Chiropractic - In Lieu of Services (ILOS)

DRAFT

Humana

Medicaid Medical Coverage Policy

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~~**Review Date:** 11/08/2024~~
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Line of Business: Medicaid
State: LA

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~~Summary of Changes:~~
~~11/8/2024:~~

Description

~~Scope:~~

This policy applies to all Humana Healthy Horizons in Louisiana (Plan) associates who administer, review, or communicate covered physical and behavioral health benefits and services to eligible enrolled members.

In Lieu of Services (ILOS) are alternative services or settings covered by Humana Healthy Horizons in Louisiana as a substitute or alternative to services or settings covered under the Louisiana Medicaid State Plan. In accordance with 42 CFR § 438.3(e)(2), ILOS are medically appropriate and cost-effective substitute services that are offered voluntarily by the health plan.

~~Treatment Session – For the purposes of this Chiropractic ILOS, a treatment session is defined as all Chiropractic services that occur on a single date of service.~~

This ~~In Lieu of Service (ILOS)~~ **ILOS** is intended to provide coverage for medically appropriate services, to diagnose and treat neuromusculoskeletal conditions associated with the functional integrity of the spine, for members 21 years of age and older. Coverage for members 20 years of age and younger is not addressed in this policy.

~~Policy:~~

~~**The Plan provides coverage for up to 18 visits for medically appropriate chiropractic services without the need for prior authorization. All visits over and above the initial 18 visits require prior authorization.**~~

Prior Authorization and Referral
Up to 18 chiropractic treatment sessions ILOS are covered annually without the requirement of prior authorization. Additional treatment sessions may be reimbursed with authorization by the Plan.

A treatment session is defined as all chiropractic services that occur on a single date of service. A referral from a primary care provider or any other provider is not required.

~~**Procedures:**~~
~~**Eligibility and Access**~~

- ~~**Members must be 21 years of age or older.**~~
- ~~**Members must have full benefits, including physical and behavioral health benefits indicated by a "P" linkage, at the time services are delivered.**~~
- ~~**Members can access in-network/contracted chiropractic providers by utilizing the physician finder service provided by the Plan.**~~

Coverage Determination

~~Covered Services:~~

~~**Services include evaluation and management services, x-rays, spinal manipulation, and other treatments.**~~

Humana Healthy Horizons in Louisiana members may be eligible under the Plan for medically appropriate chiropractic services for the treatment of neuromusculoskeletal conditions when the following requirements are met:

- **Age 21 years or older**
- **Members must have full benefits, including physical and behavioral health benefits indicated by a "P" linkage, at the time services are delivered**

Members can access in-network/contracted chiropractic providers by utilizing the physician finder service provided by the Plan.

Evaluation and ~~Treatment Services~~ **Management**

~~1.~~**The** initial visit must include a treatment plan, including**:**

- ~~A.~~Level of care (duration and frequency of visits)**; AND**
- B.Treatment goals**; AND**
- Measures to assess the effectiveness of treatment (qualitative and/or quantitative)

~~2.~~Follow-up visits must include:

- **a.Information** on the members' progress towards goals identified in the treatment plan~~, along with the measures used to assess effectiveness~~**; AND**
- **Measures used to assess effectiveness**

~~3.~~ X-rays may be used to assess the ~~member's~~ **individual's** condition **and must be limited to:**

- ~~X-rays must be limited to t~~**T**~~he level(s) of suspected abnormality and~~ **AND**; ~~the minimum number of views necessary to establish the diagnosis~~
- **The minimum number of views necessary to establish the diagnosis**

~~a. Repeat X-rays are not considered medically necessary in the absence of a significant worsening of symptoms despite treatment, a change in the pattern of symptoms which may suggest an alternate diagnosis, or the development of new symptoms.~~

~~4.~~ Spinal manipulation of up to five (5) regions is covered and considered medically necessary when included in the documented treatment plan.

~~5.~~**NOTE:** On each date of service, a maximum of two (2) other treatments are covered and must be tailored to the individual's condition and identified in the documented treatment plan.

Other treatments refer to chiropractic treatments other than spinal manipulation~~.~~ **and include:**

~~b. **Mechanical traction**~~

~~c. **Whirlpool therapy**~~

~~d. **Ultrasound therapy**~~

~~e. **Electrical stimulation**~~

~~f. **Therapeutic exercises**~~

~~g. **Neuromuscular reeducation**~~

~~h. **Gait training**~~

~~i. **Massage therapy**~~

~~j. **Manual therapy**~~

~~k. **Dry needling**~~

- **Dry needling**
- **Electrical stimulation**
- **Gait training**
- **Manual therapy**
- **Massage therapy**
- **Mechanical traction**
- **Neuromuscular reeducation**
- **Therapeutic exercises**
- **Ultrasound therapy**
- **Whirlpool therapy**

~~(The deleted text below to be included in Chiropractic Billing Guide)~~

Coverage Limitations

Humana Healthy Horizons in Louisiana members may NOT be eligible under the Plan for repeat X-rays for any of the following indications:

- **Absence of significant worsening of symptoms despite treatment; OR**
- **Absence of a change in the pattern of symptoms which may suggest an alternative diagnosis; OR**
- **Absence of the development of new symptoms**

These are considered not medically necessary.

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	
20561	Needle insertion(s) without injection(s); 3 or more muscles	
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 junction, minimum of 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, sacroiliac joints; less than 3 views**	-
97012	**Application of a modality to 1 or more areas; traction, mechanical**	-
97014	**Application of a modality to 1 or more areas; electrical stimulation (unattended)**	-
97022	**Application of a modality to 1 or more areas; whirlpool**	-
97035	**Application of a modality to 1 or more areas; ultrasound, each 15 minutes**	-
97032	**Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes**	-
97110	**Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**	-
97112	**Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**	-
97116	**Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)**	-
97124	**Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)**	-
97140	**Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**	-
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**	-

99202	**Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.**	-
99203	**Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**	-
99204	**Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.**	-
99205	**Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.**	-
99212	**Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.**	-
99213	**Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.**	-
99214	**Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**	-

99215	**Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.**	-

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References

1. **Louisiana Department of Health (LDH). Louisiana Medicaid Managed Care Organization (MCO) Manual. In Lieu of Services.** https://ldh.la.gov/medicaid. **Updated April 23, 2025.**

2. **Louisiana Department of Health. Medicaid Services Manual. Chapter 5: Professional Services.** https://ldh.la.gov/medicaid. **Published February 1, 2012. Updated August 4, 2025.**

~~References:~~

~~**Louisiana Department of Health. Louisiana Medicaid Managed Care Organization (MCO) Manual (8/15/2024); Accessed 11/08/2024.**~~

~~**Louisiana Department of Health Bureau of Health Services Financing. Louisiana Medicaid Managed Care Organization Contract: Attachment A, Part 2, Section 2.4.4 In Lieu of Services (01/01/2023). Accessed 11/15/2024.**~~

~~**Louisiana Department of Health Bureau of Health Services Financing. Louisiana Medicaid Managed Care Organization Contract: Attachment C: In Lieu of Services (12/14/2023); Accessed 11/08/2024.**~~

~~**Humana Healthy Horizons in Louisiana Chiropractic Services Provider Billing and Claims Payment Guide**~~

Change Summary

01/01/2023 New Policy
11/08/2024 Annual Review
10/07/2025 Annual Review, No Coverage Change. New Clinical Coverage Policy Template, Added Code Table

~~Non-Compliance:~~

~~Failure to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services, or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules, and regulations.~~

~~Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to noncompliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet on Hi! (Workday & Apps/Associate Support Center).~~