



## HIGHMARK COMMERCIAL MEDICAL POLICY - PENNSYLVANIA

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<b>Medical Policy:</b>	Y-9-040
<b>Topic:</b>	Manipulation Services
<b>Section:</b>	Therapy
<b>Effective Date:</b>	May 8, 2023
<b>Issued Date:</b>	May 8, 2023
<b>Last Revision Date:</b>	April 2023
<b>Annual Review:</b>	May 2022

Manipulation and chiropractic manipulation, commonly referred to as spinal and extraspinal adjustment, manual adjustment, vertebral adjustment, or spinal manipulative therapy (SMT), is the treatment of the articulations of the spine and musculoskeletal structures, including the extremities, for the purpose of relieving discomfort resulting from impingement of associated nerves or other structures (e.g., joints, tissues, muscles).

Performance of these services requires the specialized knowledge, clinical judgement and skills of a qualified physical medicine provider.

Spinal manipulation by manual or mechanical means may be used to correct a structural imbalance or subluxation related to distortion or misalignment of the vertebral column.

Extraspinal manipulation, also known as extraspinal manipulative therapy (EMT), is used to treat joint dysfunction outside of the vertebral column.

### Policy Position

Manipulation and chiropractic manipulation may be considered medically necessary when **ALL** of the following are met:

- Therapy is provided for a neuromusculoskeletal condition; **and**
- Therapy is provided for the initial treatment of an acute condition, reinjury, or aggravation of a chronic condition; **and**
- Therapy is provided for the purpose of minimizing or eliminating impairments, functional limitations, or restrictions of the condition; **and**
- Therapy is provided in accordance with an ongoing, written treatment plan, appropriate for the reported condition, and is expected to result in restoration of the individual's level of function which has been lost or reduced by the condition.
  - A treatment plan includes:
    - Osteopathic Manipulative Treatment (OMT); **or**
    - Chiropractic Manipulative Treatment (CMT); **and**
    - A maximum of four (4) modalities/procedures on any given date of service, per performing provider including:
      - Muscle and range of motion (ROM) testing; **or**
      - Physical tests and measurements; **or**
      - Therapeutic exercises to develop strength, endurance, ROM and flexibility; **or**
      - Mechanical Traction; **or**
      - Neuromuscular reeducation; **or**
      - Therapeutic massage.

Manipulation and chiropractic manipulation provided exclusively for the convenience of the individual or provider, for relaxation, or for personal lifestyle enhancement are considered not medically necessary.

Manipulation and chiropractic manipulation, provided for **ALL** of the following are considered experimental/investigational, and therefore, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature:

- Non-musculoskeletal disorders (e.g., asthma, otitis media, infantile colic, etc.); **and**
- Prevention/maintenance/custodial care; **and**
- Internal organ disorders (e.g., gallbladder, spleen, intestinal, kidney, or lung disorders); **and**
- Scoliosis correction; **and**
- Manipulation of infants, less than or equal to 12 months.

Physical medicine modalities and procedures are considered an inherent part of manipulation and are not eligible for separate reimbursement when performed on the same body region and reported on the same day as the manipulation (examples include, but are not limited to: techniques such as soft tissue joint mobilization, massage, myofascial release, manual lymphatic drainage, and manual traction.)

Unattended massages that do not require the services of a professional provider are considered non-covered.

Manipulations can be provided manually or with the assistance of various mechanical or computer operated devices. Separate reimbursement is not eligible for use of the device, or for the device itself.

Reimbursement for visits involving OMT, or CMT, any of the physical medicine procedures, therapeutic procedures, muscle and ROM testing, and physical tests and measurement, orthotic management, and prosthetic management is limited as follows: A maximum of four (4) codes/units in any combination per date of service, per performing provider.

- Reimbursement will be based on the highest submitted and allowed manipulation and physical medicine codes.

Quantity of services that exceeds the frequency guidelines listed on the policy are considered not medically necessary.

Examples of billing for medically necessary services within a visit wherein up to four (4) codes/units are reimbursed:

Procedure codes 98925 + 97035 + 97112 + 97112

Procedure codes 98940 + 98943-59 + 97014 + 97012

Procedure codes 98926 + 97012 + 97112 + 97112

#### Procedure Codes

95851	95852	97012	97014	97016	97018	97022
97024	97026	97028	97032	97033	97034	97035
97036	97039	97110	97112	97113	97116	97124
97139	97140	97150	97530	97535	97542	97750
97760	97761	97763	98925	98926	98927	98928
98929	98940	98941	98942	98943	G0283	S8950

Reimbursement involving any physical medicine procedures performed on a separate body region on the same day as manipulation are limited as follows:

- Up to four (4) codes/units in any combination per date of service per performing provider.
- Payment will be based on the highest submitted and allowed physical medicine procedures.
  - Modalities- 97012-97039, G0283, S8950
  - Therapeutic procedures- 97110-97542
  - Tests and measurements 97750
  - Muscle range of motion (ROM) testing- 95831-95852
  - Orthotic management and prosthetic management- 97760- 97763

#### Habilitative Therapy

Habilitative services may be considered medically necessary when the following criteria are met:

- Ordered by a professional provider to promote the restoration, maintenance or improvement in the level of function following disease, illness or injury; and
- Includes therapies to achieve functions or skills never acquired due to congenital and developmental anomalies.

#### NOTE:

Habilitative/Rehabilitative therapy services must be reported with the 96 or 97 modifiers in conjunction with the appropriate therapy code. Habilitative therapy is not eligible for reimbursement unless the member has a habilitative benefit.

Spinal manipulation is not considered a habilitative service.

Habilitative therapy services not meeting the criteria as indicated in this policy are considered not medically necessary.

Procedure Codes						
95851	95852	97012	97014	97016	97018	97022
97024	97026	97028	97032	97033	97034	97035
97036	97039	97110	97112	97113	97116	97124
97139	97140	97150	97530	97535	97542	97750
97760	97761	97763	98925	98926	98927	98928
98929	98940	98941	98942	98943	G0283	S8950

Maintenance Services

Maintenance begins when the therapeutic goals of a treatment plan have been achieved, and no additional functional progress is apparent or expected to occur.

A maintenance program consists of activities that preserve the patient's present level of function and prevent regression of that function. These services would not involve complex physical medicine and rehabilitative procedures, nor would they require clinical judgment and skill for safety and effectiveness.

Manipulative therapy provided for maintenance rather than restoration is not eligible for reimbursement.

Physical medicine services performed repetitively to maintain a level of function are not eligible for reimbursement unless the member has habilitative services benefits.

Procedure Codes						
S8990						

Vertebral axial decompression (examples include, but are not limited to, VAX-D, DRX9000, Spine Med, Tru-Trac Traction Table) is considered investigational/experimental/investigational and, therefore, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Procedure Codes						
S9090						

**Evaluation and Management (E/M) Services** Manipulation includes a pre-manipulation assessment. Time-based physical medicine services also include the time required to perform all aspects of the service, including pre-, intra-, and post-service work.

Therefore a separate Evaluation and Management (E/M) service must be medically necessary. A separate E/M service should not be routinely reported with manipulation or time-based physical medicine services.

This means that separate Evaluation and Management (E/M) service should only be paid in the following circumstances:

- Initial examination of a new patient or condition; **or**
- Re-examination of a new patient within an episode of care to assess patient progress, current clinical status, and determine the need for any further medically necessary therapeutic level care; **or**
- Acute exacerbation of symptoms or a significant change in the patient's condition; **or**
- Distinctly different indications, which are separately identifiable and unrelated to the manipulation.

Procedure Codes							
99202	99203	99204	99205	99211	99212	99213	
99214	99215	99417					

**Related Policies**

- Refer to Medical Policy S-197, Manipulation Under Anesthesia (MUA), for additional information.
- Refer to Medical Policy S-240, Trigger Point Injections, for additional information.
- Refer to Medical Policy V-37, Autism Spectrum Disorders, for additional information.
- Refer to Medical Policy Y-1, Physical Medicine, for additional information.
- Refer to Medical Policy Y-2, Occupational Therapy (OT), for additional information.
- Refer to RPC Policy RP-009, Modifiers 25, 59, XE, XP, XS XU, and FT, for additional information

**Place of Service: Outpatient**

Experimental/Investigational (E/I) services are not covered regardless of place of service.

Manipulation services is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

**The policy position applies to all commercial lines of business**

**Links**

- [Link to Provider Resource Center for the Medical Policy Update](#)  
09/2016, Criteria Revised Manipulation Services
- [Link to References](#)

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  - *Written information in other formats (large print, audio, accessible electronic formats, other formats)*
- *Provides free language services to people whose primary language is not English, such as:*
  - *Qualified interpreters*
  - *Information written in other languages*

*If you need these services, contact the Civil Rights Coordinator.*

*If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: [CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.*

*You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:*

*U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)*

*Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.*

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请拨打您的身份证背面的号码（TTY： 711）。

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ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

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ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

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**MEDICARE**

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