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## Chiropractic Care

MEDICAL POLICY NUMBER: 251

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**INSTRUCTIONS FOR USE:** Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

**SCOPE:** Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

## PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP\*

Medicare\*\*

### \*Medicaid/OHP Members

*Oregon*: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

Chiropractic Care: Guideline Note 56, Guideline Note 161, Guideline Note 166, Guideline Note 218

### \*\*Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

## COVERAGE CRITERIA

**Note:** Chiropractic care may be considered medically necessary when criteria below are met, and when billed with an ICD-10 diagnosis code listed in the “Billing Guidelines Appendices” (ages [0-3 years old](#), and ages [4 years and older](#)). If a diagnosis code not listed in the appropriate appendix is billed, the service is considered “not medically necessary.” See “[Billing Guidelines and Coding](#)” for additional information.

### Initial Treatment

**Note:** In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

- I. Chiropractic physical medicine services (e.g., manipulation and adjunct therapeutic procedures and modalities) may be considered **medically necessary** when **all** of the following conditions are met (A. –E.):
  - A. A neuromusculoskeletal condition has been diagnosed and documented (e.g. spinal axis aches, strains, sprains, nerve pains, functional mechanical disabilities of the spine); **and**
  - B. The level of spinal subluxation bears a direct causal relationship to the patient's symptoms and the symptoms are directly related to the level of the subluxation that has been diagnosed; **and**
  - C. The condition is one that can be relieved by standard chiropractic management

- in order to reduce pain and disability; **and**
- D. Chiropractic care is being performed by a qualified provider of chiropractic services (see [Policy Guidelines](#)) who is practicing within the scope of their license as defined by state law; **and**
  - E. The patient has a treatment plan that clearly documents all of the following (1.-5.):
    - 1. A history and examination that document the symptoms to be treated; **and**
    - 2. Diagnostic tests and results; **and**
    - 3. A prescribed treatment plan (see [Policy Guidelines](#)) that is expected to result in 30%-50% therapeutic improvement over a 2-6 week period of time (see [Policy Guidelines](#)); **and**
    - 4. A clinical rationale/justification for the frequency and duration of planned adjunctive physiotherapeutic modalities; **and**
    - 5. An estimation of length of treatment based on pre-set goals.
- II. Chiropractic physical medicine services (e.g., manipulation and adjunct therapeutic procedures and modalities) are considered **not medically necessary** when criterion I. above is not met.

#### Continuation of Chiropractic Care

- III. Continuation of chiropractic care may be considered **medically necessary** when **all** of the following are met (A.-D.):
- A. Criterion I. above has been met; **and**
  - B. A maximum therapeutic benefit has not yet been reached (e.g. a pre-injury level of functioning has not yet been reached) as validated by evidence-based self-reporting instruments and the treating physician's documented objective examination findings; **and**
  - C. Progress report has been submitted, which indicates that the patient is making functional progress. The progress report should include all of the following (1.-3.)
    - 1. Member's functional level at the beginning of chiropractic care; **and**
    - 2. Member's current status, relative to functional level at baseline; **and**
    - 3. Any change in member's prognosis, treatment plan and/or goals and why; **and**
  - D. Documentation indicates continuation of chiropractic care will progressively improve function over a specific period of time.
- IV. Continuation of chiropractic care is considered **not necessary** when criterion III. above is not met.

#### Repeat Chiropractic Care

- V. For repeat therapies, chiropractic manipulation and adjunct physiotherapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) may be considered **medically necessary** for an acute exacerbation or re-injury when **all** of the

following criteria are met (A.-E.):

- A. Patient has reached maximal therapeutic benefit with prior chiropractic treatment; **and**
- B. Patient has documented current areas of pain and activity intolerance via accepted self-reporting psychometric instruments; **and**
- C. Patient was compliant with a self-directed home care program; **and**
- D. Therapeutic improvement is expected with continued treatment; **and**
- E. The anticipated length of treatment does not exceed 6 visits within a 3 week period.

VI. Repeat chiropractic care is considered **not necessary** when criterion V. above is not met.

#### **Non-Coverage Criteria**

VII. Chiropractic manipulation and adjunct therapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) are considered **not medically necessary** for **any** of the following (A.-C.):

- A. Manipulations or modalities that are not related to the individual's symptoms, not likely to result in sustained improvement, or do not have defined endpoints, including maintenance, preventive or supportive care or care provided to prevent reoccurrences or slow deterioration;
- B. Services are provided to reduce potential risk factors where significant improvement is not expected;
- C. Duplicated services, when provided by a physical therapist or other health professional.

VIII. The following non-medical, educational, or training treatments/programs are considered **not medically necessary** (A.-D.):

- A. Work hardening programs;
- B. Back school;
- C. Vocational rehabilitation programs and any program with the primary goal of returning an individual to work;
- D. Services for the purpose of enhancing athletic performance or for recreation.

**Note:** These treatments/programs may be specifically excluded under many benefit plans

IX. Chiropractic manipulation and adjunct therapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) for non-neuromusculoskeletal conditions are considered **not medically necessary**.

X. The following procedures or devices are **not medically necessary** (A.-C.):

- A. Digital radiographic mensuration;
- B. Digital postural analysis;

C. Therapeutic (wobble) chair.

Link to [Evidence Summary](#)

## **POLICY CROSS REFERENCES**

None

The full Company portfolio of current Medical Policies is available online and can be [accessed here](#).

## **POLICY GUIDELINES**

### **Provider of chiropractic services**

Services must be delivered by a qualified provider of chiropractic services acting within the scope of their license as regulated by the Federal and State governments. Generally, only those healthcare practitioners who hold an active license, certification, or registration with the applicable state board or agency may provide services under the direction and supervision of a chiropractor (e.g. licensed massage therapist, physical therapist) but the scope and extent of such services, when provided as part of a chiropractic treatment plan and billed by the chiropractor, may be regulated by the applicable state board responsible for licensure of the chiropractor. Aides, athletic trainers, exercise physiologists, life skills trainers, and rehabilitation technicians do not meet the definition of a qualified practitioner regardless of the level of supervision. Aides and other nonqualified personnel as listed above are limited to non-skilled services such as preparing the individual, treatment area, equipment, or supplies; assisting a qualified therapist or assistant; and transporting individuals. They may not provide any direct treatments, modalities, or procedures.<sup>1</sup>

### **Therapeutic improvement**

To track improvement over the 2-6 week period, patients should sign and date self-reported scores on psychometric instruments, which document current levels of pain and activity intolerance (e.g., pain drawings, visual analog scale, numeric pain scoring, revised Oswestry, neck disability index etc.). Response to chiropractic treatment typically occurs within two to four weeks.

### **Treatment Plan**

For acute, subacute, chronic and postsurgical cases, the following are recommended:

- If conservative care is appropriate, a short course (not to extend beyond 22-4 weeks) is warranted. If the patient demonstrates objective evidence of improvement, up to an additional 4 weeks of care may be appropriate.
- The provider shall integrate some form of active home care. Continued use of passive care modalities may lead to patient dependency and should be avoided.

- Clear clinical rationale must be shown for all passive treatment modalities and the utilization of more than 2-3 passive modalities per office visit is excessive and not necessary.

## **DEFINITIONS**

### **Chiropractic Care**

Chiropractic care is a system that, in theory, uses the recuperative powers of the body and the relationship between the musculoskeletal structures and functions of the body, particularly of the spinal column and nervous system, to restore and maintain health without drugs or surgery. Chiropractic science is based on the premise that abnormalities and misalignments of the spine, defined as subluxations, distort and interrupt the normal function of the nervous system.

Chiropractic care may be a primary method of treatment for some medical conditions, and for others it may complement or support medical treatment. Chiropractic care typically involves neuromuscular treatment in the form of manipulation, mobilization and adjustment of the tissues of the body, particularly of the spinal column. The correction of the subluxation(s) through manipulation of the spinal structures is thought to remove nervous system interference and restore optimal function. In addition to manual therapy and therapeutic exercise, other modalities, both passive and active, are often used as adjunct treatments throughout the treatment program.

### **Manipulation**

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

Spinal manipulation refers to all types of manual techniques. While many techniques are taught both in and outside the established curriculum, the most widely taught techniques include the following:

- **Diversified:** This is the most commonly used of all techniques and employs a high-velocity, low-amplitude thrust that usually results in cavitation of a joint.
- **Extremity manipulation/adjusting:** This application is used for joints other than the spine, such as the shoulder, elbow, wrist, hand, finger, hip, knee, etc., and may be used for carpal tunnel syndrome, gait or posture-related problems.
- **Activator methods:** This employs the use of a hand-held spring-loaded instrument-based manipulation/adjustment protocol. Force is generated by the appliance (e.g., Activator Adjusting Instrument; AcuWave) and can be used as a primary treatment method for all patients.
- **Gonstead:** This technique is a variation of the Diversified technique and provides a specific adjustment by hand that results in joint cavitation, and may use radiograph analysis, palpation, and temperature gradient studies to determine which segments to manipulate.
- **Cox flexion distraction:** This technique employs the use of mechanical and hands-on manipulation/adjustment by utilizing a special table where traction is applied to the spine and the spine is flexed forward. This technique requires active participation from the physician and is not primarily mechanical and provider passive such as with mechanical traction or a traction table. It is primarily used to treat disc herniation, non-disc

- spinal disorders, and to increase mobility of the spinal joints.
- Thompson: This is also a variation of the Diversified technique using a table with several segments called drop pieces. The drop pieces assist the thrust while minimizing the force used for the manipulation/adjustment.

## **Mobilization**

Mobilization is defined as a passive movement of a joint within its physiological range for the purpose of increasing overall joint motion.

## **Therapeutic (Wobble) Chair**

A portable therapeutic (wobble) chair by Pettibon System® is a patented specialty seat with 360° of rotation, 40° of side to side flexion and 35° of front to back flexion on a universal type joint. The wobble chair is intended to facilitate combinations of exercise motion to aide in lumbar disc mobility, re-hydration, nutrition deliver, and waste elimination. The portable version of the wobble chair is intended for use in the home.<sup>1</sup>

## **REGULATORY STATUS**

### **U.S. FOOD AND DRUG ADMINISTRATION (FDA)**

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

## **CLINICAL EVIDENCE AND LITERATURE REVIEW**

### **EVIDENCE REVIEW**

A review of the ECRI, Hayes, Cochrane, and PubMed databases was conducted regarding the use of spinal manipulation as a treatment for low back pain. Below is a summary of the available evidence identified through July 2024.

### **Low Back Pain**

- In 2019, Rubinstein and colleagues conducted a systematic review and meta-analysis of randomized controlled trials assessing the benefits and harms of spinal manipulative therapy for the treatment of chronic low back pain.<sup>2</sup> Independent investigators systematically searched the literature through April 2018, identified eligible studies, assessed study quality, extracted data and pooled results. The effect of spinal manipulation therapy (SMT) was compared with recommended therapies, non-recommended therapies, sham (placebo) SMT, and SMT as an adjuvant therapy. Primary outcomes of interest were pain and back specific functional status, examined as mean differences and standardized mean differences (SMD), respectively. Follow-up occurred at 1-, 6- and 12-months. In total, 47 RCTs including a total

9,211 participants were included for review. On the basis of moderate quality evidence, authors reported that SMT has similar effects to other recommended therapies for short term pain relief (mean difference  $-3.17$ , 95% confidence interval  $-7.85$  to  $1.51$ ) and a small, clinically better improvement in function (SMD  $-0.25$ , 95% confidence interval  $-0.41$  to  $-0.09$ ). High quality evidence suggested that compared with non-recommended therapies SMT results in small, insignificant effects for short term pain relief (mean difference  $-7.48$ ,  $-11.50$  to  $-3.47$ ) and small to moderate clinically better improvement in function (SMD  $-0.41$ ,  $-0.67$  to  $-0.15$ ). Information was limited on the incidence of adverse events and serious adverse events. Limitations included substantial statistical heterogeneity across publications, owing to the varied settings and treatment parameters within which SMT is used.

- In 2018, the Agency for Healthcare Research and Quality published a systematic review noninvasive nonpharmacological treatment for chronic pain.<sup>3</sup> Independent investigators systematically searched the literature, identified eligible studies, assessed study quality, extracted data and pooled results. In total, 218 publications were included for review, the vast majority of which provided no data beyond 1-year follow-up. Eight trials of spinal manipulation were included for review. Sample sizes ranged from 75 to 1,001 (total sample = 2,586). At short-term follow-up, low-quality evidence suggested that spinal manipulation was associated with slight improvements in function compared with usual care or inactive controls, although not in pain. Spinal manipulation was associated with slightly greater effects than sham manipulation, usual care, an attention control, or a placebo intervention in short-term function (3 trials, pooled SMD  $-0.34$ , 95% CI  $-0.63$  to  $-0.05$ ,  $I^2 = 61%$ ) and intermediate-term function (3 trials, pooled SMD  $-0.40$ , 95% CI  $-0.69$  to  $-0.11$ ,  $I^2 = 76%$ ). There was no evidence of differences between spinal manipulation versus sham manipulation, usual care, an attention control or a placebo intervention in short-term pain (3 trials, pooled difference  $-0.20$  on a 0 to 10 scale, 95% CI  $-0.66$  to  $0.26$ ,  $I^2 = 58%$ ), but manipulation was associated with slightly greater effects than controls on intermediate-term pain (3 trials, pooled difference  $-0.64$ , 95% CI  $-0.92$  to  $-0.36$ ,  $I^2 = 0%$ ).
- In 2017, Chou and colleagues published a systematic review for an American College of Physicians clinical practice guideline evaluating nonpharmacologic therapies for low back pain.<sup>4</sup> Independent investigators systematically searched the literature through February 2016, identified eligible studies, assessed study quality and extracted data. In total, 114 publications were included for review, 18 of which addresses spinal manipulation. On the basis of low-quality evidence, investigators found no difference in effect between spinal manipulation versus sham manipulation at 12-month follow-up, but a small difference in effect between spinal manipulation and inert treatment.

### **Chiropractic Care in Children**

Two recent systematic reviews assessed the safety and efficacy of spinal manual therapy in individuals under the age of 18 for a variety of indications.<sup>5,6</sup> Outcomes were largely parent or patient-reported. All studies were limited by mixed results and a lack of long-term follow-up. Due to very low quality evidence, investigators called for additional, controlled studies with long-term follow-up to determine efficacy.

### **Radiographic Mensuration**



No high-quality studies were identified which assessed the clinical validity or utility of lumbosacral spine mensuration and its relationship to pain. One cross-sectional study was identified, which performed radiographic mensuration of lumbar lordosis, lumbosacral disc angle, and sacral inclination.<sup>7</sup> These angles were correlated with baseline variables, including CLBP intensity, age, and sex. No significant correlation of the angles were reported. Investigators concluded that there was no correlation between lumbar lordosis and pain levels for people with chronic low back pain.

### **Therapeutic (Wobble) Chair**

No high-quality studies were identified which compared the use of the wobble chair to other therapeutic treatments or regular activities of daily living. Identified studies were limited to non-evidence based reviews,<sup>8</sup> or small, non-comparative retrospective case reviews.<sup>9</sup>

## **CLINICAL PRACTICE GUIDELINES**

### **Low Back Pain**

#### North American Spine Society

In 2020, the North American Spine Society published an evidence-based clinical practice guideline addressing diagnosis and treatment of low back pain.<sup>10</sup> Investigators made the following recommendations:

- For patients with acute or chronic low back pain, spinal manipulative therapy (SMT) is an option to improve pain and function. (*Grade C recommendation – “may be considered”*)
- For patients with acute low back pain, spinal manipulative therapy (SMT) results in similar outcomes to no treatment, medication or modalities. Periodically, short-term improvement is statistically better, but clinical significance is uncertain. (*Grade A recommendation – “two or more consistent Level I studies”*)
- For patients with chronic low back pain, there is conflicting evidence that outcomes for spinal manipulative therapy (SMT) are clinically different than no treatment, medication or modalities. (*Grade I recommendation – “insufficient evidence”*)

#### American College of Physicians

In 2017, the American College of Physicians published an evidence-based clinical practice guideline addressing noninvasive treatments for acute, subacute and chronic low back pain.<sup>11</sup> On the basis of low-quality evidence, investigators listed spinal manipulation as one of the potential nonpharmacologic treatments that clinicians and patients should select for the treatment of acute, subacute and chronic low back pain.

#### National Institute for Health and Care Excellence (NICE)

In 2016, the NICE published a clinical practice guideline addressing low back pain and sciatica in over 16s.<sup>12</sup> Investigators recommend that physicians “consider manual therapy (spinal manipulation,

mobilization or soft tissue techniques such as massage) for managing low back pain with or without sciatica, but only as part of a treatment package including exercise, with or without psychological therapy.”<sup>12</sup>

### Oregon Health Evidence Review Commission (HERC)

In 2014, the HERC published a coverage guidance addressing non-pharmacological/non-invasive interventions for the treatment of lower back pain.<sup>13</sup> Authors recommended spinal manipulation as a potential treatment for pain lasting more than 4 weeks.

### EVIDENCE SUMMARY

Moderate-quality evidence indicates that patients receiving spinal manipulation experience low-back pain relief comparable to other nonpharmacologic therapies, with small improvements in function, although not in pain, at short-term follow-up. Spinal manipulation is also generally associated with slightly greater effects than sham manipulation, usual care, or a placebo intervention. While the long-term clinical significance of spinal manipulation remains unclear, several evidence-based clinical practice guidelines endorse the treatment. There is no evidence to support the concurrent use of digital radiographic mensuration, digital postural analysis or the therapeutic (wobble) chair.

## BILLING GUIDELINES AND CODING

Chiropractic care may be considered medically necessary when billed with the age-appropriate diagnosis codes listed in the “Billing Guidelines Appendices” (ages [0-3 years old](#), and ages [4 years and older](#)). If a diagnosis code not listed below is billed, the service is considered “not medically necessary.”

CODES*		
CPT	98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
	98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
	98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
	98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions

#### \*Coding Notes:

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

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## POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.

12/2023	Annual Review. Updated noncoverage criteria from investigational to not medically necessary.
6/2024	Interim update. New coding configuration added.
10/2024	Annual Review. No changes.

## BILLING GUIDELINE APPENDICES

### APPENDIX I

For patients aged **0-3 years old**, the ICD-10 diagnosis codes below may be considered medically necessary. If a diagnosis code not listed below is billed, the service is considered “not medically necessary.”

CODE	DESCRIPTION
G243	Spasmodic torticollis
G540 - G55	Nerve root and plexus disorders
G7100 - G729	Primary disorders of muscles and other myopathies
G800 - G809	Cerebral palsy
M0500 - M089A	Rheumatoid arthritis and other inflammatory polyarthropathies
M4000 - M4057	Deforming dorsopathies spondylitis and other dorsopathies [excluding scoliosis]
M4200 -M549	
M910 - M949	Chondropathies
Q6500 - Q688	Congenital musculoskeletal deformities
Q7270 - Q7273	Congenital malformations of lower limb including pelvic girdle
Q741 - Q742	
Q740	Congenital malformations of upper limb including shoulder girdle
Q749	
Q8789	
Q760 - Q7649	Congenital malformations of spine
Q770 -Q771	Osteochondrodysplasia
Q774 - Q775	
Q777 - Q779	
Q789	
S0340XA - S0343XA	
S0340XD - S0343XD	
S0340XS - S0343XS	Sprain of jaw
S130XXA - S139XXA	
S130XXD - S139XXD	
S130XXS - S139XXS	Dislocation and sprains of joint and ligaments
S230XXA- S239XXA	
S230XXD -S239XXD	
S230XXS- S239XXS	
S330XXA- S339XA	
S330XXD- S339XD	
S330XXS- S339XS	

S43001A - S4392XA  
S43001D - S4392XD  
S43001S - S4392XS  
S53001A - S53499A  
S53001D - S53499D  
S53001S - S53499S  
S63001A- S6392XA  
S63001D- S6392XD  
S63001S- S6392XS  
S73001A - S73199A  
S73001D - S73199D  
S73001S - S73199S  
S83001A-S8392XA  
S83001D-S8392XD  
S83001S-S8392XS  
S9301XA - S93699A  
S9301XD - S93699D  
S9301XS - S93699S  
S142XXA - S149 XXA  
S142XXD - S149 XXD  
S142XXS - S149 XXS  
S242XXA - S249XXA  
S242XXD - S249XXD  
S242XXS - S249XXS  
S3421XA - S349XXA  
S3421XD - S349XXD  
S3421XS - S349XXS  
S161  
S2341XA  
S2341XD  
S2341XS  
S23420A-S23429A  
S23420D-S23429D  
S23420S-S23429S  
S334  
S338XXA - S339XXA  
S338XXD - S339XXD  
S338XXS - S339XXS  
S39002  
S39012  
S39092  
S4400XA - S4492XA  
S4400XD - S4492XD  
S4400XS - S4492XS  
S46011A - S46019A  
S46011D - S46019D  
S46011S - S46019S

Injury to nerve roots spinal pleus and other nerves

Strain of muscle fascia and tendon at neck level

Sprain of other ribs sternum and pelvis

Injury or strain of muscle fascia and tendon of lower back

Injury of nerves at shoulder and upper arm level

Injury of muscle fascia and tendon at shoulder and upper arm level

S46111A - S46119A  
S46111D - S46119D  
S46111S - S46119S  
S46211A - S46219A  
S46211D - S46219D  
S46211S - S46219S  
S46311A - S46319A  
S46311D - S46319D  
S46311S - S46319S  
S46811A - S46819A  
S46811D - S46819D  
S46811S - S46819S  
S46911A - S46919A  
S46911D - S46919D  
S46911S - S46919S  
S7400XA - S7492XA  
S7400XD-S7492XD  
S7400XS-S7492XS  
S76011A - S76019A  
S76011D - S76019D  
S76011S - S76019S  
S76111A - S76119A  
S76111D - S76119D  
S76111S - S76119S  
S76211A - S76219A  
S76211D - S76219D  
S76211S - S76219S  
S76311A - S76319A  
S76311D - S76319D  
S76311S - S76319S  
S76811A - S76819A  
S76811D - S76819D  
S76811S - S76819S  
S76911A - S76919A  
S76911D - S76919D  
S76911S - S76919S  
S8400XA -S8492XA  
S8400XD-S8492XD  
S8400XS-S8492XS  
S86001A - S86019A  
S86001D - S86019D  
S86001S - S86019S  
S86111A - S86119A  
S86111D - S86119D  
S86111S - S86119S

Injury of nerves at hip and thigh level

Injury and strain of muscle fascia and tendon at hip and thigh level

Injury of nerves at lower leg level

Injury of muscle fascia and tendon at lower leg level

S86211A - S86219A  
 S86211D - S86219D  
 S86211S - S86219S  
 S86311A - S86319A  
 S86311D - S86319D  
 S86311S - S86319S  
 S86811A - S86819A  
 S86811D - S86819D  
 S86811S - S86819S  
 S86911A - S86919A  
 S86911D - S86919D  
 S86911S - S86919S  
 S9400XA - S9492XA  
 S9400XD - S9492XD  
 S9400XS - S9492XS  
 S96001A - S96019A  
 S96001D-S96019D  
 S96001S-S96019S  
 S96111A - S96119A  
 S96111D-S96119D  
 S96111S-S96119S  
 S96211A - S96219A  
 S96211D-S96219D  
 S96211S-S96219S

Injury of nerves at ankle and foot level

Injury of muscle fascia and tendon at ankle and foot level

## APPENDIX II

For patients aged **4 years and older**, the ICD-10 diagnosis codes below may be considered medically necessary. If a diagnosis code not listed below is billed, the service is considered “not medically necessary.”

CODE	DESCRIPTION
G243	Spasmodic torticollis
G43001 - G43919	Migraine
G44001 - G4489	Tension and other headaches
G540 - G55	Nerve root and pleus disorders
G5600 - G5693	Mononeuritis of upper limb
G5700 - G59	Mononeuritis of lower limb
G7100 - G729	Muscular dystrophies and other myopathies
G800 - G809	Cerebral palsy
M0500 - M089A	Rheumatoid arthritis and other inflammatory polyarthropathies
M1200 - M1389	Other and unspecified arthropathies
M150 - M1993	Osteoarthritis and allied disorders
M20001 - M259	Other joint disorders
M26601 - M2669	Temporomandibular joint disorders
M353	Rheumatism shoulder lesions and enthesopathies [ecludes back]
M7500 - M799	

M4000 - M4057	Deforming dorsopathies spondylitis and other dorsopathies [excluding scoliosis]
M4200 - M549	
M8530 - M8539	Osteitis condensans
M8900 - M8909	Algoneurodystrophy
M910 - M949	Osteochondropathies
M953	Acquired deformity of neck
M955	Acquired deformity of pelvis
M958	Other specified acquired deformities of musculoskeletal system
M959	Acquired deformities of musculoskeletal system unspecified
M9900 - M9909	Segmental and somatic dysfunction [allowed by CMS]
M9910 - M9919	Subluation complex (vertebral)
M9981 - M9984	Other acquired deformity of back or spine
Q6500 - Q688	Congenital musculoskeletal deformities
Q741 - Q742	Congenital malformations of lower limb including pelvic girdle
Q740	Congenital malformations of upper limb including shoulder girdle
Q749	
Q8789	
Q760 - Q7649	Congenital malformations of spine
Q770 - Q771	Osteochondrodysplasia
Q774 - Q775	
Q777 - Q779	
Q789	
R510-R519	Headache
S0340XA - S0343XA	
S0340XD - S0343XD	
S0340XS - S0343XS	Sprain of jaw
S130XXA - S139XXA	
S130XXD - S139XXD	
S130XXS - S139XXS	Dislocation and sprains of joints and ligaments
S230XXA- S239XXA	
S230XXD -S239XXD	
S230XXS- S239XXS	
S330XXA- S339XA	
S330XXD- S339XD	
S330XXS- S339XS	
S43001A - S4392XA	
S43001D - S4392XD	
S43001S - S4392XS	
S53001A - S53499A	
S53001D - S53499D	
S53001S - S53499S	
S63001A- S6392XA	
S63001D- S6392XD	
S63001S- S6392XS	
S73001A - S73199A	
S73001D - S73199D	
S73001S - S73199S	



S83001A-S8392XA  
S83001D-S8392XD  
S83001S-S8392XS  
S9301XA - S93699A  
S9301XD - S93699D  
S9301XS - S93699S  
S142XXA - S149 XXA  
S142XXD - S149 XXD  
S142XXS - S149 XXS  
S242XXA - S249XXA  
S242XXD - S249XXD  
S242XXS - S249XXS  
S3421XA - S349XXA  
S3421XD - S349XXD  
S3421XS - S349XXS  
S161  
S2341XA- S23429A  
S2341XD- S23429D  
S2341XS - S23429S  
S334  
S338XXA - S339XXA  
S338XXD - S339XXD  
S338XXS - S339XXS  
S39002  
S39012  
S39092  
S4400XA - S4492XA  
S4400XD - S4492XD  
S4400XS - S4492XS  
S46011A - S46019A  
S46011D - S46019D  
S46011S - S46019S  
S46111A - S46119A  
S46111D - S46119D  
S46111S - S46119S  
S46211A - S46219A  
S46211D - S46219D  
S46211S - S46219S  
S46311A - S46319A  
S46311D - S46319D  
S46311S - S46319S  
S46811A - S46819A  
S46811D - S46819D  
S46811S - S46819S  
S46911A - S46919A  
S46911D - S46919D  
S46911S - S46919S

Injuries to nerve root(s) spinal pleus(es) and other nerves

Strain of muscle fascia and tendon at neck level

Sprain of other ribs sternum and pelvis

Injury or strain of muscle fascia and tendon of lower back

Injury of nerves at shoulder and upper arm level

Injury of muscle fascia and tendon at shoulder and upper arm level

S7400XA - S7492XA  
S7400XD-S7492XD  
S7400XS-S7492XS  
S76011A - S76019A  
S76011D - S76019D  
S76011S - S76019S  
S76111A - S76119A  
S76111D - S76119D  
S76111S - S76119S  
S76211A - S76219A  
S76211D - S76219D  
S76211S - S76219S  
S76311A - S76319A  
S76311D - S76319D  
S76311S - S76319S  
S76811A - S76819A  
S76811D - S76819D  
S76811S - S76819S  
S76911A - S76919A  
S76911D - S76919D  
S76911S - S76919S  
S8400XA -S8492XA  
S8400XD-S8492XD  
S8400XS-S8492XS  
S86001A - S86019A  
S86001D - S86019D  
S86001S - S86019S  
S86111A - S86119A  
S86111D - S86119D  
S86111S - S86119S  
S86211A - S86219A  
S86211D - S86219D  
S86211S - S86219S  
S86311A - S86319A  
S86311D - S86319D  
S86311S - S86319S  
S86811A - S86819A  
S86811D - S86819D  
S86811S - S86819S  
S86911A - S86919A  
S86911D - S86919D  
S86911S - S86919S  
S9400XA - S9492XA  
S9400XD - S9492XD  
S9400XS - S9492XS

Injury of nerves at hip and thigh level

Injury and strain of muscle fascia and tendon at hip and thigh level

Injury of nerves at lower leg level

Injury of muscle fascia and tendon at lower leg level

Injury of nerves at ankle and foot level

S96001A - S96019A  
S96001D-S96019D  
S96001S-S96019S  
S96111A - S96119A  
S96111D-S96119D  
S96111S-S96119S  
S96211A - S96219A  
S96211D-S96219D  
S96211S-S96219S  
S96811A - S96819A  
S96811D-S96819D  
S96811S-S96819S  
S96911A - S96919A  
S96911D-S96919D  
S96911S-S96919S

Injury of muscle fascia and tendon at ankle and foot level