



UM-CDG-068 Chiropractic Services

Approved By:
Director, Health Services

Effective Date:
10/20/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address chiropractic services. Chiropractic manipulative treatment (CMT) is a form of manual treatment to influence joint and neurophysiological function. Treatment is accomplished using a variety of techniques.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

SECUR Health Plan recognizes that chiropractic services may be medically necessary in the following circumstances:

Chiropractic Services – Active Treatment:

The member must have a significant health issue in the form of neuromusculoskeletal condition necessitating treatment and the manipulative services rendered must have a direct therapeutic relationship to the member's condition and provide reasonable expectation of recovery or improved function. The member must have a subluxation of the spine demonstrated by an x-ray or physical examination.

Most spinal problems fall into the following categories:

- Acute subluxation – Member's condition is considered acute when the member is being treated for a new injury identified by x-ray or physical examination as specified above. The result of chiropractic manipulation is expected to be an improvement in or an arrest of progression on the condition.
- Chronic subluxation – Member's condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment, but continued therapy can be expected to result in some form of functional improvement. Once the clinical status has remained stable for a given condition, without expectation of additional objective clinical improvements, further manipulative treatment is considered maintenance therapy and is not considered medically necessary.

An acute exacerbation is a temporary but marked deterioration of the member's condition that is causing significant interference with activities of daily living (ADLs) due to an acute flare up of the previously treated

condition. The member's clinical documentation must specify the date of recurrence or occurrence, nature of the onset or other pertinent factors that would support medical necessity of the requested treatment. As with an acute injury, treatment is anticipated to result in improvement or arrest of the deterioration within a reasonable period.

Maintenance therapy includes services that attempt to avert disease, facilitate health and extend and improve the quality of life, or therapy that is implemented to preserve or avoid deterioration of a chronic condition. The treatment is considered maintenance therapy when additional clinical advancement cannot logically be expected from constant, ongoing care and the chiropractic treatment becomes auxiliary rather than curative.

Dynamic thrust is the therapeutic force or maneuver delivered by the physician during the manipulation of an anatomic region of involvement. A relative contraindication is a condition that adds significant risk for injury to the member from dynamic thrust but does not rule out the use of dynamic thrust. The physician should discuss the risk with the member and document the conversation.

Below are relative contraindications to dynamic thrust:

- Articular hypermobility and circumstances where the stability of the joint is uncertain
- Severe demineralization of bone
- Benign bone tumors of the spine
- Bleeding disorders and anticoagulant therapy
- Radiculopathy with progressive neurological signs

Dynamic thrust is absolutely contraindicated near the site of demonstrated subluxation and proposed manipulation in the below:

- Acute arthropathies characterized by acute inflammation and ligamentous laxity and anatomic subluxation or dislocation, including acute rheumatoid arthritis and ankylosing spondylitis
- Acute fracture and dislocation or healed fracture or dislocation with signs of instability
- Unstable os odontoideum
- Malignancies involving the vertebral column
- Infection of bones or joints of the vertebral column
- Signs and symptoms of myelopathy or cauda equina syndrome
- For cervical spinal manipulations, vertebrobasilar insufficiency syndrome
- Significant major artery aneurysm near the proposed manipulation

Consideration of medical necessity for chiropractic services is specifically limited to treatment by means of manual manipulation. Additionally, manual devices may be used by chiropractors in performing manual manipulation of the spine. No other diagnostic or therapeutic service furnished by a chiropractor or under the chiropractor's order will be considered medically necessary.

The frequency and duration of chiropractic treatment must be medically necessary and based on the individual member's condition and response to treatment. Prolonged or repeated courses of treatment will be subject to medical review.

SECUR Health Plan members may have additional supplemental benefits related to chiropractic services available to them depending on their specific plan. Members are encouraged to review the annual plan Explanation of Benefits and Evidence of Coverage for additional details regarding any available supplemental benefits.

References:

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 5. Haldeman S, Chapman-Smith D, Petersen DM. *Guidelines for chiropractic quality assurance and practice parameters*. *Proceedings of the Mercy Center Consensus Conference*. Aspen Publishers, Inc. 1993.
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 7. Leboeuf-Yde C. How real is the subluxation? a research perspective. *Journal of Manipulative and Physiological Therapeutics*. 1998;21(7):492-494.
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 9. Local Coverage Determination (LCD) L37387, Chiropractic Services, 12/19/2024, <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=37387&ver=25&>