

| HEALTH PLAN POLICY | |
|---|---|
| Policy Title: Chiropractic Services | Policy Number: M13 Revision: B |
| Department: Medical Management | Sub-Department: |
| Applies to Product Lines: <input type="checkbox"/> Medicaid <input type="checkbox"/> USFHP <input type="checkbox"/> Children's Health Insurance Plan <input type="checkbox"/> Commercial Insured <input checked="" type="checkbox"/> Health Insurance Exchange <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Medicare | |
| Origination/Effective Date: 09/28/2017 | |
| Reviewed Date(s): | Revision Date(s): 06/19/2019, 05/07/2020 |

SCOPE:

This purpose of this policy is to provide written guidelines for chiropractic services.

DEFINITIONS AND ACRONYMS:

- **Biofeedback** - A technique you can use to learn to control your body's functions. Biofeedback is only covered for treatment of Raynard's disease or phenomenon and urinary or fecal incontinence.
- **Chiropractic** - A system of diagnosis and treatment based on the concept that the nervous system coordinates all of the body's functions, and that disease results from a lack of normal nerve function. Chiropractic employs manipulation and adjustment of body structures, such as the spinal column, so that pressure on nerves coming from the spinal cord due to displacement (subluxation) of a vertebral body may be relieved.

POLICY:

CHRISTUS Health Plan (CHP) considers chiropractic services medically necessary for specific medical conditions. Chiropractic Services are subject to the following:

- A. The Practitioner/Provider determines in advance that Chiropractic treatment can be expected to result in significant improvement in your condition.
- B. Chiropractic treatment is specifically limited to treatment by means of manual manipulation.
- C. Subluxation must be documented by chiropractic examination and documented in the chiropractic record. CHP does not require Radiologic (X-Ray) demonstration of subluxation for chiropractic treatment.
- D. The following conditions are not considered medically necessary:
 1. If no improvement is documented within the initial 2 months unless the chiropractic treatment is modified. If modification of chiropractic treatment shows no documented improvement within 30 days, continued chiropractic treatment is considered *not* medically necessary.
 2. Once the maximum therapeutic benefit has been achieved
 3. Chiropractic manipulation in asymptomatic persons or in persons without an identifiable clinical condition.
 4. Chiropractic care in persons whose condition is neither regressing nor improving.
- E. Manipulation is considered experimental and investigational when:

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1. it is rendered for non-neuromusculoskeletal conditions (e.g., attention-deficit hyperactivity disorder, asthma, autism spectrum disorder, dysmenorrhea, epilepsy, and gastro-intestinal disorders, and menopause-associated vasomotor symptoms; not an all-inclusive list) because its effectiveness for these indications is unproven.
2. when non-neuromusculoskeletal indications is found in infants (e.g., infants with constipation)

RELATED DOCUMENTS:

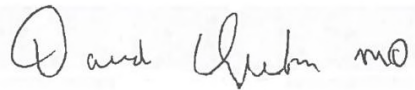
None

REFERENCES:

None



Nancy Horstmann
Chief Executive Officer Health Plans



David Engleking, M.D.
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REVISION HISTORY:

| Revision | Date | Description of Change | Committee |
|----------|------------|--|----------------------|
| New | 09/28/2017 | Initial release. | Board of Directors |
| A | 06/19/2019 | Annual review. Made minor format change. | Executive Leadership |
| B | 05/07/2020 | Annual review. Made minor grammar correction. No change to policy content. | Executive Leadership |
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