16 basis for the proposed treatment.

17
 18 **7.3.2 Factors that Influence Adverse Determinations of Clinical Services (Partial**
 19 **Approvals/Denials)**

20 Factors that influence adverse determinations of clinical services may include but are not
 21 limited to these specific considerations and other guidelines and factors identified
 22 elsewhere in this policy.: Topics/factors covered elsewhere in this guideline are also
 23 applicable in this section and may result in an adverse determination on medical necessity
 24 review. To avoid redundancy, many of those factors have not been listed below.
 25

26 **Additional Factors Considered in Determination of Medical Necessity**
 27 **History / Complaints / Patient Reported Outcome Measures**

- 28 • The patient’s complaint(s) and/or symptom(s) are not clearly described.
- 29 • There is poor correlation and/or a significant discrepancy between the complaint(s)
 30 and/or symptom(s) as documented by the treating practitioner and as described by
 31 the patient.
- 32 • The patient’s complaint(s) and/or symptom(s) have not demonstrated clinically
 33 significant improvement.
- 34 • The nature and severity of the patient’s complaint(s) and/or symptom(s) are
 35 insufficient to substantiate the medical necessity of any/all submitted services.
- 36 • The patient has little or no pain as measured on a valid pain scale.
- 37 • The patient has little or no functional deficits using a valid functional outcome
 38 measure or as otherwise documented by the practitioner.

39
 40 **Evaluation Findings**

- 41 • There is poor - correlation and/or a significant discrepancy in any of the following:
 42 ○ Patient’s history
 43 ○ Subjective complaints
 44 ○ Objective findings

- 1 ○ Diagnosis
- 2 ○ Treatment plan
- 3 • The application of various exam findings to diagnostic or treatment decisions are
- 4 not clearly described or measured. (e.g., severity, intensity, professional
- 5 interpretation of results, significance).
- 6 • The patient's objective findings have not demonstrated clinically significant
- 7 improvement.
- 8 • The objective findings are essentially normal or are insufficient to support the
- 9 medical necessity of any/all submitted services.
- 10 • The submitted objective findings are insufficient due to any of, but not limited to,
- 11 the following reasons:
- 12 ○ Old or outdated relative to the requested dates of service
- 13 ○ Do not properly describe the patient's current status
- 14 ○ Do not substantiate the medical necessity of the current treatment plan do
- 15 not support the patient's diagnosis/diagnoses do not correlate with the
- 16 patient's subjective complaint(s) and/or symptom(s)
- 17 • Not all of the patient's presenting complaints were properly examined.
- 18 • The patient does not have any demonstrable functional deficits or impairments.
- 19 • The patient has not made reasonable progress toward pre-clinical status or
- 20 functional outcomes under the initial treatment/services.
- 21 • Clinically significant therapeutic progress is not evident through a review of the
- 22 submitted records. This may indicate that the patient has reached maximum
- 23 therapeutic benefit.
- 24 • The patient is approaching or has reached maximum therapeutic benefit.
- 25 • The patient's exam findings have returned to pre-injury status or prior level of
- 26 function.
- 27 • There is inaccurate reporting of clinical findings.
- 28 • The exam performed is for any of the following:
- 29 ○ Wellness
- 30 ○ Pre-employment
- 31 ○ Sports pre-participation
- 32 • The exam performed is non-standard and solely technique/protocol based.
- 33 • The procedure(s) used to validate subluxation(s) are considered not-evidence
- 34 based, not widely accepted, and/or not reasonable or medically necessary (e.g.,
- 35 Functional leg length assessment, surface electromyographic study).

37 **Diagnosis**

- 38 • The diagnosis is not supported by one or more of the following:
- 39 ○ Patient's history (e.g., date/mechanism of onset)
- 40 ○ Subjective complaints (e.g., nature and severity, location)
- 41 ○ Objective findings (e.g., not clearly defined and/or quantified, not
- 42 professionally interpreted, significance not noted)

1 Submitted Medical Records

- 2 • The submitted records are insufficient to reliably verify pertinent clinical
- 3 information, such as (but not limited to):
 - 4 ○ Patient's clinical health status
 - 5 ○ The nature and severity of the patient's complaint(s) and/or symptom(s)
 - 6 ○ Date/mechanism of onset
 - 7 ○ Objective findings
 - 8 ○ Diagnosis/diagnoses
 - 9 ○ Response to care
 - 10 ○ Functional deficits/limitations
- 11 • There are daily notes submitted for the same dates of service with different/altere
- 12 findings without an explanation.
- 13 • There is evidence of duplicated or nearly duplicated records for the same patient
- 14 for different dates of service, or for different patients.
- 15 • There is poor correlation and/or a significant discrepancy between the information
- 16 presented in the submitted records with the information presented during a verbal
- 17 communication between the reviewing CQE and treating practitioner.
- 18 • The treatment time (in minutes) and/or the number of units used in the performance
- 19 of a timed service (e.g., modality, procedure) during each encounter/office visit was
- 20 not documented.
- 21 • Some or all of the service(s) submitted for review are not documented as having
- 22 been performed in the daily treatment notes.

24 Treatment / Treatment Planning

- 25 • The submitted records show that the nature and severity of the patient's
- 26 complaint(s) and/or symptom(s) require a limited, short trial of care in order to
- 27 monitor the patient's response to care and determine the efficacy of the current
- 28 treatment plan. This may include, but not limited to, any of the following:
 - 29 ○ Significant trauma affecting function
 - 30 ○ Acute/sub-acute stage of condition
 - 31 ○ Moderate-to-severe or severe subjective and objective findings
 - 32 ○ Possible neurological involvement
 - 33 ○ Presence of co-morbidities that may significantly affect the treatment plan
 - 34 and/or the patient's response to care
- 35 • There is poor correlation of the treatment plan with the nature and severity of the
- 36 patient's complaint(s) and/or symptom(s), such as (but not limited to):
 - 37 ○ Use of acute care protocols for chronic condition(s)
 - 38 ○ Prolonged reliance on passive care
 - 39 ○ Active care and reduction of passive care are not included in the treatment
 - 40 plan
 - 41 ○ Inappropriate use of passive modalities in the plan of care
 - 42 ○ Use of passive modalities as stand-alone treatments (which is rarely
 - 43 therapeutic) or as the sole treatment approach to the patient's condition(s)

- 1 • There is evidence from the submitted records that the patient’s treatment can
2 proceed safely and effectively through a home exercise program or self-
3 management program.
- 4 • The patient’s function has improved, complaints and symptoms have decreased,
5 and patient requires less treatment (e.g., lesser units of services per office visit,
6 lesser frequency, shorter total duration to discharge).
- 7 • The patient’s symptoms and/or exam findings are mild and the patient’s treatment
8 plan requires a lesser frequency (e.g., units of services, office visits per week)
9 and/or total duration.
- 10 • Therapeutic goals have not been documented. Goals should be measurable and
11 written in terms of function and include specific parameters.
- 12 • Therapeutic goals have not been reassessed in a timely manner to determine if the
13 patient is making expected progress.
- 14 • Failure to make progress or respond to care as documented within subjective
15 complaints, objective findings and/or functional outcome measures.
- 16 • The patient’s condition(s) is/are not amenable to the proposed treatment plan.
- 17 • Additional significant improvement cannot be reasonably expected by continued
18 treatment and treatment must be changed or discontinued.
- 19 • The patient has had ongoing care without any documented lasting therapeutic
20 benefits.
- 21 • The condition requires an appropriate referral and/or coordination with other
22 appropriate health care services.
- 23 • The patient is not complying with the treatment plan that includes lifestyle changes
24 to help reduce frequency and intensity of symptoms.
- 25 • The patient is not adhering to treatment plan that includes medically necessary
26 frequency and intensity of services.
- 27 • The use of multiple passive modalities with the same or similar physiologic effects
28 to the identical region is considered redundant and not reasonable or medically
29 necessary.
- 30 • Home care, self-care, and active-care instructions are not implemented or
31 documented in the submitted records.
- 32 • Uncomplicated diagnoses do not require services beyond the initial treatment plan
33 before discharging the patient to active home/self-care.
- 34 • As symptoms and clinical findings improve the frequency of services (e.g., visits
35 per week/month) did not decrease.
- 36 • The submitted services do not or no longer require the professional skills of the
37 treating practitioner.
- 38 • The treatment plan is for any of the following:
 - 39 ○ Chiropractic maintenance therapy
 - 40 ○ Preventive care
 - 41 ○ Elective/convenience/wellness care
 - 42 ○ Back school
 - 43 ○ Group therapy (not one-on-one)
 - 44 ○ Vocational rehabilitation or return to work programs

- 1 ○ Work hardening programs
- 2 ○ Routine educational, training, conditioning, return to sport, or fitness.
- 3 ○ Non-covered condition
- 4 • There is duplication of services with other healthcare practitioners/specialties.
- 5 • The treatment plan is not supported due to, but not limited to, any of the following
- 6 reasons:
- 7 ○ Technique-/protocol-based instead of individualized and evidence based
- 8 ○ Generic and not individualized for the patient's specific needs
- 9 ○ Does not correlate with the set therapeutic goals
- 10 ○ Not supported in the clinical literature (e.g., proprietary, unproven)
- 11 ○ Not considered evidence-based and/or professionally accepted
- 12 • The treatment plan includes services that are considered not evidence-based, not
- 13 widely accepted, unproven and/or not reasonable or medically necessary, or
- 14 inappropriate or unrelated to the patient's complaint(s) and/or diagnosis/diagnoses.
- 15 (e.g., Low level laser therapy, axial/spinal decompression, select forms of EMS
- 16 such as microcurrent, H-wave. Also see the *Techniques and Procedures Not Widely*
- 17 *Supported as Evidence-Based (CPG 133 – S)* clinical practice guideline for
- 18 complete list).

20 **Health and Safety**

- 21 • There are signs, symptoms and/or other pertinent information presented through the
- 22 patient's history, exam findings, and/or response to care that require urgent
- 23 attention, further testing, and/or referral to and/or coordination with other
- 24 healthcare practitioners/specialists.
- 25 • There is evidence of the presence of Yellow and/or Red Flags. (See section on Red
- 26 and Yellow Flags above.)
- 27 • There are historical, subjective, and/or objective findings which present as
- 28 contraindications for the plan of care.

30 **7.3.3 Referral / Coordination of Services**

31 When a potential health and safety issue is identified, the CQE must communicate with the
32 provider of services as soon as possible by telephone and/or through standardized
33 communication methods to recommend returning the patient back to the referring health
34 care practitioner or referring the patient to other appropriate health care
35 practitioner/specialist with the measure of urgency as warranted by the history and clinical
36 findings.

37
38 Clinical factors that may require referral or coordination of services include, but not limited
39 to:

- 40 • Symptoms worsening following treatment
- 41 • Deteriorating condition (e.g., orthopedic or neurologic findings, function, etc.)
- 42 • Reoccurring exacerbations despite continued treatment
- 43 • No progress despite treatment
- 44 • Unexplained diagnostic findings (e.g., suspicion of fracture)

- 1 • Identification of Red Flags
- 2 • Identification of co-morbid conditions that don't appear to have been addressed
- 3 previously that represent absolute contraindications to services
- 4 • Constitutional signs and symptoms indicative of systemic condition (e.g.,
- 5 unintended weight loss of greater than 4.5 kg/10 lbs. over 6-month period)
- 6 • Inability to provoke symptoms with standard exam
- 7 • Treatment needed outside of scope of practice

8
9

8. CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

10 ASH manages CMS Required and Supplemental benefits for Medicare Advantage Plans.
11 Required (Traditional) Medicare benefits are covered based on CMS guidelines and
12 regulations, CMS approved ICD defined conditions and CPT defined services. ASH
13 practitioners are required to follow CMS clinical requirements for the appropriate delivery
14 and documentation of services rendered to Medicare beneficiaries who are served by ASH
15 Medicare Advantage health plan clients.

16

8.1 Covered Conditions

17

Required Medicare Benefits

18

19 Required Medicare benefits only cover manual manipulation of the spine to correct a
20 subluxation of the spine. A subluxation may be demonstrated by x-ray or by physical
21 examination. To demonstrate by examination, evaluation of the musculoskeletal/nervous
22 system should include:

- 23 • Pain/tenderness evaluated in terms of location, quality, and intensity;
- 24 • Asymmetry/misalignment identified on a sectional or segmental level;
- 25 • Range of motion abnormality (changes in active, passive, and accessory joint
- 26 movements); and
- 27 • Tissue, tone changes in the characteristics of contiguous, or associated soft tissues,
- 28 including skin, fascia, muscle, and ligament.

29
30
31
32

To demonstrate a subluxation based on physical examination, two of the four criteria
identified above are required, one of which must be asymmetry/misalignment or range of
motion abnormality.

33

The five spinal regions are:

- 34 • Neck (Occiput, C1 – C7)
- 35 • Back (T1 – T12)
- 36 • Low Back (L1 – L5)
- 37 • Pelvis (Ilium, SI)
- 38 • Sacrum (Sacrum, Coccyx)

39
40
41

Required Medicare benefits do not cover treatment to extraspinal regions.

1 **Supplemental Medicare Benefits**

2 ASH Medicare Advantage health plan clients may include additional covered
3 musculoskeletal conditions beyond those included in the Required Medicare Benefit as
4 described in a client specific benefit design.

5
6 **8.2 Covered Services**

7 **Required Medicare Benefits**

8 Required Medicare benefits cover manual manipulation of the spine by use of the hands.
9 Additionally, manual devices may be used in performing manipulation of the spine,
10 however, no additional payment is available for the use of a device.

11
12 **Supplemental Medicare Benefits**

13 ASH Medicare Advantage health plan clients may include additional covered services.
14 Additional services may include: extraspinal manipulation, evaluation and management
15 services, physical medicine modalities and procedures, and x-rays. The decision on which
16 additional covered services are included in a benefit design is made by the ASH Medicare
17 Advantage health plan client. Benefit designs may differ by health plan client.

18
19 **Maintenance Care**

20 Maintenance care includes services that seek to prevent disease, promote health, and
21 prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic
22 condition. Medicare includes supportive care as maintenance care and considers all forms
23 of chiropractic maintenance care as not covered. Medicare defines supportive care as: *when*
24 *further clinical improvement cannot reasonably be expected from continuous ongoing*
25 *care, and the chiropractic treatment becomes supportive rather than corrective in nature,*
26 *the treatment is then considered maintenance therapy.*

27
28 **8.3 Documentation**

29 For Medicare and Medicaid services, medical records keeping must follow and be in
30 accordance with Medicare and any additional state Medicaid required documentation
31 guidelines.

32
33 **8.4 Medical Necessity**

34 CMS provides guidance for medical necessity determination based on the Medicare Benefit
35 Policy Manual, Chapter 15, and limited Local Coverage Determinations (LCD). There is
36 no National Coverage Determination (NCD) for chiropractic. Local Coverage Articles
37 (LCA) may include language regarding medical necessity. When Medicare policy guidance
38 for medical necessity is sufficient and clear to guide medical necessity decisions, the
39 applicable Medicare guidance should be used in medical necessity review determinations.
40 If the Medicare guidance for medical necessity review determinations is not clear or is
41 insufficient in providing adequate guidance for a medical necessity determination for
42 chiropractic services, the next policy in line used in making medical necessity review
43 decisions would be the ASH *Chiropractic Services Medical Policy Guideline (CPG 278 –*
44 *S)* clinical practice guideline. If applicable this policy will provide guidance for medical
45 necessity review determinations of the Medicare covered service of chiropractic

1 manipulative therapy for subluxation of the spine. The determination of medically
2 necessary care as outlined in this guideline protects against inappropriate care that may be
3 wasteful, unsafe, and harmful to the patient. The clinical benefit of insuring services are
4 medically necessary highly outweighs the risk from clinical harms, including the
5 possibility of limitations from delayed or decreased access to services. These additional
6 criteria are implemented by clinical quality evaluators to determine medical necessity
7 consistently to ensure all appropriate care is provided to MA beneficiaries.

8
9 The clinical evidence to support the delivery of services for covered conditions is supported
10 by the guidelines and primary research references noted below. In summary, the evidence
11 supports the use of chiropractic manipulative therapy for the treatment of spinal
12 subluxation when the patient is correctly diagnosed with those conditions, there are not
13 contraindications for the treatment, and the course of care produces a favorable outcome
14 following an appropriate frequency of treatment encounters.

15
16 This Clinical Policy is reviewed and approved by the ASH Clinical Quality committees
17 that are comprised of contracted network practitioners including practitioners of the same
18 clinical discipline as the treating providers for whom compliance with the practices
19 articulated in this document is required. Guidelines are updated at least annually, or as new
20 information is identified that result in material changes to one or more of these policies.

21 22 **9. LITERATURE REVIEW**

23 There are several guidelines, systematic reviews, meta-analyses, and randomized
24 controlled trials (RCTs) published that examine chiropractic manipulative therapy for
25 various spinal conditions and other procedures (e.g., physical rehabilitation, exercise,
26 education, manual therapies (e.g., mobilization, soft tissue mobilization) and note
27 effectiveness (Qaseem et al., 2020; Bricca et al., 2020; Raghava Neelapala et al., 2020;
28 Taylor et al., 2007; Chou et al., 2016; Qaseem et al., 2017; Byström et al., 2013; Macedo
29 et al., 2016; Saragiotto et al., 2016; Steffens et al., 2016; van Middelkoop et al., 2011;
30 Hurwitz et al., 2009; Delitto et al., 2012; Blanpied et al., 2017; BiDonde et al., 2019;
31 Yousefi-Nooraie et al., 2008; Chou et al., 2020; Skelly et al., 2018; Skelly et al., 2020;
32 Wheden et al., 2022; Jenks et al., 2022). Passive modalities, such as ultrasound, electric
33 stimulation, traction, laser, and hot and cold packs, are often used in combination with
34 manual therapies and exercise despite insufficient and/or inconclusive evidence for many
35 conditions. Often methodologic flaws and heterogeneity of studies result in an inability to
36 draw confirmatory conclusions.

37
38 **Massage Therapy:** Few clinical trials have been undertaken to assess the effect of this
39 modality alone in the treatment of specific medical conditions. Rehabilitation programs
40 frequently combine massage therapy with one or more other treatment interventions. While
41 there is scant literature regarding the efficacy of this treatment when used as the sole
42 modality, massage therapy has been a part of physical therapy or chiropractic treatment
43 plans for the management of musculoskeletal pain. As an example, for mechanical low
44 back pain, the greatest effects of massage therapy are seen in short term relief of pain. The
45 effects on function were less clear. These therapeutic effects tend to diminish in the longer

1 term (Chou et al., 2016). Massage therapy was also noted as an effective treatment of acute
 2 post-operative pain (Chou et al., 2020) and chronic low back pain in the intermediate term
 3 (Skelly et al., 2018). Slight functional improvements were noted in the intermediate term
 4 for fibromyalgia using myofascial release massage (Skelly et al., 2018; Kundakci et al.,
 5 2022).

7 **9.1 Conditions Considered Unproven**

9 **Scoliosis**

10 Scoliosis, lateral curvature of the spine, is a structural alteration that occurs in a variety of
 11 conditions. Progression of the curvature during periods of rapid growth can result in
 12 significant deformity, which may be accompanied by cardiopulmonary compromise
 13 (Schreiber et al., 2019; Scherl, 2016). Options for treatment of scoliosis include
 14 observation, bracing, and surgery. Evidence is insufficient to demonstrate effectiveness of
 15 physical therapy (scoliosis-specific exercises, (including the Schroth Method), chiropractic
 16 treatment, electrical stimulation, or biofeedback to correct, improve or prevent further
 17 curvature (Seleviciene et al., 2022; Santos et al., 2022; Fan et al., 2020; Schreiber et al.,
 18 2019; Scherl, 2016; National Institutes of Health [NIH]/National Institute of Arthritis and
 19 Musculoskeletal and Skin Disease [NIAMS], 2019; American Academy of Orthopedic
 20 Surgeons [AAOS], 2019; Mehlman, 2020; Romano, et al., 2012).

21 Evidence is insufficient to demonstrate effectiveness of this treatment method to correct,
 22 improve or prevent further curvature.

24 **9.2 Specific Treatments Considered Unproven**

26 **Dry Hydrotherapy**

27 Dry hydrotherapy, also referred to as aquamassage, water massage, or hydromassage, is a
 28 treatment that incorporates water with the intent of providing therapeutic massage. The
 29 treatment is generally provided in chiropractor or physical therapy offices. There are
 30 several dry hydrotherapy devices available that provide this treatment, including the
 31 following:

- 32 • Aqua Massage® (AMI Inc., Mystic, CT)
- 33 • AquaMED® (JTL Enterprises, Inc., Clearwater, FL)
- 34 • H2OMassage System™ (H2OMassage Systems, Winnipeg, MB, Canada)
- 35 • Hydrotherapy Tables (Sidmar Manufacturing, Inc., Princeton, MN)

36
 37 Proponents of dry hydrotherapy maintain that it can be used in lieu of certain conventional
 38 physical medicine therapeutic modalities and procedures, such as heat packs, wet
 39 hydrotherapy, massage, and soft tissue manipulation. The assertions that have been made
 40 by manufacturers of this device at their websites have not yet been proven. No published
 41 studies or information regarding dry hydrotherapy devices or dry hydrotherapy treatment
 42 were identified in the peer-reviewed scientific literature. In the absence of peer- reviewed
 43 literature demonstrating the effectiveness of dry hydrotherapy and in the absence of

1 comparison to currently accepted treatment modalities, no definitive conclusions can be
2 drawn regarding the clinical benefits of this treatment.

3
4 **Non-invasive Interactive Neurostimulation (e.g., InterX®)**

5 Refer to *Non-invasive Interactive Neurostimulation (InterX®) (CPG 277 – S) clinical*
6 *practice guideline* for more information.

7
8 **Microcurrent Electrical Nerve Stimulation (MENS)**

9 For more information, see *Electric Stimulation for Pain, Swelling and Function in the*
10 *Clinic Setting (CPG 272 – S) clinical practice guideline*.

11
12 **H-WAVE®**

13 Refer to *H-WAVE® Electrical Stimulation (CPG 269 – S) clinical practice guideline* for
14 more information.

15
16 **Spinal Manipulation for the Treatment of Non-Musculoskeletal Conditions and**
17 **Related Disorders**

18 Refer to *Spinal Manipulative Therapy for Non-Musculoskeletal Conditions and Related*
19 *Disorders (CPG 119 – S) clinical practice guideline* for more information.

20
21 **Taping/Elastic therapeutic tape (e.g., Kinesio™ tape, Spidertech™ tape)**

22 Refer to *Strapping and Taping (CPG 143 – S) clinical practice guideline* for more
23 information.

24
25 **Dry Needling**

26 Refer to *Dry Needling (CPG 178 – S) clinical practice guideline* for more information.

27
28 **Laser Therapy (LT)**

29 Refer to *Laser Therapy (LT) (CPG 30 – S) clinical practice guideline* for more
30 information.

31
32 **Vertebral Axial Decompression Therapy and Devices**

33 Refer to *Axial/Spinal Decompression Therapy (CPG 83 – S) clinical practice guideline* for
34 more information.

35
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