



Name of Policy:

Spinal Manipulation of Non-Neuromusculoskeletal Conditions

Policy #: 240
Category: Therapy

Latest Review Date: July 2007
Policy Grade: **Active Policy but no longer scheduled for regular literature reviews and updates.**

Background/Definitions:

As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.

The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:

- 1. The technology must have final approval from the appropriate government regulatory bodies;*
- 2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;*
- 3. The technology must improve the net health outcome;*
- 4. The technology must be as beneficial as any established alternatives;*
- 5. The improvement must be attainable outside the investigational setting.*

Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

- 1. In accordance with generally accepted standards of medical practice; and*
- 2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and*
- 3. Not primarily for the convenience of the patient, physician or other health care provider; and*
- 4. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.*

Description of Procedure or Service:

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

Manual manipulation of the spine can be an effective means of treating pain and nerve interference due to subluxation of the spine. Spinal subluxation is defined as an incomplete dislocation, misalignment, or abnormal spacing of the vertebrae anatomically. This results in inflammation of the joint and capsule leading to pain, swelling, muscle spasm nerve irritation, cartilage damage and loss of range of motion. Vascular, sensory and motor changes may also occur.

Policy:

Spinal manipulation of non-neuromusculoskeletal conditions does not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage.

Non-neuromusculoskeletal conditions may include, but are not limited to:

- Otitis media
- Asthma
- Constipation
- Colic
- Gastric reflux
- Insomnia
- Hypertension
- Obesity
- Allergies
- Epilepsy
- Autism
- Attention Deficit/Hyperactivity Disorder

The purpose of Blue Cross and Blue Shield of Alabama's medical policy is to provide a guide to coverage. Medical policy is not intended to dictate to physicians how to practice medicine. Physicians should exercise their medical judgment in providing the care they feel is most appropriate for their patients.

Key Points:

Very few randomized clinical trials of manipulation as a treatment of non-spinal conditions exist. Most studies involving the long-term safety and effectiveness of spinal manipulation have been done on adult populations. The long-term safety and effectiveness of the use of spinal manipulation in the treatment of non-neuromusculoskeletal conditions have not been proven through long-term, randomized controlled clinical trials.

Although some review articles report that spinal manipulation improves breathing in asthma patients, Balon et al reported in their randomized, controlled trial of chiropractic spinal

manipulation for 91 children with mild to moderate asthma that the addition of spinal manipulation to usual medical care provided no benefit.

Key Words:

Spinal manipulation, Osteopathic manipulative treatment (OMT), Chiropractic manipulative treatment (CMT).

Approved by Governing Bodies:

Not applicable

Benefit Application:

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply.

FEP contracts: No special consideration

Pre-certification requirements: Not applicable.

Current Coding:

CPT Codes:	97140	Manual therapy techniques (e.g. Mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
	98925	Osteopathic manipulative treatment (OMT); one to two body regions involved
	98926	;three to four body regions involved
	98927	;five to six body regions involved
	98928	;seven to eight body regions involved
	98929	;nine to ten body regions involved
	98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions
	98941	;spinal, three to four regions
	98942	;spinal, five regions
	98943	;extraspinal, one or more regions

Note----**Evaluation and management or consultation codes** should **not be used** to bill for spinal manipulation.

References:

1. Balon J, Aker PD, et al. A comparison of active and simulated chiropractic manipulation as adjunctive treatment for childhood asthma. N Eng J Med 1998;339(15):1013-20.
2. Ernst E. Chiropractic manipulation for non-spinal pain-a systemic review. NZ Med J 2003;116(1179):U539.

3. Ernst E. Manual therapies for pain control: chiropractic and massage. Clin J of Pain 2004;20(1).
4. Fitzmaurice L. Integrative medicine and pediatric emergency medicine: can they be complementary? Clin Pediat Emerg Med 2004;5(4).
5. Rosner AL. Infant and child chiropractic care: an assessment of research. Foundation for Chiropractic Education and Research 2003.
6. www.chir.state.al.us 2005;5(3).
7. www.worldchiropracticalliance.org 2005;19(5).

Policy History:

Medical Policy Group, July 2005 (1)

Medical Policy Administration Committee, July 2005

Available for comment August 6-September 19, 2005

Medical Policy Group, September 2012: **Effective September 14, 2012 this policy is no longer scheduled for regular literature reviews and updates.**

Medical Policy Group, October 2013 (1): Removed ICD-9 Diagnosis/Procedure codes; no change to policy statement.

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.