

TITLE:	CHIROPRACTIC SERVICES POLICY
POLICY #:	MM-PNP-010
VERSION #:	01
DEPARTMENT:	MEDICAL MANAGEMENT
ORIGINAL EFFECTIVE DATE:	10/01/2023
CURRENT REVISION DATE:	N/A

1. PURPOSE

This Clinical Policy addresses chiropractic services for PPO+ members only.

2. SCOPE

Medical UM Department.

3. DEFINITIONS

3.1. N/A

4. POLICY

Medical Necessity

Curative considers chiropractic services medically necessary when *all* of the following criteria are met:

- The member has a neuromusculoskeletal disorder; *and*
- The medical necessity for treatment is clearly documented; *and*
- Improvement is documented within the initial 2 weeks of chiropractic care.
 - If no improvement is documented within the initial 2 weeks, additional chiropractic treatment is considered not medically necessary unless the chiropractic treatment is modified.
 - If no improvement is documented within 30 days despite modification of chiropractic treatment, continued chiropractic treatment is considered *not* medically necessary.
 - Once the maximum therapeutic benefit has been achieved, continuing chiropractic care is considered not medically necessary.
- Home-based chiropractic service is considered medically necessary in selected cases based upon the member's needs (i.e., the member must be homebound). This may be considered medically necessary in the transition of the member from hospital to home and may be an extension of case management services.
 - Chiropractic manipulation in asymptomatic persons or in persons without an identifiable clinical condition is considered not medically necessary.
 - Chiropractic care in persons whose condition is neither regressing nor improving, is considered not medically necessary.
Chiropractic manipulation has no proven value for treatment of idiopathic scoliosis or for treatment of scoliosis beyond early adolescence, unless the member is exhibiting pain or spasm, or some other medically necessary indications for chiropractic manipulation are present.

Experimental and Investigational

Curative considers the following procedures experimental and investigational:

Manipulation when it is rendered for non-neuromusculoskeletal conditions (see examples below, not an all-inclusive list):

- Attention-deficit hyperactivity disorder
- Asthma
- Autism spectrum disorder
- Depression
- Dizziness / vertigo
- Dysmenorrhea
- Epilepsy
- Female infertility
- Gastro-intestinal disorders
- Improvement of brain function
- Menopause-associated vasomotor symptoms
- Prevention of falls
- Treatment of post-concussion syndrome.

Manipulation of infants for non-neuromusculoskeletal indications (see examples below, not an all-inclusive list):

- Infants with gastro-intestinal disorders including constipation
- Excessive intestinal gas
- Gastroesophageal reflux disease.

Chiropractic procedures:

- Active Release Technique
- Active Therapeutic Movement (ATM2)
- Advanced Biostructural Correction (ABC) Chiropractic Technique
- Applied Spinal Biomechanical Engineering
- Atlas Orthogonal Technique
- Bioenergetic Synchronization Technique
- Biogeometric Integration
- Blair Technique
- Bowen Technique
- Chiropractic Biophysics Technique / Chiropractic BioPhysics Methods
- Coccygeal Meningeal Stress Fixation Technique
- ConnecTX (an instrument-assisted connective tissue therapy program)
- Cox decompression manipulation/technique
- Cranial Manipulation
- Directional Non-Force Technique
- FAKTR (Functional and Kinetic Treatment with Rehab) Approach
- Gonzalez Rehabilitation Technique
- Inertial traction (inertial extensilizer decompression table)
- IntraDiscNutrosis program
- Koren Specific Technique
- Manipulation for infant colic
- Manipulation for internal (non-neuromusculoskeletal) disorders (Applied Kinesiology)
- Manipulation Under Anesthesia
- Moire Contourographic Analysis
- Network Technique

- Neural Organizational Technique
- Neuro Emotional Technique
- NUCCA (National Upper Cervical Chiropractic Association) procedure
- Origin insertion release technique
- Positional release therapy
- Sacro-Occipital Technique
- Spinal Adjusting Devices (Activator, ProAdjuster, PulStarFRAS, Ultralign adjusting device)
- Therapeutic (Wobble) Chair
- Upledger Technique and Cranio-Sacral Therapy
- Webster Technique (for breech babies)
- Whitcomb Technique

Diagnostic procedures:

- Computerized radiographic mensuration analysis for assessing spinal mal alignment
- Dynamic spinal visualization (including digital motion x-ray and videofluoroscopy, also known as cineradiography)
- Neurocalometer/Nervoscope
- Para-spinal electromyography (EMG) / Surface scanning EMG
- Spinoscopy
- Thermography

5. PROCEDURE

5.1. N/A

6. TRAINING REQUIREMENT

6.1. All Medical UM associates are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

7. ENFORCEMENT

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal and equitable remedies may apply.

8. DOCUMENTATION

N/A

9. REFERENCE DOCUMENTS AND MATERIALS

9.1. Regulatory Authority

9.1.1. N/A

9.2. Internal - N/A

9.3. External - N/A

10. COLLABORATING DEPARTMENTS

10.1. N/A

11. DOCUMENT CONTROL

APPROVED BY:		
(Printed Name)	(Date)	(Signature)

REVISION HISTORY			
Date	Author	Version	Comments
			Initial Version

APPENDICES

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

Appendix A: