

Chiropractic Services for Adults - ACLA

In Lieu Of Policy ID: ILO.02

Recent review date: 2/2023

Next review date: 1/2024

Policy contains: Chiropractic Services for Adults

AmeriHealth Caritas has developed In Lieu Of policies to assist with making coverage determinations for medically appropriate services outside required MCO Covered Services or settings (or beyond the service limits established by LDH for MCO Covered Services. AmeriHealth Caritas' In Lieu Of services are provided to Enrollees, at their option, as a cost-effective alternative to an MCO Covered Service or Setting.

LDH has determined that this In Lieu Of service is a medically appropriate and cost-effective substitute for the MCO Covered Service or setting under the Louisiana Medicaid State Plan.

Coverage policy

Chiropractic services to diagnose and treat neuro-musculoskeletal conditions associated with the functional integrity of the spine are a medically appropriate and cost-effective substitute for services currently covered under the Louisiana Medicaid State Plan. In addition, Chiropractic providers are to identify and refer members who may benefit from care coordination and/or case management services to the ACLA Population Health Management team. This will include complex members who are diagnosed with multiple chronic diseases (i.e. Diabetes, CAD, Asthma) and have a history of high Emergency Room and/or Inpatient utilization.

Chiropractic services are medically appropriate and approved for members diagnosed with neuromusculoskeletal conditions associated with the functional integrity of the spine. ACLA will have a cap of 300 total enrollees per year.

Service Name and Description: Adult Chiropractic Care - Chiropractic services to diagnose and treat neuromusculoskeletal conditions associated with the functional integrity of the spine.

Unit of Service:

Service Category	Code	Description
Evaluation and management – new	99202	Office or other outpatient visit for the evaluation and management of a
patient	99203	new patient
	99204	
	99205	
Evaluation and management -	99212	Office or other outpatient visit for the evaluation and management of an
established patient	99213	established patient
	99214	
	99215	
Spinal X-rays	72020	Radiologic examination, spine, single view, specify level
	72040	Radiologic examination, spine, cervical; 2 or 3 views
	72050	Radiologic examination, spine, cervical; 4 or 5 views
	72052	Radiologic examination, spine, cervical; 6 or more views
	72070	Radiologic examination, spine, thoracic, 2 views
	72072	Radiologic examination, spine, thoracic, 3 views
	72074	Radiologic examination, spine, thoracic, minimum of 4 views
	72080	Radiologic examination, spine, thoracolumbar, 2 views
	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views
	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views
	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views.
	72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views
	72220	Radiologic examination, sacrum and coccyx, minimum of 2 views
Spinal manipulation	98940	Spinal Manipulation 1-2 Regions
	98941	Spinal Manipulation 3-4 Regions
	98942	Spinal Manipulation 5 Regions
Other treatments‡	97012	Mechanical Traction
	97022	Whirlpool Therapy
	97035	Ultrasound Therapy
	97032	Electrical Stimulation
	97110	Therapeutic Exercises
	97112	Neuromuscular Reeducation
	97116	Gait Training
	97124	Massage Therapy
	97140	Manual Therapy
	20560	Needle insertion without injection 1-2
	20561	Needle insertion without injection 3 or more muscles

The units of service vary per individualized treatment plans. Below shows the anticipated and maximum number of treatments per service category per member, based on symptom intensity. A maximum of two (2) other treatments, in addition to spinal manipulation, are covered per day of service. Treatment CPT codes listed in the table *Units of Service* above, but not in this table, will be included in this maximum of two other treatments per day of service.

		Maximum Services Rendered
Symptom Intensity	Category	
Mild-to-Moderate	Overall description	Six treatment sessions over an 18-week period
	E/M	1x99203 + 5x99213
	X-ray	1x72100
	Spinal manipulation	6x98941
	Other treatments	3x97124
Moderate-to- Severe	Overall description	Twelve treatment sessions over a 26-week period
	E/M	1x99203 + 11x99213
	X-ray	1x72110
	Spinal manipulation	6x98941 + 6x98942
	Other treatments	12x97124 + 6x20560
Severe	Overall description	Eighteen treatment sessions over a 12-month period
	E/M	1x99203 + 17x99213
	X-ray	1x72110
	Spinal manipulation	18x98942
	Other treatments	18x97140 + 18x20561

Background

The Chiropractic in Lieu of service is needed to:

- Increase pain treatment alternatives
- Mitigate overutilization of Opioids
- Improve Provider Pain management prescribing behavior

Reporting

Service Utilization reports will be requested to monitor program activities to include member profiles, provider, and case management referrals. Chiropractic providers will be encouraged to coordinate with Case Management and suggest participating in case rounds on an as needed basis.

Expected Outcomes

Anticipated outcomes for members participating in the ILO:

- Reduction in ER Utilization for reasons of pain
- Improve HEDIS rates for ER (reduce ER utilization)
- Increased Care Management engagement to address pain management
- Reduce opioid dependency; reduce opioid prescription fill rates
- Reduce All Cause Readmissions

Policy updates

2/2023: initial review date and ILO policy effective date: 2/2023