CLINICAL GUIDELINES

Chiropractic Services Guidelines

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EviCore By EVERNORTH

EviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging 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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Criteria for the Provision of Chiropractic Services (CHIRO-1.0)

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Definitions (CHIRO-1.1)

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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, care for others, child rearing, 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
  - Other physical medicine and rehabilitation treatments (e.g., electrical stimulation, therapeutic exercises, manual therapy, etc.)

Generally Accepted Standards of Practice

- Generally Accepted Standards of Practice describe conventions that are based on supporting evidence and/or collective opinion of support.
  - Supporting evidence includes standards that are based on credible scientific evidence published in peer-reviewed medical literature (such as well conducted randomized clinical trials or cohort studies with a sample size of sufficient statistical power) generally recognized by the relevant medical community.
  - Collective opinion of support includes specialty society recommendations and the views of providers practicing in relevant clinical areas when specialty society recommendations are not available.

Maintenance Chiropractic Services

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

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Minimal Clinically Important Difference (MCID)

- Minimal Clinically Important Difference (MCID) is the smallest change in the score of a standardized outcome measure that is identified to be beneficial for most individuals. The MCID is a statistical value established in published, peer-reviewed research.

Minimum Detectable Change (MDC)

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

Preventive Chiropractic Services

- Preventive Chiropractic Services include management of an asymptomatic or stable condition.

Procedure Codes

- Procedure Codes are standardized alphanumeric identifiers that are used to report procedures and services rendered by a healthcare professional. These include Current Procedural Terminology (CPT®) codes and Healthcare Common Procedure Coding System (HCPCS) Level II codes.

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Criteria to Determine Medical Necessity for Chiropractic Services (CHIRO-1.2)

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General Medical Necessity Review Criteria

The following criteria apply to the medical necessity review of all Chiropractic Services. Medically necessary Chiropractic Services are those that are needed to diagnose, treat, or evaluate a significant neuromusculoskeletal injury, illness, condition, or disease to restore a meaningful decrease in the individual's ability to perform Activities of Daily Living as defined in **Definitions (CHIRO-1.1)**.

The following Chiropractic Services are considered **not medically necessary**:

- Maintenance Chiropractic Services or Preventive Chiropractic Services as defined in **Definitions (CHIRO-1.1)**
- 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 **Definitions (CHIRO-1.1)**.
  - **Note:** See **Quantitative Measures for Musculoskeletal Conditions (CHIRO-2.1)** for a list of functional measures that are established by research as valid and reliable with evidence-based responsiveness values (MCID or MDC as defined in **Definitions [CHIRO-1.1])**.
- Chiropractic Services that are not expected to result in clinically meaningful, 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 **Definitions (CHIRO-1.1)**
- Chiropractic Services in support of 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 **Definitions (CHIRO-1.1)**
- Chiropractic Services performed at a frequency, duration, or quantity that exceeds the amount of Chiropractic Services considered medically necessary for the individual's condition based on:
  - The severity of the clinical findings
  - The presence or absence of complicating factors

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  - The natural history of the condition
  - The expectation for progressive improvement in the ability to perform Activities of Daily Living as defined in **Definitions (CHIRO-1.1)**
  - Generally Accepted Standards of Practice as defined in **Definitions (CHIRO-1.1)**
- Chiropractic Services that are performed in the presence of signs, symptoms, and/or conditions that contraindicate an aspect of the proposed treatment plan or suggest life or limb threatening conditions that require more extensive evaluation, immediate referral, or co-management prior to treatment based on Generally Accepted Standards of Practice as defined in **Definitions (CHIRO-1.1)**. 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 - NOTE: Referral to a qualified mental health professional may be appropriate when there are signs of an unmanaged behavioral health disorder. Immediate referral is appropriate if there are ANY indications of thoughts or plans for self-harm or harm to others. The 988 Suicide & Crisis Lifeline is also available 24 hours every day.
- Chiropractic Services that replace or delay other medically necessary care based on Generally Accepted Standards of Practice as defined in **Definitions (CHIRO-1.1)**.
- 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:
  - Quantified measures of function indicate clinically meaningful improvement in the ability to perform Activities of Daily Living attributable to recent Chiropractic Services for the condition. A clinically meaningful response may be demonstrated through **ANY** of the following:
    - An improvement of equal or greater value than an established MCID (as defined in **Definitions [CHIRO-1.1]**) on a standardized outcome measure for the individual's condition
    - An improvement of equal or greater value than an established MDC (as defined in **Definitions [CHIRO-1.1]**) on a standardized outcome measure for the individual's condition
    - Other clinically meaningful and quantified improvement in the ability to perform Activities of Daily Living as defined in **Definitions (CHIRO-1.1)**
  - Following an exacerbation, Chiropractic Services are expected to result in a return to the pre-exacerbation ability to perform Activities of Daily Living. Exacerbations occur when previously improved functional deficits recur following a plateau in the

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ability to perform Activities of Daily Living. This results in a clinically meaningful decline in the ability to perform Activities of Daily Living when compared to the pre-exacerbation levels of function. The clinically meaningful decline must be quantified.

- Chiropractic Services rendered when the complexity of the individual's condition does not require the clinical judgment and knowledge of a licensed chiropractor
- The services rendered when the submitted clinical information does not establish the individual's current condition and support the medical necessity for Chiropractic Services based on Generally Accepted Standards of Practice as defined in **Definitions (CHIRO-1.1)**

Procedure Code Level Medical Necessity Review Criteria

The following criteria apply to services for which EviCore performs claims-based, post-service review for individual Procedure Codes for specific health plans. For these reviews, the determination of medical necessity for chiropractic manipulative treatment (CMT), evaluation and management (E/M) services, modalities, therapeutic procedures, and other Chiropractic Services is made on an individual Procedure Code basis.

In addition to the criteria listed above for all Chiropractic Services, these individual procedures are only considered **medically necessary** when the documentation demonstrates that **ALL** of the following criteria are met:

- The documentation reflects that the service described by the Procedure Code was performed on the submitted date of service.
  - The documented service fulfills the minimum requirements of the description of the Procedure Code that is in effect on the date of service the procedure was performed.
  - The most specific and most comprehensive Procedure Code available is used to describe the service.
  - When there is no specific Procedure Code to describe the service, it is reported using the appropriate unlisted Procedure Code. In order to evaluate the medical necessity of any service represented by an unlisted Procedure Code, the records must describe the nature, extent, and need for the procedure as well as a description of the time, effort, and equipment necessary to provide the service.
- The documentation supports the medical necessity and performance of **ALL** units billed.
  - For time-based procedures other than E/M services, the time includes the medically necessary face-to-face time spent by the provider performing the service with the individual.
    - A unit is reached when the mid-point is passed. For example, a fifteen-minute timed therapeutic procedure is performed when the provider spends face-to-face

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time with the individual for eight minutes, thus surpassing the mid-point between zero and fifteen minutes.
    - Multiple units of one or more medically necessary time-based procedure(s) may be supported on the same date of service based on the aggregate amount of time spent performing the procedure(s). For example, two units may be billed if twenty-three minutes are spent performing a fifteen-minute timed code, since twenty-three minutes is greater than the midpoint between fifteen minutes and thirty minutes.
    - More than one unit per day of any particular modality that does not require direct (one-on-one) contact is considered **not medically necessary**. For example, the application of a hot or cold pack to more than one body area would not support the medical necessity of more than one unit of that particular modality per day.
- For E/M services, the documentation supports the medical necessity for the type and level of service based time or medical decision making.
    - Time for these services includes the total time spent performing medically necessary E/M service components on the date of the encounter. The medically necessary E/M time does not include travel time, time spent performing general education that is not required for the management of a specific individual, or time spent performing other services that are reported separately.
    - **ALL** components of medical decision making must be considered **medically necessary** to establish a diagnosis, assess the status of the condition, or select treatment options.
    - For the purposes of supporting an E/M service, a *new patient* is an individual who has not received any professional services within the past three years from the same provider or another provider of the same specialty and subspecialty in the group practice.
- For CMT, the level of the billed service must reflect the number of regions receiving medically necessary chiropractic manipulation.
    - The spinal CMT codes reflect the number of spinal regions treated on a single date. There are five spinal CMT regions:
        - Cervical (includes atlanto-occipital joint)
        - Thoracic region (includes costovertebral and costotransverse joints)
        - Lumbar
        - Sacral
        - Pelvic (sacro-iliac joint)
    - The single extraspinal CMT code includes all extraspinal regions treated on that service date. There are five extraspinal regions:
        - Head (including temporomandibular joint, excluding atlanto-occipital)
        - Lower extremities

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    - Upper extremities
    - Rib cage (excluding costotransverse and costovertebral joints
    - Abdomen
- The service represented by each Procedure Code is separate and distinct from other Chiropractic Services on that date and is performed for a unique purpose.
    - Duplication of services is considered **not medically necessary**. For example, similar or overlapping heat modalities (hot packs, paraffin, whirlpool, etc.) are considered **not medically necessary** during the same encounter unless the documentation identifies exceptional circumstances that support multiple heat modalities based on Generally Accepted Standards of Practice as defined in **Definitions (CHIRO-1.1)**.
    - Manual therapy, including myofascial release, is only considered **medically necessary** as a separate and distinct service on the same date as CMT when the services are performed in distinct CMT regions, as described above. Manual therapy services overlap the CMT procedure when both services are performed on the same date in the same anatomical region(s).
    - Many non-E/M Chiropractic Services include a pre-treatment assessment along with other pre-procedure, intra-procedure, and post-procedure work. This work is not separately reportable as an E/M procedure. However, an additional E/M service may be warranted when the documentation supports that the service is significant, separately identifiable, and medically necessary based on the individual's condition and Generally Accepted Standards of Practice as defined in **Definitions (CHIRO-1.1)**. A separately identifiable E/M procedure is considered **medically necessary** when the documentation reports significant new findings, a significant change to the individual's condition, or a failure to respond to therapeutic interventions that necessitates professional judgment about the continuation of care, modification of treatment goals, and modification or termination of treatment.
- There is a direct therapeutic relationship between the complaint(s) and the service rendered based on Generally Accepted Standards of Practice as defined in **Definitions (CHIRO-1.1)**. The determination of medical necessity for treatment in any body region is based on this direct therapeutic relationship and is not exclusively dependent on individual preferences related to a chiropractic technique or rehabilitation approach.
- Each service or CMT region is related to a quantified functional loss that necessitates treatment.

Health Equity

Health equity is the highest level of health for all people; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which people are born, grow, live, work, and age.

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Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include safe housing, transportation, and neighborhoods; racism, discrimination and violence; education, job opportunities and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

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Procedure Codes

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The inclusion of any code in this table does not imply that the code is under management or requires prior authorization. Refer to the applicable health plan for management details. Prior authorization of a code listed in this table is not a guarantee of payment. The Certificate of Coverage or Evidence of Coverage policy outlines the terms and conditions of the member's health insurance policy.

CPT® Code	Code Description/Definition
97010	Application of a modality to 1 or more areas; hot or cold packs
97012	Application of a modality to 1 or more areas; traction, mechanical
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97016	Application of a modality to 1 or more areas; vasopneumatic devices
97018	Application of a modality to 1 or more areas; paraffin bath
97022	Application of a modality to 1 or more areas; whirlpool
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
97026	Application of a modality to 1 or more areas; infrared
97028	Application of a modality to 1 or more areas; ultraviolet
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minute

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CPT® Code	Code Description/Definition
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
97039	Application of a modality to 1 or more areas; Unlisted modality (specify type and time if constant attendance)
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97139	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minute
97150	Therapeutic procedure(s), group (2 or more individuals)
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

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CPT® Code	Code Description/Definition
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
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
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes
S8990	Physical or manipulative therapy performed for maintenance rather than restoration.
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.

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CPT® Code	Code Description/Definition
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

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CPT® Code	Code Description/Definition
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour
99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)

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Benefits, Coverage Policies, and Eligibility (CHIRO-1.3)

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Benefits, coverage policies, and eligibility issues pertaining to each health plan and/or jurisdiction may take precedence over EviCore's guidelines. Providers are urged to obtain written instructions and requirements directly from each payor.

Medicaid and Medicare Coverage Policies

- See EviCore's **CMS Policy Hierarchies and Application**.

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Clinical Considerations (CHIRO-2.0)

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Quantitative Measures for Musculoskeletal Conditions (CHIRO-2.1).....19

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Quantitative Measures for Musculoskeletal Conditions (CHIRO-2.1)

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EviCore considers all submitted clinical information related to an individual's condition, progress, and ability to perform Activities of Daily Living. Providers may use any quantitative functional outcome measure(s) that apply to the individual and their condition(s). To best demonstrate improvement, the same measure(s) should be repeated throughout an episode of care.

While other measures may be appropriate, the following table contains a limited list of commonly used functional measures that research supports as valid and reliable with evidence-based responsiveness values (MCID or MDC as defined in **Definitions [CHIRO-1.1]**

Conditions	Quantitative Measure	Reference(s)
Headaches	Headache Impact Test (HIT-6)	Haywood 2018 Waliszewska-Prosol 2024
Neck and upper back	Neck Disability Index (NDI)	MacDermid 2009 Saltychev 2024 Whalen 2019
Upper extremity	Disabilities of Arm, Shoulder, Hand (DASH and QuickDASH)	Angst 2011 Galardini 2024
Low back	Oswestry Disability Index (ODI)	Chou 2017 Whalen 2022
Low back	Roland-Morris Disability Questionnaire (RMDQ)	Chou 2017 Whalen 2022
Lower extremity	Lower Extremity Functional Scale (LEFS)	Mehta 2016 Zhang 2025

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Conditions	Quantitative Measure	Reference(s)
Select conditions including cervical spine, lower extremity, and low back	Patient Specific Functional Scale (PSFS)	Hawk 2020 Nazari 2022 Pathak 2022 Whalen 2019

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References (CHIRO)

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1. AAPC. HCPCS Level II Expert 2025. AAPC; 2024.
2. American Medical Association. *CPT 2025 Professional Edition*. American Medical Association; 2024.
3. Ammendolia C, Hofkirchner C, Plener J, et al. Non-operative treatment for lumbar spinal stenosis with neurogenic claudication: an updated systematic review. *BMJ Open*. 2022;12:1-12. doi: 10.1136/bmjopen-2021-057724.
4. Angst F, Schwyzer H-K, Aeschlimann A, Simmen BR, Goldhahn J. Measures of adult shoulder function: Disabilities of the Arm, Shoulder, and Hand Questionnaire (DASH) and its short version (QuickDASH), Shoulder Pain and Disability Index (SPADI), American Shoulder and Elbow Surgeons (ASES) Society Standardized Shoulder Assessment Form, Constant (Murley) Score (CS), Simple Shoulder Test (SST), Oxford Shoulder Score (OSS), Shoulder Disability Questionnaire (SDQ), and Western Ontario Shoulder Instability Index (WOSI). *Arthritis Care & Research*. 2011;63(S11):S174-S188. doi: 10.1002/acr.20630.
5. Bronfort G, Haas M, Evans R, Leininger B, Triano J. Effectiveness of manual therapies: the UK evidence report. *Chiropr Osteopat*. 2010;18(1):1-33. doi: 10.1186/1746-1340-18-3.
6. Bussières A, Cancelliere C, Ammendolia C, et al. Non-surgical interventions for lumbar spinal stenosis leading to neurogenic claudication: a clinical practice guideline. *J Pain*. 2021;22(9):1015-1039. doi: 10.1016/j.jpain.2021.03.147.
7. Bussières AE, Stewart G, Al-Zoubi F, et al. Spinal manipulative therapy and other conservative treatments for low back pain: a guideline from the Canadian Chiropractic Guideline Initiative. *J Manipulative Physiol Ther*. 2018;41(4):265#293. doi: 10.1016/j.jmpt.2017.12.004.
8. Bussières AE, Stewart G, Al-Zoubi F, et al. The Treatment of Neck Pain-Associated Disorders and Whiplash-Associated Disorders: A Clinical Practice Guideline. *J Manipulative Physiol Ther*. 2016;39(8):523#564.e27. doi: 10.1016/j.jmpt.2016.08.007.
9. Chou R, Deyo R, Friedly J, et al. Nonpharmacologic therapies for low back pain: a systematic review for an American College of Physicians clinical practice guideline. *Annals of Internal Medicine*. 2017;166(7):493-606. doi: 10.7326/m16-2459.
10. Clar C, Tsertsvadze A, Court R, Hundt GL, Clarke A, Sutcliffe P. Clinical effectiveness of manual therapy for the management of musculoskeletal and non-musculoskeletal conditions: systematic review and update of UK evidence report. *Chiropr Man Therap*. 2014;22(12):1-34. doi: 10.1186/2045-709X-22-12.
11. Coulter ID, Crawford C, Hurwitz EL, et al. Manipulation and mobilization for treating chronic low back pain: a systematic review and meta-analysis. *Spine J*. 2018;18(5):866-879. doi: 10.1016/j.spinee.2018.01.013.
12. Coulter ID, Crawford C, Vernon H, et al. Manipulation and mobilization for treating chronic nonspecific neck pain:a systematic review and meta-analysis for an appropriateness panel. *Pain Physician*. 2019;2(22.2):E55-E70. doi: 10.36076/ppj/2019.22.e55.
13. Galardini L, Coppari A, Pellicciari L, et al. Minimal clinically important difference of the Disabilities of the Arm, Shoulder and Hand (DASH) and the shortened version of the DASH (QuickDASH) in people with musculoskeletal disorders: a systematic review and meta-analysis. *Phys Ther*. 2024;104(5)33. doi: 10.1093/ptj/pzae033.
14. George SZ, Fritz JM, Silfies SP, et al. Interventions for the management of acute and chronic low back pain: Revision 2021. *J Ortho Sports Phys Ther*. 2021;51(11):CPG1-CPG60. doi:10.2519/jospt.2021.0304.
15. Goncalves G, Le Scanff C, Leboeuf-Yde C. Effect of chiropractic treatment on primary or early secondary prevention: a systematic review with a pedagogic approach. *Chiropr Man Therap*. 2018;26:10. doi: 10.1186/s12998-018-0179-x.
16. Gross A, Langevin P, Burnie SJ, et al. Manipulation and mobilisation for neck pain contrasted against an inactive control or another active treatment. *Cochrane Database of Systematic Reviews*. 2015;(9):CD004249. doi: 10.1002/14651858.CD004249.pub4.
17. Hawk C, Schneider MJ, Haas M, et al. Best practices for chiropractic care for older adults: a systematic review and consensus update. *J Manipulative Physiol Ther*. 2017;40(4):217-229. doi:10.1016/j.jmpt.2017.02.001.
18. Hawk C, Whalen W, Farabaugh RJ, et al. Best practices for chiropractic management of patients with chronic musculoskeletal pain: A Clinical Practice Guideline. *J Alt Complement Med*. 2020;26(10). doi: 10.1089/acm.2020.0181.

19. Haywood KL, Mars TS, Potter R, Patel S, Matharu M, Underwood M. Assessing the impact of headaches and the outcomes of treatment: a systematic review of patient-reported outcome measures (PROMs). *Cephalalgia*. 2018;38(7):1374-1386. doi: 10.1177/0333102417731348.
20. Jayaseelan DJ, Scalzitti DA, Palmer G, Immerman A, Courtney CA. The effects of joint mobilization on individuals with patellofemoral pain: a systematic review. *Clin Rehabil*. 2018;32(6):722-733. doi: 10.1177/0269215517753971.
21. Jenks A, de Zoete A, van Tulder M, Rubenstein SM. Spinal manipulative therapy in older adults with chronic low back pain: an individual participant data meta-analysis. *Eur Spine J*. 2022;31(7). doi: 10.1007/s00586-022-07210-1. 38.
22. Karanasios S, Baglatzis G, Lignos I, Billis E. Manual therapy and exercise have similar outcomes to corticosteroid injections in the management of patients with subacromial pain syndrome: a systematic review and meta-analysis. Cureus. 2023;15(11). doi: 10.7759/cureus.48907.
23. Keating G, Hawk C, Amorin-Woods L, et al. Clinical practice guideline for best practice management of pediatric patients by chiropractors: results of a Delphi consensus process. *J Integr Complement Med*. 2024;30(3):216-232. doi: 10.1089/jicm.2023.0010.
24. La Touche R, Martínez García S, Serrano García B, et al. Effect of manual therapy and therapeutic exercise applied to the cervical region on pain and pressure pain sensitivity in patients with temporomandibular disorders: a systematic review and meta-analysis. *Pain Med*. 2020;21(10). doi:10.1093/pm/pnaa021.
25. MacDermid J, Walton D, Avery S, et al. Measurement properties of the Neck Disability Index: a systematic review. *J Ortho Sports Phys Ther*. 2009;39(5):400-417. doi: 10.2519/jospt.2009.2930.
26. Mehta SP, Fulton A, Quach C, Thistle M, Toledo C, Evans NA. Measurement properties of the Lower Extremity Functional Scale: a systematic review. *J Orthop Sports Phys Ther*. 2016;46(3):200-216. doi:10.2519/jospt.2016.6165.
27. Nazari G, Bobos P, Lu S, Reischl S, Almeida PH, MacDermid JC. Psychometric properties of the Patient-Specific Functional Scale in patients with low-back pathology: a systematic review and meta-analysis. *Physiother Can*. 2022;74(1):6-14. doi:10.3138/ptc-2020-0042.
28. North American Spine Society (NASS). Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis & Treatment of Low Back Pain. *NASS*; 2020:120-125. https://www.spine.org/Portals/0/assets/downloads/ResearchClinicalCare/Guidelines/LowBackPain.pdf. Accessed July 24, 2024.
29. Parnell Prevost C, Gleberzon B, Carleo B, Anderson K, Cark M, Pohlman KA. Manual therapy for the pediatric population: a systematic review. *BMC Complement Altern Med*. 2019;19(1):60. doi: 10.1186/s12906-019-2447-2.
30. Pathak A, Wilson R, Sharma S, et al. Measurement properties of the Patient-Specific Functional Scale and its current uses: an updated systematic review of 57 studies using COSMIN guidelines. *J Orthop Sports Phys Ther*. 2022;52(5):262-275. doi: 10.2519/jospt.2022.10727.
31. Rubinstein SM, de Zoete A, van Middelkoop M, Assendelft WJ, de Boer MR, van Tulder M. Benefits and harms of spinal manipulative therapy for the treatment of chronic low back pain: systematic review and meta-analysis of randomised controlled trials. *BMJ*. 2019;354:l689. doi: 10.1136/bmj.l689.
32. Saltychev M, Pylkäs K, Karklins A, Juhola J. Psychometric properties of Neck Disability Index – a systematic review and meta-analysis. *Disabil and Rehabil*. 2024:1-17. doi: 10.1080/09638288.2024.2304644.
33. Trager RJ, Baumann AN, Rogers H, et al. Efficacy of manual therapy for sacroiliac joint pain syndrome: a systematic review and meta-analysis of randomized controlled trials. *J Man Manip Ther.* 2024;32(6):561-572. doi: 10.1080/10669817.2024.2316420.
34. Tsegay GS, Gebregergs GB, Weleslassie GG, Hailemariam TT. Effectiveness of thoracic spine manipulation on the management of neck pain: a systematic review and meta-analysis of randomized control trials. *J Pain Res*. 2023;16:597-609. doi: 10.2147/jpr.s368910.
35. Vieira LS, Pestana PRM, Miranda JP, et al. The efficacy of manual therapy approaches on pain, maximum mouth opening and disability in temporomandibular disorders: a systematic review of randomised controlled trials. *Life (Basel)*. 2023;13(2):292. doi:10.3390/life13020292.
36. Waliszewska-Prosol M, Montisano DA, Antolak M, et al. The impact of primary headaches on disability outcomes: a literature review and meta-analysis to inform future iterations of the Global Burden of Disease study. *J Headache Pain*. 2024;25(1):27. doi: 10.1186/s10194-024-01735-0.
37. Wallis JA, Bourne AM, Jessup RL, et al. Manual therapy and exercise for lateral elbow pain. Cochrane Database Syst Rev. 2024;5(5):CD013042. doi: 10.1002/14651858.CD013042.pub.

38. Weerasekara I, Osmotherly P, Snodgrass S, Marquez J, de Zoete R, Rivett D. Clinical benefits of joint mobilization on ankle sprains: a systematic review and meta-analysis. *Arch Phys Med Rehabil*. 2018;99(7):1395-1412.e5. doi: 10.1016/j.apmr.2017.07.019.
39. Whalen W, Farabaugh RJ, Hawk C, et al. Best-practice recommendations for chiropractic management of patients with neck pain. *J Manipulative Physiol Ther*. 2019;42(9):635–650. doi: 10.1016/j.jmpt.2019.08.001.
40. Whalen WM, Hawk C, Farabaugh RJ, et al. Best practices for chiropractic management of adult patients with mechanical low back pain: a clinical practice guideline for chiropractors in the United States. *J Manipulative Physiol Ther*. 2023;45(8). doi: 10.1016/j.jmpt.2023.04.010.
41. Wilhelm M, Cleland J, Carroll A, et al. The combined effects of manual therapy and exercise on pain and related disability for individuals with nonspecific neck pain: a systematic review with meta-analysis. *J Manipulative Physiol Ther*. 2023;31(6):393-407. doi: 10.1080/10669817.2023.2202895.
42. Zhang Y, Zang Y, Martin RL. Clinically most relevant psychometric properties of the Lower Extremity Functional Scale: a systematic review. Disabil Rehabil. 2025;47(8):1932-1938. doi: 10.1080/09638288.2024.2390051.

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