

## Chiropractic services

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

### Administrative Process

Prior authorization is not required for chiropractic services.

If your plan has out-of-network benefits for chiropractic services, you may utilize out of network providers. Please note that most plans have contractual limits for out-of-network chiropractor visits, so we encourage members to call Member Services for details regarding your benefits.

### Coverage

Chiropractic services are generally covered subject to the indications listed below and per your plan documents. The coverage criteria listed below apply to services received from all providers.

#### Indications that are covered

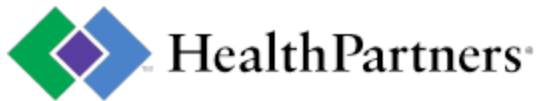
1. Care that is provided or directed by a licensed Doctor of Chiropractic.
2. Care that is rehabilitative in nature. See definition below
3. Care that is medically necessary for the diagnosis and/or treatment of neuromusculoskeletal conditions including but not limited to back pain, neck pain, and cervicogenic headaches.
4. Care that includes the following:
  - A. Diagnosis by physical examination and plain film radiography
  - B. An individual plan of care with documentation to outline quantifiable, attainable treatment goals and expected duration of treatment
  - C. Manual manipulation and therapy modalities used in conjunction with spinal manipulation.
5. The following therapy modalities when used in conjunction with manual manipulation of the spine and when delivered or directed by a chiropractor:
  - A. Electrical stimulation
  - B. Manual muscle stimulation
  - C. Ultrasound therapy
  - D. Traction
  - E. Manual acupressure
  - F. Infrared heat lamp
  - G. Ultraviolet light therapy
  - H. Trigger point therapy
6. Massage therapy when it is:
  - A. Performed by a chiropractor in conjunction with other covered treatment modalities; **and**
  - B. Included as part of a prescribed treatment plan; **and**
  - C. Not separately billed
  - D. Covered massage therapy includes:
    - i. Mobilization and manipulation
    - ii. Manual lymphatic drainage
    - iii. Manual traction
    - iv. Myofascial release

#### Indications that are not covered

1. Educational materials such as books and videos
2. Exercise consultation, instruction, or equipment
3. Orthotics ordered or provided by a chiropractor

#### The following services are considered not medically necessary:

1. Care that is maintenance, preventive or supportive in nature and therefore does not meet the definition of rehabilitative therapy. See definition of maintenance care below.
2. Application of hot or cold packs
3. Testing ordered by a chiropractor other than plain film x-rays, including but not limited to CT scans, MRI's, and laboratory tests



The following services are considered investigational as there is insufficient reliable evidence in the form of high-quality peer-reviewed medical literature to establish the safety and efficacy of these tests/ treatments or their effect on health care outcomes:

1. Low Level Laser Therapy (LLLT)
2. Spinal Decompression Therapy for back or leg pain
3. Spinal manipulation under anesthesia
4. Craniosacral therapy
5. Accelerated Recovery Performance (ARP) Wave Neuro Therapy
6. Clear Institute Technique for Scoliosis Treatment, including the scoliosis chair
7. Neurometabolic therapy
8. Hypnosis
9. Digital radiographic mensuration analysis for assessing spinal mal-alignment
10. Skin surface thermography
11. Para-spinal electromyography (EMG)/Surface scanning EMG
12. Computerized Dynamic Posturography

## Definitions

**Maintenance therapy** includes services that seek to prevent disease, promote health, and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy

**Neuromusculoskeletal** describes the interactions between nerves, muscles, soft tissue, and bones

**Rehabilitative therapy** is a restorative service, which is provided for the purpose of obtaining significant functional improvement, within a predictable period of time, (generally within a period of two months) toward a patient's maximum potential ability to perform functional daily living activities.

**Spinal manipulation** is a form of manual therapy that involves the movement of a joint near the end of the clinical range of motion.

**Subluxation** is a slight misalignment of the vertebrae

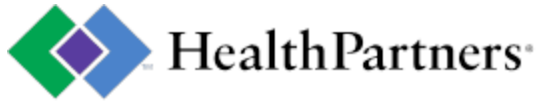
## Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

Approved Medical Director Committee and Benefits Committee 01/01/94; Revised 7/1/97, 1/1/99, 7/1/00, 7/1/02, 3/10/06, 12/10/07, 10/21/08, 10/12/10, 7/21/11, 1/6/12, 2/27/17, ; Annual Review 3/10/06, 12/10/07; 10/21/08, 6/1/09, 10/12/10, 7/21/11, 1/2012, 1/2013, 1/2014, 1/2015, 1/2016, 1/2017, 12/2017, 12/2018, 12/2021

## References

1. Bronfort, G., Hass, M., Evans, R., Leininger, B. and Triano, J. (2010). Effectiveness of manual therapies: the UK evidence report. *Chiropractic and Osteopathy*, 18(3):1-47.
2. Bryans, R., Decina, P., Descaarreaux, M., Duranleau, M. Marcoux, H., Potter, B. ...and White, E. (2014) Evidence-Based Guidelines for Chiropractic Treatment of Adults With Neck Pain. *Journal of Manipulative and Physiological Therapeutics*, 37(1):42-63.
3. Centers for Medicare Services (2003) Medicare Benefit Policy Manual- Chapter 15; Section 240, Chiropractic Services-General (Accessed 1/3/2022 from [www.cms.gov](http://www.cms.gov))
4. Gay, R., Bronfort, G., and Evans, R. (2005) Distraction Manipulation of the Lumbar Spine: A Review of the Literature. *Journal of Manipulative and Physiological Therapeutics*, 28(4):266-273.
5. Globe, G., Farabaugh, R., Hawk, C., Morris, C., Baker, G., Whalen, W. ...and Augat, T. (2016). Clinical Practice Guideline: Chiropractic Care for Low Back Pain. *Journal of Manipulative and Physiological Therapeutics*, 39(1):1-22.
6. Haas, M., Vavrek, D., Peterson, D., Polissar, N., and Neradilek, M. (2014). Dose-Response and Efficacy of Spinal Manipulation for Care of Chronic Low Back Pain: A Randomized Controlled Trial. *The Spine Journal*, 14(7):1106-1116.
7. Hayes, Inc. Hayes Medical Technology Directory Report. Chiropractic Treatment for Low Back Pain. Lansdale, PA: Hayes, Inc.; November 2005. Reviewed December 2009/Archived December 2010.



8. Hayes, Inc. Hayes Medical Technology Directory Report. Craniosacral Therapy. Lansdale, PA: Hayes, Inc.; May 2014. Reviewed April 2018.
9. Kemper, K. Complementary and alternative medicine in pediatrics. In: UpToDate, Drutz, J. (Ed), UpToDate, Waltham, MA. (Accessed on 12/28/2021).
10. Kohlbeck, F. and Haldeman, S. (2002). Medication-assisted Spinal Manipulation. *The Spine Journal*, 2(4):288-302.
11. LeFebvre, R., Peterson, D, and Haas, M. (2012). Evidence-Based Practice and Chiropractic Care. *Journal of Evidence-Based Complementary & Alternative Medicine*.
12. Minnesota State Statute 62A.15
13. Qaseem, A., Wilt, T. J., McLean, R. M., & Forciea, M. A. (2017). Noninvasive treatments for acute, subacute, and chronic low back pain: a clinical practice guideline from the American College of Physicians. *Annals of internal medicine*, 166(7), 514-530.
14. Shekelle, P., Vernon, H. and Fritz, J. Spinal Manipulation in the treatment of musculoskeletal pain. In: UpToDate, Atlas, S. and Sokol, H. N. (Ed), UpToDate, Waltham, MA. (Accessed on 12/28/2021)
15. Shugerman, R. P., Rimsza, M. E., Basco, W. T., Hotaling, A. J., Sigrest, T. D., & Simon, F. A. (2013). Scope of practice issues in the delivery of pediatric health care. *Pediatrics*, 131(6), 1211-1216.
16. Tauben, D. Evaluation of chronic non-cancer pain in adults. In: UpToDate, Fishman, S. (Ed), UpToDate, Waltham, MA. (Accessed on 01/3/2022).