

BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	MANUAL: MEDICAL POLICY
	REFERENCE NO.: MPO-490-0016
EFFECTIVE DATE October 1, 2014	SUBJECT: Chiropractic Treatment

Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

I. DESCRIPTION:

Chiropractic is a branch of the healing arts dealing with the relationship between the articulations of the vertebral column, as well as other articulations, and the neuro-musculo-skeletal system and the role of these relationships in the restoration and maintenance of health.

Chiropractic Treatment is a form of manual treatment to influence joint and neurophysiological function.

Adjunctive Procedures are physical measures such as mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, and mobilization.

II. BENEFIT POLICY STATEMENT:

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

III. MEDICAL POLICY STATEMENT:

Coverage is subject to the terms, conditions, and limitations of the member's contract.

- A. BCNEPA will provide coverage for the use of chiropractic treatment or adjunctive procedures in treating misaligned and displaced vertebrae or articulation and related conditions of the nervous system when medically necessary.
 - 1. Chiropractic treatment or adjunctive procedures may be considered medically necessary when performed with the expectation of restoring the member's level of function which has been lost or reduced by injury or illness.
 - 2. Chiropractic treatment or adjunctive procedures may be considered medically necessary for the treatment of acute conditions in accordance with an ongoing, written treatment plan appropriate for the diagnosis reported.
- B. BCNEPA will not provide coverage for chiropractic manipulative treatment or adjunctive procedures performed repetitively to maintain a level of function (see Definitions: maintenance services) as this is considered not medically necessary.
- C. BCNEPA considers the following services excluded from coverage:
 - 1. Unattended services (electrical stimulation).
 - 2. Nutritional supplements.
 - 3. Other modalities **NOT** listed under the benefit.
- D. BCNEPA will not provide coverage for decompression therapy, (e.g., VAX-D, DRX9000, Spine Med, Tru-Trac Traction Table) as this is considered investigational.

IV. DEFINITIONS:

Adjunctive Procedures: Physical measures such as mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, and mobilization provided by an individual holding the appropriate certification..

Decompression Therapy: Is a non-surgical treatment for acute and chronic back pain. The treatment is performed through the application of traction.

Maintenance Services: Activities that preserve the patient's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved, or when no additional functional progress is apparent or expected to occur.

CODING:

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The five character codes included in the **Blue Cross of Northeastern Pennsylvania's Medical Policy** are obtained from Current Procedural Terminology (CPT*), copyright 2013 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures.

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- **The identification of a code in this section does not denote coverage or separate reimbursement.**
 - Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.
 - The following list of codes may not be all-inclusive, and are subject to change at any time.
 - Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.
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PROCEDURE CODES

95831	97022	97112	97750	99203
95832	97024	97113	97760	99204
95851	97026	97116	97761	99205
95852	97028	97124	97762	99211
97001	97032	97139	97799	99212
97002	97033	97140	98940	99213
97003	97034	97150	98941	99214
97004	97035	97530	98942	99215
97012	97036	97532	98943	S8990
97016	97039	97533	99201	S9090
97018	97110	97535	99202	

SOURCES:

BlueCare HMO Contract 2013.

Blue Cross and Blue Shield Association Medical Policy Reference Manual. "Vertebral Axial Decompression" (8.03.09), Section: Therapy, Issue: 10: 2013: 1-6.

Highmark Medical Policy Bulletin: "Decompression Therapy" Y-19, Effective Date: February 16, 2009. 1-3.

APPROVALS:

Approved by Vice President, Clinical Operations & Chief Medical Officer:



Signature: _____
(Nina M. Taggart, MA, MD, MBA)

Date of Approval: September 17, 2014

HISTORY:

Original Benefit/Medical Policy #BMPO-428-0016 Spinal Manipulation

Original Development Date: 05/11/96

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Benefit/Medical Policy #BMPO-428-0016 was revised, placed into new format, and assigned a new number (MPO-490-0016) effective July 1, 2004

Medical Policy MPO-490-0016 was renamed from "Chiropractic Manipulative Treatment (CMT)" to "Chiropractic Treatment" effective May 1, 2012

Revision Dates: 08/01/06, 05/01/08, 01/01/09, 04/01/09, 12/01/09, 05/01/10, 06/01/10, 01/01/11, 07/01/11, 12/01/11, 01/01/12, 05/01/12, 01/01/13, 02/01/13, 03/01/13, 06/01/13, 01/01/14, 06/01/14, 10/01/14

Policy developed by: Medical Policy Department