

Humana | Healthy Horizons™ in Louisiana

Department: Utilization Management	Policy and Procedure No: MCD-LA-CLI-XXX	
Policy and Procedure Title: Chiropractic – In lieu of Services		
Process Cycle: Annually	Responsible Departments: UM	
Approved By:	Issue Date: 1/1/23	Revised:

CONTRACT LANGUAGE:

MCO Manual

Chiropractic Services for Adults Aged 21 and Older

The purpose of this ILOS is to provide coverage of chiropractic care for enrollees aged 21 and older. Chiropractic services to diagnose and treat neuromusculoskeletal 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.

DEFINITIONS:

In Lieu of Services (ILOS) – 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.

POLICY:

This policy describes the Chiropractic In Lieu of Service benefit available to Humana Healthy Horizons in Louisiana members aged 21 and older. These services must be rendered by an in-network provider with a valid and unrestricted Louisiana chiropractic license. Humana Healthy Horizons in Louisiana does not require a prior authorization or referral to receive these in lieu of services. The plan does not require members to use the chiropractic ILOS and reserves the right to cap or limit the number of enrollees receiving this ILOS at any time for any reason.

Chiropractic ILOS are covered without a prior authorization up to 18 treatment sessions annually. Additional treatment sessions require a prior authorization. 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.

PROCEDURE:

Covered Services

Evaluation & Treatment Services

- 1. Initial visits must include a treatment plan, including:**
 - a. Level of Care (duration and frequency of visits)**
 - b. Treatment Goals**
 - c. Measures to access the effectiveness of treatments (qualitative and/or quantitative)**
- 2. Follow up visits must include:**
 - a. Information on the member's progress in the treatment plan, along with the measures used to assess effectiveness.**

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3. X-rays may be used to assess the member's condition. X-rays must be limited to the level(s) of suspected abnormality and the minimum number of views necessary to establish the diagnosis. 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 regions is covered and considered medically necessary when included in the documented treatment plan.
5. Other treatments refer to chiropractic treatments other than spinal manipulation. On each date of service, a maximum of two other treatments are covered and must be tailored to the enrollee's condition and identified in the documented treatment plan.

Chiropractic In Lieu of Services are billed with the "AT" modifier.

The table below lists procedure codes covered under the ILOS:

<u>Service Category</u>	<u>Code</u>	<u>Description</u>
<u>Evaluation and management</u> = <u>initial</u>	<u>99202</u>	<u>Office or other outpatient visit for the evaluation and of a new patient</u>
	<u>99203</u>	
	<u>99204</u>	
	<u>99205</u>	
<u>Evaluation and management</u> = <u>established</u>	<u>99212</u>	<u>Office or other outpatient visit for the evaluation and of an established patient</u>
	<u>99213</u>	
	<u>99214</u>	
	<u>99215</u>	
<u>Spinal X-rays</u>	<u>72020</u>	<u>Radiologic examination, spine, single view, specify level</u>
	<u>72040</u>	<u>Radiologic examination, spine, cervical; 2 or 3 views</u>
	<u>72050</u>	<u>Radiologic examination, spine, cervical; 4 or 5 views</u>
	<u>72052</u>	<u>Radiologic examination, spine, cervical; 6 or more views</u>
	<u>72070</u>	<u>Radiologic examination, spine, thoracic, 2 views</u>
	<u>72072</u>	<u>Radiologic examination, spine, thoracic, 3 views</u>
	<u>72074</u>	<u>Radiologic examination, spine, thoracic, minimum of 4 views</u>
	<u>72080</u>	<u>Radiologic examination, spine, thoracolumbar, 2 views</u>
	<u>72100</u>	<u>Radiologic examination, spine, lumbosacral; 2 or 3 views</u>
	<u>72110</u>	<u>Radiologic examination, spine, lumbosacral; minimum of 4</u>
	<u>72114</u>	<u>Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views.</u>

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Spinal manipulation	<u>72120</u>	<u>Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views</u>
	<u>72220</u>	<u>Radiologic examination, sacrum and coccyx, minimum of 2</u>
	<u>98940</u>	<u>Spinal Manipulation 1-2 Regions</u>
	<u>98941</u>	<u>Spinal Manipulation 3-4 Regions</u>
	<u>98942</u>	<u>Spinal Manipulation 5 Regions</u>
*Other treatments A maximum of two (2) other treatments, in addition to spinal manipulation, are covered per day of service.	<u>97012</u>	<u>Mechanical Traction</u>
	<u>97014</u>	<u>Electrical Stimulation (unattended)</u>
	<u>97022</u>	<u>Whirlpool Therapy</u>
	<u>97035</u>	<u>Ultrasound Therapy</u>
	<u>97032</u>	<u>Electrical Stimulation</u>
	<u>97110</u>	<u>Therapeutic Exercises</u>
	<u>97112</u>	<u>Neuromuscular Reeducation</u>
	<u>97116</u>	<u>Gait Training</u>
	<u>97124</u>	<u>Massage Therapy</u>
	<u>97140</u>	<u>Manual Therapy</u>
	<u>20560</u>	<u>Needle insertion without injection 1-2</u>
	<u>20561</u>	<u>Needle insertion without injection 3 or more muscles</u>

Additional Resources:

- **LDH MCO Manual - Pages 148-151**

Version Control:

Version Review Approval History				
Department:	Purpose of Review	Reviewed and Approved By:	Date:	Additional Comments:
CLI	Policy Development	Patricia Jones	11/08/2022	Policy creation

DISCLAIMER:

Humana follows all federal and state laws and regulations. Where more than one state is impacted by an issue, to allow for consistency, Humana will follow the most stringent requirement.

This document is intended as a guideline. Situations may arise in which professional judgment may necessitate actions that differ from the guideline. Circumstances that justify the variation from the guideline should be noted and submitted to the appropriate business area for review

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and documentation. This (policy/procedure) is subject to change or termination by Humana at any time. Humana has full and final discretionary authority for its interpretation and application. This (policy/procedure) supersedes all other policies, requirements, procedures, or information conflicting with it. If viewing a printed version of this document, please refer to the electronic copy maintained by CMU to ensure no modifications have been made.

NON-COMPLIANCE:

Failing 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 non-compliance 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 of Hi! (Workday & Apps/Associate Support Center).