Medicare Chiropractic Services

Optum Health Solutions Musculoskeletal (MSK)

Utilization Management Policy
Policy Number: 496

Effective Date: 06/11/2025

Table of Contents

Application

In accordance with CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 30.5, coverage for chiropractic care extends only to treatment by means of manual manipulation of the spine to correct a subluxation. All other services furnished or ordered by chiropractors are not covered.

Policy Statement

Chiropractic care may be considered medically necessary when all of the following are met:

- The patient must have a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment, and the manipulative services rendered must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1.3).
- The individual has a primary diagnosis of subluxation of the spine as demonstrated by x-ray or physical examination.
- The precise level of the subluxation is specified by the chiropractor.
- Manual manipulation of one or more spinal regions is planned.

Under the Medicare program, chiropractic maintenance therapy is not considered medically reasonable or necessary. 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 considered maintenance therapy (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1.3).

Chiropractic manipulation for non-neuromusculoskeletal conditions is considered not medically necessary.

For medical necessity clinical coverage criteria, refer first to the Medicare Coverage Database for NCD and LCD/LCAs, next Medicare Benefit Policy Coverage Manual Chapter 15, Medicare Benefit Policy Manual (cms.gov), followed by InterQual® LOC Outpatient Rehabilitation and Chiropractic. Click here to access InterQual® criteria.

InterQual® Outpatient Rehabilitation & Chiropractic Criteria Benefits vs. Harms

Optum uses the criteria in the InterQual® guidelines to supplement the general Medicare criteria regarding when a request for Outpatient Rehabilitation & Chiropractic services is reasonable and necessary. Use of this criteria to supplement the general provisions provides clinical benefits by helping ensure that outpatient rehabilitation and chiropractic services requested are approved in a consistent manner from a dosage standpoint for a patient's specific clinical needs and consistent with the most current best evidence. InterQual® criteria are derived from the systematic, continuous review and critical appraisal of the most current evidence-based literature and include input from an independent panel of clinical experts. The criteria identify key concerns throughout the process to ensure the appropriate level of care is identified and that contraindicated care is not approved, for example in the event the patient had contraindications of care, that would necessitate referral for appropriate care. InterQual® Outpatient Rehabilitation & Chiropractic Criteria support decisions about the appropriateness of therapy services and chiropractic care in the outpatient setting and have been validated for use with adult patients as appropriate with age ranges specified within the criteria. Outpatient Rehabilitation & Chiropractic Criteria subsets include Rehabilitation, Habilitation, Maintenance and Chiropractic and within each subset, the pathways are organized by condition or deficit areas (e.g., musculoskeletal, neurological, pelvic floor, swallowing, cervicogenic headache, congenital disorder, activities of daily living (ADLs), respiratory

dysfunction) that may be amenable to intervention or type of program (e.g., Pulmonary Rehabilitation, Cardiac Rehabilitation). The potential clinical harms of using these criteria may include inappropriately denying or limiting access to outpatient rehabilitation and chiropractic services secondary to poor and/or incomplete provider records not identifying the full clinical findings. Additionally, the lack of demonstrating the need for skilled care or medically necessary care via measurable outcome tools, pain and/or activities of daily living may result in inappropriate denial of ongoing care.

The clinical benefits of using these criteria are highly likely to outweigh any clinical harms, including from delayed or decreased access to services, because when the provider submits complete records, the criteria is unlikely to lead to circumstances where Outpatient Rehabilitation & Chiropractic services are inappropriately denied. Further, use of the criteria should limit the circumstances where Outpatient Rehabilitation & Chiropractic services are incorrectly approved. Approving non-skilled or non-medically necessary care when it is not indicated, can lead to delay of further clinical investigation of a member's condition and consideration of appropriate alternative treatment options, and/or encourage care dependence.

Initial Course of Treatment

The initial course of treatment request must include the following:

- A subluxation must be demonstrated on x-ray or physical examination
- To demonstrate a subluxation based on physical examination, two of the four criteria listed below are required, one of which must be asymmetry/misalignment or range of motion abnormality:
  - Pain/tenderness evaluated in terms of location, quality, and intensity
  - Asymmetry misalignment identified on a sectional or segmental level
  - Range of motion abnormality
  - Tissue, tone changes in the characteristics of contiguous or associated soft tissues including skin, fascia, muscle, and ligament

The following documentation requirements apply whether the subluxation is demonstrated by x-ray or physical examination:

- Relevant personal and family health history
- Description of the present illness including:
  - Symptoms causing the individual to seek treatment
    - Symptoms must bear a direct relationship to the level of subluxation.
  - Quality and character of symptoms/problem
  - Mechanism of trauma
  - Onset, duration, intensity, frequency, location, and radiation of symptoms
  - Aggravating or relieving factors
  - Prior interventions, treatments, medications, and secondary complaints
- Evaluation of the musculoskeletal/nervous system through physical examination
- Primary diagnosis must be subluxation, including the level of subluxation, either so stated or identified by a term descriptive of subluxation. Such terms may refer to either of the following:
  - The condition of the spinal joint involved OR
  - The direction of position assumed by the particular bone named
- Treatment plan should include the following:
  - Recommended level of care including duration and frequency of visits
  - Specific treatment goals
  - Objective measures to evaluate treatment effectiveness
  - Date of the initial treatment

Care Beyond the Initial Course of Treatment

Requests for care beyond the initial course of treatment shall provide clear documentation of the medical necessity and reasonableness of further chiropractic treatment including:

- History:
  - Review of chief complaint
  - Changes since the last visit including system review if relevant
- Physical examination:
  - Examination of the area of the spine involved in the diagnosis
  - Assessment of change in patient condition since last visit
  - Evaluation of treatment effectiveness
- Documentation of treatment given on day of visit

All ongoing care is reviewed by an Optum clinical specialist provider. Determinations are subject to any applicable benefit restrictions, state and federal mandates and/or regulations, and documentation of the medical necessity and reasonableness of the service requested.

Definitions

Unless otherwise cited, the following definitions are consistent with Medicare Benefit Policy Coverage Manual.

Subluxation – A motion segment, in which alignment, movement integrity, and/or physiological function of the spine are altered although contact between joint surfaces remains intact. A subluxation may be demonstrated on x-ray or physical examination. A patient's condition is considered acute when the patient is being treated for a new injury as determined by x-ray or physical examination.

Manual manipulation – Chiropractic manipulative treatment (CMT) is a form of manual treatment to influence joint and neurophysiological function accomplished using a variety of techniques. The result of chiropractic manipulation is expected to be an improvement in, or arrest of progression, of the patient's condition.

Coding Information

The following list of procedure codes is provided for reference purposes only, may not be all inclusive, and does not imply that the service described is a covered or non-covered service.

For the purposes of CMT, the five spinal regions referred to are: cervical region (includes atlanto-occipital joint); thoracic region (includes costovertebral and costotransverse joints); lumbar region; sacral region; and pelvic (sacro-iliac joint) region. (CPT® 2024).

CPT® Code	Description
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

CPT® is a registered trademark of the American Medical Association.

References

American Medical Association. CPT® 2024, Professional Edition.

Center for Medicare and Medicaid Services. Chiropractic Services – Medical Policy Article. Article ID: A57889. Effective date: 01/01/2020. Available from: Article - Chiropractic Services – Medical Policy Article (A57889) (cms.gov)

Centers for Medicare and Medicaid Services. Medicare benefit policy manual chapter 15: Covered medical and other health services. Rev. 12865; Issued: 10/04/2024. Available from: Medicare Benefit Policy Manual (cms.gov)

Review and Approval History

Date	Action
11/03/2023	New UM policy. Assigned policy number 496. Effective date: 1/1/2024.
11/03/2023	Approved by Optum Clinical Guideline Advisory Committee.
11/29/2023	Approved by Medicare Advantage Policy and Technology Assessment Committee (MAP-TAC).
04/09/2024	Added discussion concerning the benefits vs. harms of InterQual® criteria when applied to this policy and inserted a link to the InterQual® criteria. New content approved by Optum Clinical Guideline Advisory Committee.
04/17/2024	New content described above approved by Medicare Advantage Policy and Technology Assessment Committee (MAP-TAC).
10/09/2024	Annual review completed, No substantive changes. Approved by Optum Clinical Advisory Committee.
06/11/2025	Annual review and approval by Medicare Advantage Policy and Technology Assessment Committee (MAP-TAC).