


MEDICAL POLICY – 8.03.501

Chiropractic and Other Manipulation Services

Effective Date:	Apr. 1, 2025	RELATED MEDICAL POLICIES:
Last Revised:	Mar. 10, 2025	8.03.09 Vertebral Axial Decompression
Replaces:	N/A	8.03.502 Physical Medicine and Rehabilitation-Physical Therapy and Medical Massage Therapy
		8.03.503 Occupational Therapy

Select a hyperlink below to be directed to that section.

[POLICY CRITERIA](#) | [DOCUMENTATION REQUIREMENTS](#) | [CODING](#)
[RELATED INFORMATION](#) | [EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.

Introduction

Chiropractic care is a health care profession based on the connection between the structure and function of the human body as it relates to the spine. When the spine is aligned, it is proposed to aid the body's ability to heal, restore and maintain joint mobility health without drugs or surgical intervention. A Doctor of Chiropractic (D.C.) also known as a Chiropractic Physician or Chiropractor treats neuromusculoskeletal conditions. Chiropractors use various techniques, including manual therapy, and manipulation of the spine, other joints and soft tissues to treat disorders related to muscle function. This policy outlines when chiropractic services may be covered.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

If health plan benefits for chiropractic care are available, then the criteria in this policy will apply.

Procedure	Medical Necessity
Chiropractic care	<p>Chiropractic care is considered NOT medically necessary for the following:</p> <ul style="list-style-type: none"> • Treatment done without a diagnosed and documented neuromusculoskeletal condition • Continuation of chiropractic care when the neuromusculoskeletal condition being treated is not resolving and/or is not improving • Treatment for preventive or maintenance therapy (see Definition of Terms) • Treatment to correct the curve for idiopathic scoliosis • Treatment done solely to restore spinal curves, or to treat spinal pain, or to normalize spinal curves in asymptomatic individuals
Chiropractic care	<p>Chiropractic care and adjunct modalities may be considered medically necessary when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • The neuromusculoskeletal condition/diagnosis may improve or resolve with chiropractic treatment. (i.e., neuromusculoskeletal conditions include, but are not limited to, spondylosis, osteoarthritis, sprains and strains, headaches, degenerative conditions of the joints, repetitive motion injuries) <p>AND</p> <ul style="list-style-type: none"> • An individual-specific, goal-oriented treatment plan is documented (see Documentation Requirements) <p>AND</p> <ul style="list-style-type: none"> • The diagnostic procedures and treatment interventions are directly related to the individual's symptoms <p>In order to determine when chiropractic treatment is appropriate or when it is not appropriate, the individual must have a significant neuromusculoskeletal condition or problem that requires evaluation</p> <p>Complaints of functional mechanical dysfunction related to a neuromusculoskeletal condition may include but are not limited to the following:</p> <ul style="list-style-type: none"> • Cephalalgia (head pain)

Procedure	Medical Necessity
	<ul style="list-style-type: none"> • Limb symptoms (e.g., pain/numbness of arm(s), shoulder(s), hand(s), leg(s), foot/feet) • Musculoskeletal symptoms • Rib and rib/chest symptoms • Spinal joint symptoms <p>The symptoms listed above, when clearly documented, are considered reasonable and necessary indications for therapeutic chiropractic manipulative therapy (CMT). The simple statement or diagnosis of “pain” without documentation of the cause is not sufficient to support medical necessity for CMT.</p> <p>Coverage will be denied if continuation of chiropractic treatment is not expected to result in improvement of the individual’s condition. Once the clinical status has remained stable for a given condition, without expectation of additional objective clinical improvement, further manipulative treatment is considered maintenance therapy and is not covered.</p>

Procedure	Investigational
Chiropractic care	Chiropractic care is considered investigational for treatment of individuals with non-neuromusculoskeletal conditions because effectiveness has not yet been proven.
Chiropractic interventions	<p>Chiropractic interventions considered to be investigational include, but are not limited to the following:</p> <ul style="list-style-type: none"> • Active Therapeutic Movement (ATM2) • Advanced Biostructural Correction (ABC) Chiropractic Technique • Applied Spinal Biomechanical Engineering techniques • Arvigo Techniques of Maya Abdominal Therapy (ATMAT) • Atlas Orthogonal Technique • BioEnergetic Synchronization Technique (BEST) • Biogeometric Integration (BGI) • Chiropractic Biophysics Technique • Coccygeal Meningeal Stress Fixation Technique • Cranial Manipulation • Craniosacral Therapy (The Upledger Institute Technique)

Procedure	Investigational
	<ul style="list-style-type: none"> • Digital analysis of posture • Digital radiographic mensuration analysis of spinal alignment • Directional Non-Force Technique • Dry Hydrotherapy • Graston technique • Manipulation for infant colic • Manipulation for Internal (non-neuromuscular) Disorders/Applied Kinesiology • Manipulation Under Anesthesia • Moire Contourographic Analysis • Network Technique (Network Spinal Analysis) • Neural Organizational Technique • Neurocalometer/Nervoscope • Paraspinal Electromyography (EMG)/Surface Scanning EMG • Sacro-Occiptal Technique (SOT) • Spinoscopy • Thermography • Thermomechanical massage (e.g., Spinalator, Hill Anatomotor, Chattanooga Ergo Wave) • Webster technique (to turn babies in the breech position) • Wobble chair

Documentation Requirements

Documentation must be legible and include:

- Initials of the provider of service and any staff/employees who provide services;
- A key for any symbols or codes that are used by the provider and/or staff;
- Brief notations, check boxes, and codes/symbols for procedures [e.g., neuromuscular re-education (NMR), myofascial release (MFR), hot packs (HP)] used in daily notes are acceptable only when the notations refer to the repeated application of a treatment modality which has been described in the current plan of care outlined in a separate medical policy (see [Related Policies](#)).

The clinical impression, diagnosis and treatment care plan documented for the initial and the follow-up visits must clearly support the medical necessity of the care and/or treatment provided. The initial treatment plan should not project care beyond a 30-45-day interval.²

Documentation Requirements

Documentation of objective findings includes the following:

- A physical examination specific to the individual's reported complaint
- Signs and symptoms of impairment or injury including cause and date of onset
- Signs or symptoms of the individual's inability to perform activities of daily living (ADLs)

The Chiropractic Plan of Treatment includes the following:

- An individual-centered level of care that is appropriate for the symptoms, diagnosis, and care of the condition
- Objectively measurable short and long-term goals for specific clinical and/or functional improvements
- Frequency and duration of visits for the treatment modalities to achieve the functional improvement goals
- Anticipated date of discharge to self-care

Documentation of the individual's progress at each follow-up visit includes the following:

- The individual's subjective complaint/symptom changes
- Changes in objective physical findings of the individual's current status
- Measured clinical and/or functional improvement in the individual's condition and meeting care plan goals
 - Updates to the initial treatment plan of care, as needed, with new goals that are appropriate to the individual's condition with a defined timeframe to achieve the goals

Coding

Code	Description
CPT	
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

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).



Definition of Terms

Adjunct modalities: Both active and passive interventions are used as adjunct modalities/treatments. The purpose of most chiropractic modalities is to reduce pain and inflammation (increase circulation) as well as reduce spasm.

Active modalities: Active modalities focus on individuals' participation in the therapeutic interventions after the acute phase that may include but are not limited to the following:

- Increasing endurance capabilities of the muscles
- Increasing range of motion
- Progressive resistive exercises
- Strengthening primary and secondary stabilizer muscles of a specific region

Some active modalities focus on individual education and training (e.g., back school, work hardening programs, vocational rehabilitation programs, weight training, endurance training) and may not be covered by health plan benefits (see [Benefit Application](#)).

Chiropractic maintenance therapy: Treatment to prevent disease, promote health, and prolong and enhance the quality of life or therapy done to maintain or prevent deterioration of a chronic condition. When further clinical improvement is not reasonably expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is considered maintenance therapy. Maintenance therapy is not a covered benefit. Examples of maintenance therapy include, but are not limited to, the following:

- A general exercise program to promote fitness
- Ongoing repetitive treatment without a clearly defined clinical endpoint and without evidence to support reasonable expectation of improvement
- Passive exercises to maintain range of motion and prevent deterioration of a chronic condition
- Therapy that is provided after the individual has reached maximum rehabilitation potential or functional level has shown no significant improvement for two weeks

- Therapy to enhance strength and endurance

Chiropractic manipulation treatment (CMT) or spinal manipulative therapy (SMT): These terms have the following descriptions:

- Adjustment or manipulation is where there is an application of force using a high velocity-low amplitude thrust. The procedures may be performed either device/instrument-assisted or by manual therapy means only.
- Adjustment or manipulation may apply to the spine, other joints and extremities and/or soft tissues with the goal to restore normal joint motion, improve functionality and relieve pain/nerve irritability secondary to disrupted biomechanics.
- Correction may be used in lieu of the word treatment.
- Mobilization is low velocity manipulation along with moving/stretching the muscles/joints to increase the range of motion in those symptomatic areas.

Chiropractic preventive service: Treatment to prevent pain/disability, promote health, and enhance quality of life for an individual who has no pain or symptoms above their normal baseline. A preventive/maintenance program may include individual education, home exercises, and ergonomic postural modification. The appropriateness and effectiveness of preventive or maintenance chiropractic therapy has not been established by clinical research. Chiropractic preventive service is not a covered benefit.

Passive modalities: Passive modalities are most effective during the acute phase of treatment since the focus of care is to reduce pain and swelling. The modalities include but are not limited to the following treatments:

- Cryotherapy
- Diathermy
- Electrical stimulation
- High-voltage galvanic stimulation
- Massage
- Passive exercise
- Therapeutic heat
- Therapeutic ultrasound



- Traction

When passive modalities are used after a lasting physiological benefit has been reached, the modalities serve only to facilitate the manipulation, are considered integral to the manipulative procedure, and are preparatory or complementary to the chiropractic adjustment.

Qualified provider: One who is licensed where required and performs within the scope of that licensure. Qualified providers of spinal and other manipulations include:

- Doctor of Chiropractic/Chiropractor (DC)
- Doctor of Osteopathy/Osteopathic Physician (DO)
- Medical Doctors (MD)
- Naturopathic Physician (ND)

Note: Qualified providers of Spinal and Other Manipulations services must meet the definition in the member's health benefit plan contract. Spinal and Other Manipulations services will not be covered when provided by other providers not recognized by the Health Plan. Please refer to the member's benefit booklet or contact a customer service representative for specific language to determine coverage for the provider of service. (See [Scope](#))

Subluxation: This term is defined by Medicare¹ as a motion segment (of the spine), in which alignment, movement integrity and/or physiological function of the spine are altered although contact between joint surfaces remains intact. Subluxation usually falls into one of two categories:

- Acute subluxation is when the individual is being treated for a new injury, identified by history, physical exam and when clinically indicated, imaging studies.
- Chronic subluxation is when the condition is not expected to significantly improve or be resolved with further treatment (as in the case with an acute condition), but where the continued therapy can be expected to result in some functional improvement.

Benefit Application

In some plans, the contract benefit for Spinal and Other Manipulations covers medically necessary manipulations to treat a covered illness, injury or condition.

Spinal and Other Manipulations may be excluded from coverage under some benefit plans. In addition, spinal and other manipulations provided to treat an injury or condition that occurred



in the workplace, during a motor vehicle accident or involving third party liability may require coordination of benefits.

Please refer to the member's benefit plan and specific mandates in the state where the plan is administered to determine any coverage limitations.

Please refer to specific state licensure information for qualified providers if there is a question about the qualified provider's scope of practice and/or current (active) state licensure.

Evidence Review

Background

Chiropractic care is a branch of alternative and complementary medicine that is based on the relationship between the structure and function of the human body as it relates to the spine. Therapeutic chiropractic manipulative therapy (**CMT**) may be referred to as spinal and extra-spinal adjustment, manual adjustment, vertebral adjustment, or spinal manipulative therapy (**SMT**).

CMT providers use natural and conservative methods to treat the biomechanics, structure, and function of the spine in order to promote healing without surgery or medication.³ CMT is outcome-based care using specific modalities targeted to the functional problem(s) or diagnosis of the individual. Manipulation or adjustment procedures are performed by manual methods only or with device-assisted modalities to treat symptoms related to the articulations of the spine and musculoskeletal structures, including the extremities. The goal of CMT is relief of discomfort caused by impingement of nerves or other structures of the spinal column (e.g., joints, tissues, muscles) *.

Chiropractic services that may be eligible for coverage are limited to treatment to correct a structural imbalance or subluxation related to distortion or misalignment of the vertebral column by means of manual spinal manipulation (i.e., by use of the hands) when the condition meets the medical necessity criteria in this policy. Chiropractors may use manual devices/instruments (devices that are hand-held with the thrust, or the force of the device being controlled manually) in performing manual manipulation of the spine and related muscles/tissues.

*Specific states' chiropractic practitioner scope of practice laws governs the extent of the interventions a provider can perform.



Neck Pain

Korthals and colleagues conducted a randomized controlled trial (RCT) of 183 individuals with neck pain who were randomly allocated to manual therapy (spinal mobilization), physiotherapy (mainly exercise) or general practitioner care (counseling, education, and drugs) in a 52-week study. The clinical outcomes measured showed that manual therapy resulted in faster recovery than physiotherapy and general practitioner care. Total costs of the manual therapy treated individuals were about one-third of the costs of physiotherapy or general practitioner care up to 26 weeks.⁴ However; differences were insignificant by the time of the study follow-up at 52 weeks. The authors concluded that manual therapy is more effective and less costly for treating neck pain than physiotherapy or care by a general practitioner.

Bronchial Asthma

Hondras and colleagues evaluated the evidence for the effects of manual therapies for treatment of individuals with bronchial asthma.⁵ The authors searched for trials in databases, assessed bibliographies from included studies and contacted authors of known studies for additional information about published and unpublished trials. Trials were included if they were randomized; included asthmatic children or adults; examined one or more types of manual therapy; and, included clinical outcomes with observation periods of at least two weeks. The authors concluded that there is insufficient evidence to support the use of manual therapies for individuals with asthma. There is a need to conduct adequately sized randomized clinical trials.

Fibromyalgia

Panton and colleagues evaluated resistance training (RES) and RES combined with chiropractic treatment (RES-C) on fibromyalgia (FM) impact and functionality in women with FM.⁶ A randomized controlled trial was designed to assess participants who were assigned to the RES (n=10) or the RES-C (n=11) group. Both groups completed 16 weeks of RES consisting of 10 exercises performed two times per week. RES-C received RES plus chiropractic treatment two times per week. The outcome measures included strength measurement, which was assessed using one repetition maximum for the chest press and leg extension. FM impact was measured using the FM impact questionnaire, myalgic score, and the number of active tender points. Functionality was assessed using the 10-item Continuous Scale Physical Functional Performance



test. Five participants from the RES group discontinued the study. One participant from the RES-C group discontinued the study. Adherence to training was higher in RES-C (92%) than in RES (82%). Additionally, the study found that progressive resistance training two times/week for 16 weeks improves strength, FM impact, and functionality. When chiropractic treatment is added to a resistance training program, adherence and dropout rates are improved as well as pre to post improvement of flexibility, balance and coordination, and endurance. Both groups increased upper and lower body strength. There were similar improvements in FM impact in both groups. Both groups improved in the strength domains; however, only RES-C participants significantly improved in the pre-to post functional domains flexibility, balance, coordination, and endurance.⁶ One of the limitations of the study is dealing with such a small group of participants that cannot be generalized to a larger population of FM individuals. Another limitation is that it was not designed to evaluate chiropractic treatment independently of the exercise program.

Gastrointestinal Disorders

Ernst reports that many chiropractors believe that chiropractic treatments are effective for gastrointestinal (GI) disorders.⁷ The author performed a systematic review to evaluate the evidence from controlled clinical trials supporting or not supporting this concept. Two prospective, controlled clinical trials were found and one of these was a pilot study, but the other had reached a positive conclusion. However, the author concluded that due to serious methodological flaws, there is no supportive evidence that chiropractic treatment is an effective treatment for GI disorders.

Low Back Pain

Rubinstein and colleagues reported in 2012 on a Cochrane Database Systematic Review⁸ and in 2013 with an updated Cochrane Review⁹ that assessed the effects of Spinal Manipulative Therapy (SMT) for acute low back pain, defined as pain lasting less than six weeks. Randomized controlled clinical trials (RCTs) were included up to March 2011. RCTs that examined spinal manipulation or mobilization in adults with acute low back pain not caused by an underlying condition (e.g., fracture, tumor, infection) were included. Primary outcomes were pain, functional status, and perceived recovery. Twenty RCTs (total participants n=2674) were included. The authors concluded that one-third of the trials were considered of high methodological quality and provided a high level of confidence in the outcome of SMT. Generally, the authors found low to very low-quality evidence suggesting that SMT is no more effective in the treatment of individuals with acute low-back pain than inert interventions, sham (or fake) SMT, or when



added to another treatment such as standard medical care. SMT also appears to be no more effective than other recommended therapies. SMT appears to be safe when compared to other treatment options, but other considerations include costs of care.

Walker and colleagues performed a Cochrane systematic review of randomized controlled trials reviewing combined chiropractic interventions for low-back pain.¹⁰ The outcomes they examined were the effects of chiropractic interventions on pain, disability back-related function, overall improvement, and individual satisfaction. They included 12 studies involving 2,887 low back pain participants. The authors concluded that combined chiropractic interventions slightly improved pain and disability in the short term and pain in the medium term for acute/subacute low back pain. However, they found no evidence to support or refute that the interventions provide a clinical difference for pain or disability when compared to other interventions.

Agreement on standardized parameters of chiropractic care for low back pain has been a challenge for the profession. Globe and colleagues in 2008 attempted to incorporate chiropractic research and clinical experts' experience into a document with chiropractic guidelines and practice parameters. Development of the document started with seed materials, from which seed statements were developed and distributed to a Delphi panel. The panel consisted of 40 clinically experienced Doctors of Chiropractic, representing 15 chiropractic colleges and 16 states, including the American Chiropractic Association and the International Chiropractic Association. The panel reached 80% consensus of the 27 seed statements after 2 rounds. Specific recommendations regarding treatment frequency and duration, as well as outcome assessment and contraindications for manipulation were agreed on by the panel and detailed in the article. The authors concluded that a broad-based panel of experienced chiropractors was able to reach a high level (80%) of consensus regarding specific aspects of the chiropractic approach to care for patients with low back pain, based on both the scientific evidence and their clinical experience.¹¹

In a Cochrane Review published in 2016 Saragiotto and colleagues screened the research results of 29 randomized controlled trials (n=2431) with study sample sizes ranging from 20 to 323 participants engaged in motor control exercise (MCE) for chronic non-specific low-back pain.¹² Trials included comparison of MCE with no treatment, another treatment or adding MCE as a supplement to other interventions. Primary outcomes were pain intensity and disability. Secondary outcomes considered were function, quality of life, return to work or recurrence of pain. Five trials compared MCE with manual therapy.

The authors concluded that MCE probably provides better improvements in pain, function, and global impression of recovery than minimal intervention. MCE may provide slightly better improvements than exercise and electrophysical agents for pain, disability, global impression of recovery and the physical component of quality of life in the short and intermediate term. There



is probably little or no difference between MCE and manual therapy for all outcomes and follow-up periods. Little or no difference was observed between MCE and other forms of exercise. Given the minimal evidence that MCE is superior to other forms of exercise, the choice of exercise for chronic low back pain should probably depend on individual or therapist preferences, therapist training, costs, and safety.

References

1. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD) for Chiropractic Services (L23711). Retired 02/27/12
2. American Chiropractic Association (ACA). Public Policies-Documentation, Arlington, VA: ACA; 2012. Retired.
3. American Chiropractic Association (ACA). Spinal Manipulation Policy Statement (Updated 2003). Retired.
4. Korthals-de Bos IB, Hoving JL van Tulder MW et al. Cost effectiveness of physiotherapy, manual therapy, and general practitioner care for neck pain: economic evaluation alongside a randomized controlled trial. *BMJ* 2003; 326(7395):911. PMID12714472
5. Hondras MA, Linde K, Jones AP. Manual therapy for asthma. *Cochrane Database Syst Rev* 2005; Apr 18;(2):CD001002. PMID 15846609
6. Panton LB, Figueroa A, Kingsley JD et al. Effects of resistance training and chiropractic treatment in women with fibromyalgia. *J Altern Complement Med*. 2009 Mar; 15(3):321-328. PMID 19249999
7. Ernst E. Chiropractic treatment for gastrointestinal problems: a systematic review of clinical trials. *Can J Gastroenterol*. 2011 Jan; 25(1):39-40. PMID 21258667
8. Rubinstein SM, Terwee CB, Assendelft WJ et al. Spinal manipulative therapy for acute low-back pain. *Cochrane Database Syst Rev*. 2012 Sep 12:9:CD008880. PMID 22972127
9. Rubinstein SM, Terwee CB, Assendelft WJ et al. Spinal manipulative therapy for acute low-back pain: an update of the Cochrane review. *Spine (Phila Pa 1976)*. 2013 Feb 1;38(3): E158-177. PMID 23169072
10. Rubinstein SM, de Zoete A, van Middelkoop M, et al. Benefits and harms of spinal manipulative therapy for the treatment of chronic low back pain: systematic review and meta-analysis of randomized controlled trials. *BMJ*. 2019 13; 364:1689. doi: 10.1136/bmj.1689. PMID:30867144.
11. Walker BF, French SD, Grant W et al. A Cochrane review of combined chiropractic interventions for low-back pain. *Spine (Phila Pa 1976)*. 2011 Feb 1; 35(3):230-242. PMID 21248591
12. Globe GA, Morris CE et al. Chiropractic management of low back disorders: report from a consensus process. *J Manipulative Physiol Ther*. 2008 Nov-Dec; 31(9):651-658. PMID 19028249
13. Saragiotto BT, Maher CG, Yamato TP, Costa LOP, Menezes Costa LC, Ostelo RWJG, Macedo LG. Motor control exercise (MCE) for chronic non-specific low-back pain. *Cochrane Database of Systematic Reviews* 2016, Issue 1. Art. No. CD012004. Published Online: 7 JAN 2016.
14. Coulter, ID, Crawford, C. et al. *Spine J*. Manipulation and mobilization for treating chronic low back pain: a systematic review and meta-analysis. *Spine J*. 2018; May;18(5):866-879. PMID 29371112.



15. Christensen ST, Hartvigsen J. Spinal curves and health: a systematic critical review of the epidemiological literature dealing with associations between sagittal spinal curves and health. *J Manipulative Physiol Ther.* 2008 Nov-Dec; 31(9):690-714. PMID 19028253
16. Haldeman S et al. The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders: executive summary. *Spine* 2008 Feb 15; 33(4 Suppl): S5-S7. PMID18204400
17. Hurwitz EL et al. Treatment of neck pain: noninvasive interventions. Results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. *Spine* 2008 Feb 15; 33(4 Suppl): S123-152. PMID 18204386
18. Millan M, Leboeuf-Yde C, Budgell B, Amorim MA. The effect of spinal manipulative therapy on experimentally induced pain: a systematic literature review. *Chiropr Man Therap.* 2012 Aug 10;20(1):26. PMID 22883534
19. Medicare Benefit Policy Manual. Chapter 15 - Covered Medical and Other Health Services. Section 30.5, Chiropractor's Services. Revised 23, 10/01/04. Available online at: <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf> Accessed January 27, 2025.
20. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (A57889). Chiropractic Services-Medical policy article. Effective 1/1/2020. Available at URL: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57889&ver=3&keyword=chiropractic&keywordType=starts&areaid=all&docType=> Accessed January 27, 2025.
21. GuidelineCentral. Chiropractic best practices and practice guidelines. 2008; (revised 2013 Nov 22). Retired.
22. Harrison DD, Sikin LA, Betz JW, editor(s). Best practices and practice guidelines. International chiropractic association (ICA); 2013 Nov 22. Retired.
23. GuidelineCentral. Manual medicine guidelines for musculoskeletal injuries. 2004; (revised 2013 Dec 1). Retired.
24. Globe, G, Farabaugh RJ, et al. Clinical Practice Guideline: Chiropractic Care for Low Back Pain. *J Manipulative Physiol Ther.* 2016 Jan; 39 (1): 1-22. PMID 26804581.
25. Bryans R, Decina P, et al. Evidence-based guidelines for the chiropractic treatment of adults with neck pain. *J Manipulative Ther.* 2014 Jan; 37 (1): 42-63. PMID 24262386
26. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) L37254. Chiropractic Services. Effective date 11/06/2017, Revised 02/06/2025. Available at URL: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=37254> Accessed February 17, 2025.
27. Noridian Healthcare Solutions, LLC. Jurisdiction F-Medicare Part B. Chiropractic Last updated October 27, 2022. Available at URL: <https://med.noridianmedicare.com/web/jfb/specialties/chiropractic>. Accessed February 17, 2025.
28. Whalen W, Farabaugh RJ, Hawk C, et al. Best-practice recommendations for chiropractic management of patients with neck pain. *J Manipulative Physiol Ther* 2019 Nov;42(9):635-650. PMID: 31870638.
29. Chaibi A, Stavem K, Russell MB, et al. Spinal manipulative therapy for acute neck pain: a systematic review and meta-analysis of randomized controlled trials. *J Clin Med.* 2021;10(21):5011. PMID:34768531.
30. Bronfort G, Maiers M, Schulz C, et al. Multidisciplinary integrative care versus chiropractic care for low back pain: a randomized clinical trial. *Chiropr Man Therap.* 2022; 30(1): 10. PMID: 35232482.

History



Date	Comments
05/09/06	Add to Therapy Section - New Policy
06/23/06	Update Scope and Disclaimer - No other changes.
06/12/07	Replace Policy - Policy updated with literature review; policy statement updated to include thermomechanical massage as investigational. References added and codes updated. Reviewed by practicing doctor of chiropractic in May 2007.
10/9/07	Cross References Updated - No other changes.
04/08/08	Cross References Updated - No other changes
06/10/08	Replace Policy - Policy updated with literature search; no change to the policy statement. Reviewed by practicing doctor of chiropractic in May 2008.
05/12/09	Replace Policy - Policy updated with literature search. Policy statement added "Restoration of spinal curves as the determinant as a means to treat spinal pain or to normalize spinal curves in asymptomatic patients is not medically necessary". References added.
05/11/10	Replace Policy - Policy updated with literature search; no change to the policy statement. Reviewed by practicing doctor of chiropractic in April 2010.
12/21/10	Cross References Updated - No other changes.
05/10/11	Replace Policy - Policy updated with literature search; references added; no change to the policy statement. Reviewed by practicing doctor of chiropractic in April 2011.
05/22/12	Replace policy. Policy reviewed by practicing doctor of chiropractic April 2012. Simplified documentation details per legal request. Policy statements unchanged.
10/26/12	Update Related Policies. Title for 8.03.502 has been changed to say "Medical Massage Therapy".
01/29/13	Replace policy. Policy guidelines have new header for definitions, clarifying statement added about timeframe for initial POT in the documentation requirements paragraph, added the bullet "anticipated date of discharge" to the care plan & follow-up visit paragraphs, the word "re-evaluation" is deleted from the paragraph about follow-up visits. Description and rationale sections updated based on a literature review through November 2012. References 10, 15, 16 added, others renumbered or removed. New section added with additional resources and websites not cited in the policy. Policy statement unchanged.
02/24/14	Replace policy. Revised policy statement language from "is considered" to "may be considered" for consistency with other medical policies. Documentation for follow-up visits in the Policy Guidelines is revised based on vetting with a chiropractic consultant. Definition of terms moved from the Appendix to the Policy Guidelines. Related policy 7.01.551 Lumbar Spine Decompression Surgery added. Rationale reviewed/updated with a literature search through January 27, 2014. Resources 3, 4 added; others renumbered. Coding section revised; ICD-9 Diagnosis codes not used for adjudication of this policy so they have been removed. Policy statements changed as noted.



Date	Comments
05/19/14	Update Related Policies. Remove 1.01.517 and 2.01.56 as they were archived.
12/22/14	Interim Update. Reference 5 removed from the additional resources and websites section; others renumbered. Policy statement unchanged.
08/11/15	Annual Review. Policy reviewed with a literature search through June, 2015. Reference 8 added, Resource 7 added. Minor edits for readability. Policy statements unchanged. Related Policies updated; applicable only retained.
02/09/16	Annual Review. Four more examples of investigational procedures and treatments added. Policy reviewed with a literature search through January, 2016. Reference 12 added.
04/01/17	Annual Review, approved March 14, 2017. Policy moved into new format. Policy reviewed with a literature search through January 2016. No references added, Policy statements unchanged.
01/30/18	Minor formatting updates were made to the policy.
06/01/18	Annual Review, approved May 3, 2018. Policy reviewed with a literature search through April 2018. References 22, 23 added. Reference 1 removed. No change to policy statement.
03/01/19	Annual Review, approved February 25, 2019. Reference 13 added. Policy statement unchanged.
03/01/20	Annual Review, approved February 4, 2020. Policy reviewed. Reference 10 added. Policy statements unchanged.
02/01/21	Annual Review, approved January 21, 2021. Policy reviewed, Policy statements unchanged.
02/01/22	Annual Review, approved January 24, 2022. Policy reviewed. Reference added and updated. Policy statements unchanged.
02/01/23	Annual Review, approved January 9, 2023. Policy reviewed. Title changed from Chiropractic Services to Chiropractic and Other Manipulation Services. References added. Added to list of chiropractic interventions considered to be investigational, otherwise policy statements unchanged. Changed the wording from "patient" to "individual" throughout the policy for standardization.
03/01/24	Annual Review, approved February 26, 2024. Policy reviewed. Policy statements unchanged.
04/01/25	Annual Review, approved March 10, 2025. Policy reviewed. References updated. Added Arvigo techniques of maya abdominal therapy (ATMAT) to list of chiropractic services considered investigational. Other minor edits made for clarity; policy intent unchanged. Otherwise, policy statements unchanged. Removed HCPCS codes 97112 and 97140.



Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

