



CLINICAL GUIDELINES

Chiropractic Services

Version 1.0

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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, 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 credible 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. This type of care is not medically necessary.

Medically Necessary Chiropractic Services

- Medically Necessary Chiropractic Services are those that are reasonable and necessary, based on Generally Accepted Standards of Practice, for the evaluation, diagnosis and treatment to restore lost function resulting from an injury or illness. Medically Necessary Chiropractic Services are not primarily for the convenience of the individual, the health care provider, or other physicians or health care providers.

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.

Red Flags

- Red Flags are signs and/or symptoms that suggest the presence of life or limb threatening conditions and require additional evaluation, immediate referral, or medical comanagement. Red flags are likely to reflect a serious underlying disease. Red flags include findings that may indicate conditions such as:
 - ◆ Aneurysm or dissection
 - ◆ Cancer
 - ◆ Cauda equina syndrome
 - ◆ Fracture
 - ◆ Infection
 - ◆ Progressive neurologic conditions
 - ◆ Suicidal ideation

CHIRO-1.2: Indications for Treatment

chiropractic Services will be considered Medically Necessary when current information is submitted to demonstrate that ALL of the following criteria have been met:

- Chiropractic Services are safe and effective for the individual's condition based on Generally Accepted Standards of Practice as defined in **CHIRO-1.1 Definitions**.
- Chiropractic Services are for the treatment of a condition that is neuromusculoskeletal in origin.
- There is a direct therapeutic relationship between the region of complaint and treatment.
- Chiropractic Services address 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**.

- Any Red Flags have been appropriately addressed based on Generally Accepted Standards of Practice as defined in **CHIRO-1.1 Definitions**.
- Chiropractic Services are 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**.
- The frequency, duration and quantity of Chiropractic Services must be 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**.
- As the individual improves with treatment, less frequent Chiropractic Services are needed. Chiropractic Services can be supplemented with a self-care program.
- The complexity of the individual's condition requires the clinical judgment and knowledge of a licensed chiropractor.
- The submitted clinical information must 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**.

Additional Indications for Continuation of Treatment

In addition to the requirements listed above, requests for Continuation of Treatment (after the initial request) must 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**.

Additional Requirements for Medicare Requests

- In addition to the requirements listed above, requests for Medicare plans must include current information to demonstrate that chiropractic treatment is in the form of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray or physical examination.

Additional Requirements for Retrospective Review

- In addition to the requirements listed above, when retrospective reviews (for treatment rendered in the past) are allowed the submitted information must adequately support that the Chiropractic Services were performed on each date of service being requested.

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**.
- Chiropractic Services provided for individuals without quantified deficits in the ability to perform Activities of Daily Living that necessitate initial or continued care as described in **CHIRO-1.2 Indications for Treatment**.
- Treatment following a plateau or lack of quantified improvement in the ability to perform Activities of Daily Living as described in **CHIRO-1.2 Indications for Treatment**.
- Treatment of disorders that are non-neuromusculoskeletal in origin (e.g. systemic, visceral, central nervous system, or infectious conditions).
- Chiropractic Services performed at a frequency, duration, or quantity that exceeds the amount of Medically Necessary Chiropractic Services for the individual's condition as described in **CHIRO-1.2 Indications for Treatment**.
- 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 as described in **CHIRO-1.2 Indications for Treatment**.
- Chiropractic Services that are performed in the presence of Red Flags that have not been appropriately addressed based on Generally Accepted Standards of Practice as defined in **CHIRO-1.1 Definitions**.
- Chiropractic Services that replace or delay other medically necessary care based on Generally Accepted Standards of Practice 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.
- Retrospective Chiropractic Services that lack adequate submitted information to support that Chiropractic Services were performed on each date of service requested and/or do not meet the other applicable requirements outlined in **CHIRO-1.2 Indications for Treatment**.

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-1.5: Administrative Rules

The following submission time frames generally apply for health plans that require authorization:

- **Initial Concurrent Requests:** While time frames may change based on jurisdiction and/or health plan rules, initial requests are typically submitted within seven (7) calendar days of the requested date of service.
- **Concurrent Continuation of Treatment Requests:** While time frames may vary based on jurisdiction and/or health plan rules, any subsequent concurrent request must generally be submitted within seven (7) calendar days of the requested date of service.
- **Retrospective Requests:** While this type of review is dependent upon jurisdiction and/or health plan rules, dates of service greater than seven (7) calendar days in the past are generally considered a retrospective review.

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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