



# CLINICAL GUIDELINES

## Chiropractic Services

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.



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## **CHIRO-1.0: Criteria for the Provision of Chiropractic Services**

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## **CHIRO-1.1: Definitions**

### **Activities of Daily Living**

- Activities of Daily Living include Basic Activities of Daily Living and Instrumental Activities of Daily Living.
  - ◆ **Basic Activities of Daily Living** are oriented towards taking care of one's own physical needs. These activities include walking, changing positions, dressing, and personal hygiene.
  - ◆ **Instrumental Activities of Daily Living** are more complex and support independent living within the home and community. These activities may include driving, housecleaning, care of others, child rearing, meal preparation, and shopping.

### **Chiropractic Services**

- Chiropractic Services are those within the scope of a licensed chiropractor in the applicable jurisdiction. These may include the following:
  - ◆ Evaluation and management services
  - ◆ Chiropractic manipulative treatment
  - ◆ Physical medicine and rehabilitation treatments

### **Exacerbation**

- An Exacerbation occurs when previously improved functional deficits recur following a plateau in the ability to perform Activities of Daily Living. This results in a significant decline in the ability to perform Activities of Daily Living when compared to the pre-exacerbation levels of function. A significant decline must be quantified. This decline can be demonstrated by a worsening of equal or greater value than an established Minimally Clinical Important Difference (MCID) or Minimum Detectable Change (MDC) on a standardized assessment for the individual's condition.

### **Generally Accepted Standards of Practice**

- Generally Accepted Standards of Practice are widely-accepted clinical concepts and practices based on high quality scientific evidence published in the peer-reviewed literature and/or evidence-based guidelines generally recognized by the relevant healthcare community.

### **Maintenance Chiropractic Services**

- Maintenance Chiropractic Services are those that are performed to maintain the individual's current condition or to prevent or slow deterioration of the individual's condition.

### **Minimally Clinical Important Difference (MCID)**

- Minimally Clinical Important Difference (MCID) is the smallest change in the score of a standardized assessment tool that is identified to be beneficial. The MCID is a statistical value established in published, peer-reviewed research.

### **Minimum Detectable Change (MDC)**

- Minimal Detectable Change (MDC) is a change in the score of a standardized assessment tool that is greater than measurement error. The MDC is a statistical value established in published, peer-reviewed research.

### **Preventative Chiropractic Services**

- Preventative Chiropractic Services include management of the asymptomatic individual to prevent disability. This type of care is not medically necessary.

### **CHIRO-1.2: Indications for Treatment**

Medically necessary Chiropractic Services are those that are reasonable and necessary, based on Generally Accepted Standards of Practice (as defined in **CHIRO-1.1: Definitions**), for the evaluation, diagnosis, and treatment of a condition that is neuromusculoskeletal in origin to restore lost function resulting from an injury or illness.

### **CHIRO-1.3: Non-Indications**

The following Chiropractic Services are considered NOT Medically Necessary:

- Maintenance Chiropractic Services or Preventative Chiropractic Services as defined in **CHIRO-1.1: Definitions**.
- Treatment of disorders that are non-neuromusculoskeletal in origin (e.g. systemic, visceral, central nervous system, or infectious conditions).
- Treatment that does not have a direct therapeutic relationship to the region of complaint.
- Chiropractic Services provided for individuals without quantified deficits in the ability to perform Activities of Daily Living that necessitate care based on Generally Accepted Standards of Practice as defined in **CHIRO-1.1: Definitions**. A list of recommended standardized assessments to quantify restrictions in Activities of Daily Living and to track functional progress is included in **CHIRO-2.1: Recommended Standardized Assessments**.
- Chiropractic Services that are not expected to result in significant, measurable, progressive improvement in the ability to perform Activities of Daily Living within a reasonable and generally predictable period of time based on Generally Accepted Standards of Practice as defined in **CHIRO-1.1: Definitions**.
- Chiropractic Services related to recreational activities or sport-specific performance in the absence of quantified deficits in the ability to perform Activities of Daily Living based on Generally Accepted Standards of Practice as defined in **CHIRO-1.1: Definitions**.

- Chiropractic Services performed at a frequency, duration, or quantity that exceeds the amount of medically necessary Chiropractic Services for the individual's condition based on:
  - ◆ The severity of the clinical findings
  - ◆ The presence or absence of complicating factors
  - ◆ The natural history of the condition, and
  - ◆ The expectation for progressive improvement in the ability to perform Activities of Daily Living
  - ◆ Generally Accepted Standards of Practice as defined in **CHIRO-1.1: Definitions**.
- Chiropractic Services that are performed in the presence of signs and/or symptoms that suggest life or limb threatening conditions and require additional evaluation, immediate referral, or medical comanagement prior to treatment based on Generally Accepted Standards of Practice as defined in **CHIRO-1.1: Definitions**. These include findings that are likely to reflect a serious underlying condition such as:
  - ◆ Aneurysm or dissection
  - ◆ Cancer
  - ◆ Cauda equina syndrome
  - ◆ Fracture
  - ◆ Infection
  - ◆ Progressive neurologic conditions
  - ◆ Suicidal ideation (See **CHIRO-2.2: Mental Health Considerations**)
- Chiropractic Services that replace or delay other medically necessary care based on Generally Accepted Standards of Practice as defined in **CHIRO-1.1: Definitions**.
- Requests for Continuation of Treatment (after the initial request) that do not include current information to demonstrate that ANY of the following criteria have been met:
  - ◆ An Exacerbation occurs as defined in **CHIRO-1.1: Definitions**, and Chiropractic Services are expected to result in a return to the pre-exacerbation ability to perform Activities of Daily Living.
  - ◆ Quantified measures of function indicate significant improvement in the ability to perform Activities of Daily Living attributable to recent Chiropractic Services for the condition. A significant response may be demonstrated through ANY of the following:
    - An improvement of equal or greater value than an established MCID (as defined in **CHIRO-1.1: Definitions**) on a standardized assessment for the individual's condition.
    - An improvement of equal or greater value than an established MDC (as defined in **CHIRO-1.1: Definitions**) on a standardized assessment for the individual's condition.
    - Significant and quantified improvement in the ability to perform Activities of Daily Living as defined in **CHIRO-1.1: Definitions**.

- Chiropractic Services rendered when the complexity of the individual's condition does not require the clinical judgment and knowledge of a licensed chiropractor.
- The submitted clinical information does not establish the individual's current condition and medical necessity for Chiropractic Services based on Generally Accepted Standards of Practice as defined in **CHIRO-1.1: Definitions**.
- For Medicare programs, the submitted information does not demonstrate that Chiropractic Services are in the form of manual manipulation of the spine to correct a subluxation of the spine as demonstrated by x-ray or physical examination.
- When post-service claim reviews are allowed and the submitted information does not support that the requested Chiropractic Services were performed.

### **CHIRO-1.4: Benefits, Coverage Policies and Eligibility**

Benefits, coverage policies, and eligibility issues pertaining to each health plan and/or jurisdiction may take precedence over eviCore's medical necessity criteria. The final determination of reimbursement for Chiropractic Services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules. Providers should reference health plan policies for covered and non-covered Chiropractic Services.

### **Medicare Coverage Policies**

- For Medicare programs, the coverage policies of the Centers for Medicare and Medicaid Services (CMS) take precedence over eviCore's medical necessity criteria. In the absence of an applicable CMS Local Coverage Determination or Local Coverage Article, eviCore policies will apply for the determination of medical necessity of Chiropractic Services for Medicare programs.

## **CHIRO-2.0: Clinical Considerations**

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## **CHIRO-2.1: Recommended Standardized Assessments**

Standardized assessment tools are used to assess and track changes in restrictions in Activities of Daily Living. Recommended standardized assessment tools are listed below:

| Measure of Function                                      | Reference                                                          |
|----------------------------------------------------------|--------------------------------------------------------------------|
| Disabilities of Arm, Shoulder, Hand (DASH and QuickDASH) | Franchignoni 2014; Angst 2011; Rysstad 2020                        |
| Hip Disability and Osteoarthritis Outcome Score (HOOS)   | Ornetti 2009                                                       |
| Knee Injury and Osteoarthritis Outcome Score (KOOS)      | Roos 2003; Ornetti 2009                                            |
| Lower Extremity Functional Scale (LEFS)                  | Williams 2012; Binkley 1999                                        |
| Neck Disability Index (NDI)                              | Young 2019; MacDermid 2009                                         |
| Oswestry Disability Index (ODI)                          | Davidson 2002; Maughan 2010; Clohesy 2018                          |
| Patient Specific Functional Scale (PSFS)                 | Horn 2012; Hefford 2012; Maughan 2010; Rysstad 2020                |
| Roland-Morris Disability Questionnaire (RMDQ)            | Stratford 1996; Ostelo 2004; Clohesy 2018; Maughan 2010            |
| Short Form-12 of the Short Form-36 Health Survey (SF-12) | Díaz-Arribas 2017; Cheak-Zamora 2009; McHorney 1994; Davidson 2002 |
| Shoulder Pain and Disability Index (SPADI)               | Schmidt 2014; Angst 2011                                           |

## **CHIRO-2.2: Mental Health Considerations**

Referral to a qualified mental health professional is required when there are signs of an unmanaged behavioral health disorder. Immediate referral to a counselor or helpline is required if there are ANY indications of thoughts or plans for self-harm. The National Suicide Prevention Lifeline is available 24 hours every day at 1-800-273-8255.

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