Manual Therapy

Optum Health Solutions Musculoskeletal (MSK) Utilization Management Policy
Policy: 302

Effective Date: 4/25/2024

Table of Contents

Policy Statement

Manual therapy is considered medically necessary when *all* the following conditions are met:

- Benefit coverage criteria are satisfied.
- The patient has a health condition/disorder for which manual therapy techniques are clinically appropriate and not contraindicated.
- Skilled care services are warranted.
- Manual therapy techniques are within the professional scope of practice.

AND

- Manual therapy techniques are reported as a stand-alone procedure; or
- Are supported as the most comprehensive service performed; or
- Manual therapy techniques are performed to a separate and distinct anatomical region, when any chiropractic manipulative treatment (CMT) procedural code is also recorded; and
- All documentation requirements are met.

Purpose

This policy has been developed to describe the criteria that Optum uses to conduct utilization review (UR) for services described as manual therapy including joint manipulation.

Scope

All in and out of network programs involving all provider types, where utilization review determinations are rendered. This policy also serves as a resource for peer-to-peer interactions in describing the position of Optum on the reporting of manual therapy services.

Background

Manual therapy is a clinical approach performed by a skilled clinician to manipulate the patient's body (spine and extremities) to assess, diagnose and treat. Manual therapy techniques include but are not limited to soft tissue mobilization, joint mobilization and manipulation, manual lymphatic drainage, manual traction, craniosacral therapy, myofascial release, and neural gliding techniques (Clar et al., 2014).

Types of Manual Therapy Techniques (MTT)

Several manual therapies have evolved over the years that encompass a diverse set of techniques commonly performed by chiropractors, physical therapists, and other health care professionals. The different approaches can be broadly classified by the anatomic target i.e., soft-tissue or joint. Table 1 lists the most commonly reported manual therapy techniques.

Table 1. Common manual therapy techniques

Soft Tissue techniques	Joint techniques
Manual trigger point therapy (Müggenborg et al., 2023)	Joint mobilization (Carrillo et al., 2021)
Manual lymph drainage (Thompson et al., 2020)	Joint mobilization/thrust (LaPelusa, Bordoni, 2023)
Transverse frictional massage (Sadeghnia et al, 2023)	Muscle energy techniques (Thomas et al., 2019)
Soft tissue mobilization (Carrillo et al., 2021)	Mobilizations with movement (Mulligan techniques) (Bhagat et al., 2020)
Functional mobilization (Coulter et al., 2018)	Manual traction (Gudavalli et al., 2014)
Scar mobilization (Ault et al., 2018)	Post-isometric relaxation (Khan et al., 2022)
Myofascial release (Müggenborg et al., 2023)	
Strain-counter-strain (positional release) (Müggenborg et al., 2023)	
Craniosacral therapy (Haller et al., 2019)	
Active Release Technique (ART) (Gliedt & Daniels et al., 2014)	
Feldenkrais (Berland et al., 2022)	
Augmented soft-tissue mobilization (e.g., Graston) (Moon et al., 2017)	
Proprioceptive neuromuscular facilitation (Kruse et al., 2022)	

Application of Manual Therapy Techniques

While the decision on which technique to use is based on the clinician's belief, their level of expertise, their decision-making processes, and practice scope; there is general agreement on those criteria that are important for the correct application of a manual therapy. These include specificity of the procedure; direction and amount of force; the duration, type, and irritability of symptoms; and patient and clinician position.

Indications for Manual Therapy Techniques

Indications

Broadly manual therapy is used when movement impairments are present causing pain and decreased range of motion (Bise et al., 2017).

Contraindications

The following are adapted from Whalen et al. (2023): Possible contraindications to high-velocity, low-amplitude spinal manipulation. This list is not comprehensive and there may be other clinical scenarios where treatment with high-velocity, low-amplitude spinal manipulation would not be indicated. These conditions do not all necessarily preclude use of low-force manipulation, mobilization, or soft tissue techniques. All manual therapy approaches should consider potential contraindications.

- Musculoskeletal
  - Advanced osteoporosis
  - Benign or malignant bone tumors
  - Structural instability (examples: unstable spondylolisthesis or post-surgical joint instability)
- Inflammatory
  - Osteomyelitis
  - Rheumatoid arthritis in the active systemic stage, or locally if current inflammation or instability present
- Neurologic
  - Cauda equina syndrome
  - Progressive or sudden neurologic deficit or disease
  - Spinal cord tumors with neurological compromise or requiring medical intervention
- Hematologic
  - Unstable bleeding disorders, including high dose anticoagulant therapy
  - Unstable aortic aneurysm

Red flags

- Abdominal aortic aneurysm
- Bowel or bladder dysfunction
- Cancer/ immunosuppression
- Confusion/altered consciousness
- Connective tissue disease
- Progressive muscle weakness or loss of sensation
- Osteoporosis/osteopenia
- Recent unexplained weight loss

- Severe nocturnal pain
- Severe trauma or infection
- Potential urinary tract infection
- Intravenous drug use
- Prolonged corticosteroid use
- Back pain not improved after conservative management
- Abnormal sensory, motor, or deep tendon reflexes
- Fever >100˚F
- Nuchal rigidity
- Pain pattern unrelated to movements or activities
- Saddle anesthesia
- Recent spine surgery

This list is not comprehensive and there may be other clinical situations when manual therapy may not be indicated.

Documentation Requirements

The following documentation is required to support medical necessity of manual therapy services:

- The clinical indication and appropriateness of the selected manual therapy technique including the need for skilled care services for treating a musculoskeletal condition.
- The clinical rationale for a separate and identifiable service must be documented when both CPT code 97140 and a CMT procedural code are reported on the same date.
- Description of the manual therapy technique e.g., joint manipulation, myofascial release, mobilization, etc.
- Location e.g., spinal region(s), shoulder, thigh, etc.
- Time (applies only to CPT code 97140, which includes a timed-therapy services requirement).

There are general coverage criteria, which must be met when conducting utilization review determinations, in addition to those documentation requirements (above) associated with the different types of manual therapies. These criteria are found in the member's Summary Plan Description (SPD) or Certificate of Coverage (COC), and health plan medical policies to determine whether coverage is provided, if there are any exclusions or benefit limitations applicable to this policy.

Coding Information

Note: The Current Procedural Terminology (CPT) codes listed in this policy may not be all inclusive and are for reference purposes only. The listing of a service code in this policy does not imply that the service described by the code is a covered or non-covered health service. Coverage is determined by the member's benefit document.

CPT	Description
97140	Manual therapy techniques (e.g., mobilization, manipulation, manual lymphatic drainage, manual traction) one or more regions, each 15 minutes
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions
98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions
98942	Chiropractic manipulative treatment (CMT); spinal, five regions
98943	Chiropractic manipulative treatment (CMT); extraspinal, one or more regions [non-spine]

CPT® is a registered trademark of the American Medical Association

References

Ault, P., Plaza, A., Paratz, J.(2018). Scar massage for hypertrophic burns scarring-A systematic review. Burns 44(1): 24-38. Doi: 10.1016/j.burns/2017.05.006.

Berland R, Marques-Sule E, Marín-Mateo JL, et al. Effects of the Feldenkrais Method as a Physiotherapy Tool: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Int J Environ Res Public Health. 2022 Oct 22;19(21):13734. doi: 10.3390/ijerph192113734.

Bhagat M, Neelapala YVR, (2019).Gangavelli R. Immediate effects of Mulligan's techniques on pain and functional mobility in individuals with knee osteoarthritis: A randomized control trial. Physiotherapy Res Int. 2020 Jan;25(1):e1812. doi: 10.1002/pri.1812.

Carrillo, P., Taylor, K., Fedorczyk, J. (2021). Rehabilitation of the Hand and Upper Extremity. Elsevier, Inc.

C.G. Bise, S.R. Piva, R. Erhard,Chapter 12 - Manual Therapy,Editor(s): Jeffrey D. Placzek, David A. Boyce,Orthopaedic Physical Therapy Secrets (Third Edition),Elsevier,2017,Pages 85-94, https://doi.org/10.1016/B978-0-323-28683-1.00012-6.

Clar, C., Tsertsvadze, A; Court, R, et al, 2014. Clinical effectiveness of manual therapy for the management of musculoskeletal and non-musculoskeletal conditions: systemic review and update of UK evidence report. *Chiropractic & Manual Therapies*. http://www.chiromt.com/content/22/1/12

CPT 2023; Professional Edition. American Medical Association.

Coulter I.D., Crawford C., Hurwitz E.L, et al. (2018). Manipulation, and mobilization for treating chronic low back pain: a systematic review and meta-analysis. *Spine J. (5)*:866-879. Doi:10.1016/j.spinee.2018.01.013.

Gliedt J.A., Daniels C.J. (2014). Chiropractic treatment of lateral epicondylitis: a case report utilizing active release techniques. *J Chiropr Med 13*(2):104-9. doi: 10.1016/j.jcm.2014.06.009.

Gudavalli M.R., Vining R.D., Salsbury S.A., et al. (2014). Training and certification of Doctor of Chiropractic in delivering manual cervical traction forces: Results of a longitudinal observational study. *J Chiropr Educ. 28(*2):130-8. doi: 10.7899/JCE-14-18.

Haller H, Lauche R, Sundberg T, et al. Craniosacral therapy for chronic pain: a systematic review and meta-analysis of randomized controlled trials. BMC Musculoskelet Disord. 2019 Dec 31;21(1):1. doi: 10.1186/s12891-019-3017-y.

Khan ZK, Ahmed SI, Baig AAM, et al. (2022). Effect of post-isometric relaxation versus myofascial release therapy on pain, functional disability, rom and qol in the management of non-specific neck pain: a randomized controlled trial. *BMC Musculoskelet Disord.* 23(1):567. doi: 10.1186/s12891-022-05516-1.

Kruse A, Habersack A, Jaspers RT, et al. (2022) Acute Effects of Static and Proprioceptive Neuromuscular Facilitation Stretching of the Plantar Flexors on Ankle Range of Motion and Muscle-Tendon Behavior in Children with Spastic Cerebral Palsy-A Randomized Clinical Trial. *Int J Environ Res Public Health*;*19*(18):11599. doi: 10.3390/ijerph191811599.

LaPelusa A, Bordoni B. High-Velocity Low-Amplitude Manipulation Techniques. (2023).

Moon JH, Jung JH, Won YS, et al. (2017). Immediate effects of Graston Technique on hamstring muscle extensibility and pain intensity in patients with nonspecific low back pain. *J Phys Therapy Science, 29*(2):224-227. doi: 10.1589/jpts.29.224. Epub 2017 Feb 24.

Müggenborg ,.F, de Castro Carletti, EM., Dennett, L., Mohamad, N., et a l(2023). Effectiveness of Manual Trigger Point Therapy in Patients with Myofascial Trigger Points in the Orofacial Region-A Systematic Review. Life (Basel).13(2):336. doi: 10.3390/life13020336.

Sadeghnia, M., Shadmehr, A., Seyed, M. (2023). The immediate effects of dep transverse friction massage, high-power pain threshold ultrasound and whole-body vibration on active myofascial trigger points. *Journal of Bodywork & Movement Therapies,* Volume 36, pages 165-170.

Swann E, Graner SJ. Uses of manual-therapy techniques in pain management. *Athletic Therapy Today* 2002;7(4):14-17. Discontinued in 2011. Continued by International Journal of Athletic Therapy and Training (2157-7277).

Thomas E, Cavallaro AR, Mani D, et al. (2019). The efficacy of muscle energy techniques in symptomatic and asymptomatic subjects: a systematic review. *Chiropr Manual Therapy;27*(35).

Thompson, B., Gaitatzis, K., Janse de Jonge, X., et al. Manual lymphatic drainage treatment for lymphedema: a systematic review of the literature. J Cancer Survival. 2021 Apr;15(2):244-258. doi: 10.1007/s11764-020-00928-1. Epub 2020 Aug 15.

Whalen, W., Hawk, C.,Farabaugh, R. et al. (2023).Best Practices for Chiropractic Management of Adult Patients with Mechanical Low Back Pain: A Clinical Practice Guideline for Chiropractors in the United States. *Journal of Manipulative and Physiological Therapeutics.Volume 45(8).*

Review and Approval History

Date	Action
12/13/2007	Utilization Management Committee (UMC) approved for inactivation of policy
1/10/2008	Quality Improvement Committee (QIC) approved inactivation of policy
12/11/2008	Revised policy reviewed and approved by the UMC. Policy updated to include current authoritative sourced information. *Decision Guide* introduced.
1/15/2009	Quality Improvement Committee (QIC) approved re-activation of policy
4/30/2009	Annual review completed
4/08/2010	Annual review completed
10/26/2010	Policy rebranded to “OptumHealth Care Solutions, Inc. (OptumHealth)”
04/07/2011	Annual review completed
04/19/2012	Annual review completed
04/18/2013	Annual review completed
04/17/2014	Annual review completed; Policy rebranded “Optum* by OptumHealth Care Solutions, Inc.”
04/16/2015	Annual review completed
04/20/2017	Annual review completed; Legal entity name changed from “OptumHealth Care Solutions, Inc.” to “OptumHealth Care Solutions, LLC.”; The decision guide was deleted. Policy revisions include changes to the title, policy category (from therapies to determination), policy statement, purpose, definition, background, and reporting sections.
04/26/2018	Annual review completed; no significant changes to the document
04/25/2019	Annual review completed; no significant changes to the document
04/23/2020	Annual review completed; no significant changes to the document
04/22/2021	Annual review completed; no significant changes to the document
05/03/2022	Annual review completed; Added clarifying statement language regarding CPT codes 98943 and 97140 in the “Reporting Manual Therapy Services” section
06/29/2022	Updated legal entity name “OptumHealth Care Solutions, LLC.” to *Optum™ Physical Health (“Optum”) includes OptumHealth Care Solutions, LLC; ACN Group IPA of New York, Inc.; ACN Group IPA of California, Inc. d/b/a OptumHealth Physical Health of California; Managed Physical Network, Inc.; and OrthoNet Holdings, Inc. which includes OrthoNet New York IPA, Inc., OrthoNet West, Inc., OrthoNet, LLC, OrthoNet of the South, Inc.
4/27/2023	Annual review and approval completed; no significant changes made to the document. Updated contact email from policy.inquiry@optumhealth.com to phpolicy_inquiry@optum.com.

1/31/24	Annual review complete; no substantive changes. Approved by Optum Clinical Advisory Committee
4/9/2024	Update of contraindication list approved by Optum Clinical Advisory Committee for interim review.
4/25/2024	Annual review and approval completed, update of contraindication list. Document content transitioned to new policy template.