

# Chiropractic Manipulation

## Ambulatory Care (AC)

*BCBST modification effective December 18, 2009\**

### Added

#### Appropriateness Determination

- A limited number of visits should be approved for the first 4 weeks. Refer to algorithms below for frequency/duration of visits.
- Greater than 3 visits per week is seldom justified, exceptions (e.g., the first week of treatment for pain with complications, may require 5 visits) must be based on a review of the practitioner's documentation.
- Extension requires reevaluation. Evaluation should occur after the initial 4 weeks of treatment & include the following:
  - Subjective Progress (e.g., reduction in pain, compliance)
  - Objective Progress (e.g., structural exam, notation of lesions, ROM, functional improvement)
  - Progress toward treatment goals
  - Additional treatment required to reach treatment goals
  - Discharge plans
  - Discharge date
- **Frequency & Duration of Care Algorithms**

#### *Algorithm 1 - Acute Uncomplicated Pain*

- This algorithm applies to patients with acute pain for 3 weeks or less.
- Provides for 3 treatments a week for 4 weeks. A reexamination must be performed **every two weeks** after treatment is initiated. If there is no documented improvement within 2 weeks, treatment should be modified or the patient referred to another medical professional for a second opinion.
- 3 therapy modalities with associated manipulation per visit may be required during the first week of treatment for acute pain. Thereafter, only 2 therapy modalities with associated manipulation are allowed per visit.
- Typically such a patient is treated up to 3 times weekly for 2 weeks, then 3 times to 1 time weekly during the next 2 weeks depending upon progress, re-injury, etc. This amounts to 8-12 treatments over a 4-week period.
- If there is documented improvement (e.g., decreased pain on pain scale, objective measures of range of motion and pressure tenderness) treatment may continue for up to another 4 weeks (for a total of 8 weeks of treatment). Frequency of care should drop to 1 to 2 visits per week.

#### *Algorithm 2 - Acute/Chronic Pain with Complications*

- This algorithm applies to patients with acute pain and complications (e.g., significant trauma, severe pain, significant underlying spinal degeneration, a disc problem with

referred pain to the leg, etc.) or recurring or chronic pain, or the most recent of several disabling attacks of spinal pain, or the back pain/shoulder pain/headache/leg pain that has been experienced over many weeks or months.

- Treatment may be slightly more frequent than Algorithm 1. Typically treatment is 5 times a week for the first week then 3 times a week for the next 3-5 weeks, then 2 times weekly thereafter for another 4-6 weeks (for a total of 8-12 weeks of treatment). Many patients can expect a successful result within 4-6 weeks. A reexamination must be performed **every two weeks** after treatment is initiated.
- 3 therapy modalities with associated manipulation per visit may be required during the first week of treatment for acute pain. Thereafter, only 2 therapy modalities with associated manipulation are allowed per visit.

**Note:** In rare instances a longer treatment duration than 12 weeks may be needed; these instances will need to be evaluated/approved on a case by case basis.

### **Algorithm 3 - Supportive Care**

- The U.S. and Canadian national guidelines for chiropractic practice define two different forms of longer term chiropractic treatment:
  - **Supportive Care** – Treatment for patients who have reached maximum improvement, but who fail to sustain this improvement and progressively deteriorate when treatment is withdrawn. (Note: Supportive care is necessary from the patient's and physician's point of view.)
    - Typically supportive care might involve 3-6 treatments over 2 weeks to arrest returning pain and disability, then 1 treatment every 2-4 weeks for a settling period of a few months and another attempt at complete withdrawal of care.
  - **Preventive/Maintenance Care** – Treatment for a patient who has no present pain or symptoms but seeks to prevent pain and disability, promote health and enhance the quality of life. (Note: Preventive/maintenance care is not therapeutically necessary.)

### **Sources**

BlueCross BlueShield of Tennessee network physicians. September - December 2009.

This is an excerpt from the webpage of the Tennessee BCBS plan found at:

[http://www.bcbst.com/providers/UM\\_Guidelines/Modified\\_MCG/MMCG-Chiro.htm](http://www.bcbst.com/providers/UM_Guidelines/Modified_MCG/MMCG-Chiro.htm)

*ACS Comment: BCBS of Tenn. states the following is medically necessary: for acute pain patients, one to two months of chiropractic care with up to 20 visits for a patient. For chronic pain patients, at least 30 visits with the understanding there are rare patients who need care beyond 12 weeks. With chronic pain patients, if their symptoms return then it is medically necessary to cover "supportive care" consisting of 3-6 treatments over 2 weeks to "arrest returning pain and disability," and then 1 treatment every 2-4 weeks for a "settling period" of a few months to attempt to totally withdraw care again. Compare this to BCBS of Arizona which has hired American Specialty Health (ASH). ASH' national average is 6.5 visits per patient.*