	DEPARTMENT: Clinical Medical Operations
LOCAL HEALTH PLAN: Louisiana	LINE OF BUSINESS: Medicaid
TITLE: In Lieu of Service - Chiropractic services for adults age 21+	NUMBER: LA 014.0
EFFECTIVE DATE:	PAGE: 1 of 6
REVIEWED: 3/5/2025	AUTHORIZED BY: CMO Louisiana

**I. PURPOSE**

Background: In lieu of services (ILOS) are alternative services or settings covered by the Managed Care Organization (MCO) as a substitute or alternative to services or settings covered under the Louisiana Medicaid State Plan. In accordance with 42 C.F.R. § 438.3(e)(2), ILOS are medically appropriate and cost-effective substitute services that are offered voluntarily by the MCO. If offered, the MCO may not require enrollees to use any ILOS and the MCO reserves the right to cap or limit the number of enrollees receiving the ILOS at any time and for any reason.

United Healthcare Community Plan developed ILOS policies to assist with making coverage determinations for medically appropriate services outside required MCO Covered Services or settings or beyond the service limits established by LDH for MCO covered services. ILOS are provided to enrollees, at their option, as a cost-effective alternative to an MCO Covered Service or Setting.

Louisiana Department of Health (LDH) has determined that this ILOS is a medically appropriate and cost-effective substitute for the MCO covered service or setting under the Louisiana Medicaid State Plan.


Overview: The purpose of this ILOS is to provide coverage of chiropractic care for enrollees age 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.

This chiropractic ILOS is needed to:

- Increase pain treatment alternatives
- Mitigate overutilization of Opioids
- Improve Provider Pain management prescribing behavior

Anticipated outcomes for members participating in the ILOS:

- Reduction in ER Utilization for reasons of pain
- Improve HEDIS rates for ER (reduce ER utilization)
- Increased Care Management engagement to address pain management
- Reduce opioid dependency; reduce opioid prescription fill rates
- Reduce All Cause Readmissions

	DEPARTMENT: Clinical Medical Operations
LOCAL HEALTH PLAN: Louisiana	LINE OF BUSINESS: Medicaid
TITLE: In Lieu of Service - Chiropractic services for adults age 21+	NUMBER: LA 014.0
EFFECTIVE DATE:	PAGE: 2 of 6
REVIEWED: 3/5/2025	AUTHORIZED BY: CMO Louisiana

## II. SCOPE/POLICY

### Provider Qualification

Qualified providers must be enrolled in Medicaid and meet the following requirements:

- Current, valid, and unrestricted Louisiana chiropractic license

### Covered Services

As part of this ILOS, chiropractic services for the purpose of diagnosing and treating neuromusculoskeletal conditions associated with the functional integrity of the spine are covered and considered medically necessary.

### Evaluation and Management Services

The initial visit must include a treatment plan, including:

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

Follow-up visits must include information on the enrollee's progress in the treatment plan, along with the measures used to assess effectiveness.

The level of evaluation and management service shall be determined by using Current Procedural Terminology (CPT) guidelines.


### X-Rays

X-rays may be used to assess the enrollee'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.


### Other Treatments

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.

- Mechanical traction
- Whirlpool therapy
- Ultrasound therapy

 <b>United Healthcare Community Plan</b>	DEPARTMENT: Clinical Medical Operations
LOCAL HEALTH PLAN: Louisiana	LINE OF BUSINESS: Medicaid
TITLE: In Lieu of Service - Chiropractic services for adults age 21+	NUMBER: LA 014.0
EFFECTIVE DATE:	PAGE: <b>3</b> of <b>6</b>
REVIEWED: 3/5/2025	AUTHORIZED BY: CMO Louisiana

- Electrical stimulation
- Therapeutic exercises
- Neuromuscular reeducation
- Gait training
- Massage therapy
- Manual therapy
- Dry needling

 <b>United Healthcare Community Plan</b>	DEPARTMENT: Clinical Medical Operations
LOCAL HEALTH PLAN: Louisiana	LINE OF BUSINESS: Medicaid
TITLE: In Lieu of Service - Chiropractic services for adults age 21+	NUMBER: LA 014.0
EFFECTIVE DATE:	PAGE: 4 of 6
REVIEWED: 3/5/2025	AUTHORIZED BY: CMO Louisiana

III. Service Descriptions:

<u>Service Category</u>	<u>Code</u>	<u>Description</u>
<u>Evaluation and management – new patient</u>	<u>99202</u>	<u>Office or other outpatient visit for the evaluation and management of a new patient</u>
	<u>99203</u>	
	<u>99204</u>	
	<u>99205</u>	
<u>Evaluation and management – established patient</u>	<u>99211</u>	<u>Office or other outpatient visit for the evaluation and management of an established patient</u>
	<u>99212</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>72082</u>	<u>Radiologic examination, spine, 2 or 3 views</u>
	<u>72083</u>	<u>Radiologic examination, spine, 4 or 5 views</u>
	<u>72084</u>	<u>Radiologic examination, spine, 6 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 views</u>
	<u>72114</u>	<u>Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views.</u>
	<u>72120</u>	<u>Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views</u>
<u>72170</u>	<u>Radiologic Exam, Pelvis; 1 Or 2 Views</u>	



**United  
Healthcare  
Community Plan**

DEPARTMENT: Clinical Medical Operations

LOCAL HEALTH PLAN: Louisiana

LINE OF BUSINESS: Medicaid

TITLE: In Lieu of Service - Chiropractic services for adults age 21+

NUMBER: LA 014.0


EFFECTIVE DATE:

PAGE: 5 of 6

REVIEWED: 3/5/2025

AUTHORIZED BY: CMO Louisiana

	<u>72220</u>	<u>Radiologic examination, sacrum and coccyx, minimum of 2 views</u>
	<u>73030</u>	<u>Radiologic Exam, Shoulder; Complete, 2+ Views; Special acquisition of blood and blood products</u>
	<u>73070</u>	<u>Radiologic Exam, Elbow; 2 Views</u>
	<u>73100</u>	<u>Radiologic Exam, Wrist; 2 Views</u>
	<u>73120</u>	<u>Radiologic Exam, Hand; 2 Views</u>
	<u>73501</u>	<u>Radiologic examination, hip, unilateral, with pelvis when performed; 1 view; Medicaid level of care 2, as defined by each state</u>
	<u>73521</u>	<u>Radiologic examination, hips, bilateral, with pelvis when performed; 2 views; X-ray taken using film</u>
	<u>73600</u>	<u>Radiologic Exam, Ankle; 2 Views; Medicaid level of care 2, as defined by each state</u>
	<u>73620</u>	<u>Radiologic Exam, Foot; 2 Views; Medicaid level of care 2, as defined by each state</u>
	<u>72220</u>	<u>Radiologic examination, sacrum and coccyx, minimum of 2 views</u>
	<u>77073</u>	<u>Bone Length Studies (Orthoroentgenogram, Scanogram)</u>
<u>Other treatments</u>	<u>97012</u>	<u>Mechanical Traction</u>
	<u>97014</u>	<u>Electrical stimulation (unattended)</u>
	<u>97016</u>	<u>Application, Modality To 1+ Areas; Vasopneumatic Devices</u>
	<u>97022</u>	<u>Whirlpool Therapy</u>
	<u>97032</u>	<u>Electrical Stimulation (attended)</u>
	<u>97035</u>	<u>Ultrasound Therapy</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>97530</u>	<u>Therapeutic Activities, Direct Patient Contact, Each 15 Min; Medicaid level of care 8, as defined by each state</u>
	<u>G0283</u>	<u>Electrical Stimulation (Unattended), To One Or More Areas For Indicati; Medicaid level of care 8, as defined by each state</u>
<u>Dry needling</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>

	DEPARTMENT: Clinical Medical Operations
LOCAL HEALTH PLAN: Louisiana	LINE OF BUSINESS: Medicaid
TITLE: In Lieu of Service - Chiropractic services for adults age 21+	NUMBER: LA 014.0
EFFECTIVE DATE:	PAGE: 6 of 6
REVIEWED: 3/5/2025	AUTHORIZED BY: CMO Louisiana

**IV. APPROVED BY:**



Glenda G Johnson MD  
 Medical Officer  
 Louisiana Community and State

3/5/2025  
 Date

**V. REVIEW HISTORY:**

Effective Date	Key update from Previous Version	Reason for Revision
3/5/2025	Review of new policy	Creation