

LA.CLI.072 Chiropractic - In Lieu of Services (ILOS)

Effective Date: 01/01/2023

Accountable Dept.: LA Medicaid Utilization Management

Reviewed Date: ~~November 8,~~
~~2024~~11/08/2024

Summary of Changes:

[11/8/2024:](#)

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.

~~The purpose of this ILOS is to~~ The Plan provides coverage for up to 18 visits for medically appropriate for chiropractic services. ~~This In Lieu of Service (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 age 21 years of age and older. ~~, that are medically appropriate.~~

Coverage for members 20 years of age and younger is not addressed in this policy.

~~Procedures:~~ 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.

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.

Covered Services:

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

Evaluation & Treatment Services

- Initial visits must include a treatment plan, including:

- a. Level of Care (duration and frequency of visits)
 - b. Treatment Goals
 - c. Measures to ~~access~~ assess the effectiveness of treatments (qualitative and/or quantitative)
2. Follow up visits must include:
 - a. Information on the member's progress towards goals identified in the treatment plan, along with the measures used to assess effectiveness.
3. X-rays may be used to assess the member's condition.
 - a. X-rays must be limited to the level(s) of suspected abnormality and the minimum number of views necessary to establish the diagnosis.
 - ~~3-b.~~ 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. ~~Other treatments refer to chiropractic treatments other than spinal manipulation.~~ On each date of service, a maximum of two **(2)** other treatments are covered and must be tailored to the member's enrollee's condition and identified in the documented treatment plan. **Other treatments refer to chiropractic treatments other than spinal manipulation.**
 - a. Mechanical traction
 - b. Whirlpool therapy
 - c. Ultrasound therapy
 - d. Electrical stimulation
 - e. Therapeutic exercises
 - f. Neuromuscular reeducation
 - g. Gait training
 - h. Massage therapy
 - i. Manual therapy
 - j. Dry needling

5.

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

Chiropractic In Lieu of Services are:

- ~~Billed with the "AT" modifier.;~~
- ~~Subject to Clinical Claims Review for medical necessity~~

The table below lists procedure codes covered under the **Chiropractic** ILOS:

Service Category	Code	Description
Evaluation and Management—New Patient	99202 99203 99204 99205	Office or other outpatient visit for the evaluation and of a new patient.
Evaluation and Management—Established Patient	99212 99213 99214 99215	Office or other outpatient visit for the evaluation and of a established patient.
Spinal X-rays	72020 72040 72050 72052 72070 72072 72074 72080 72100 72110 72114 72120 72220	Radiologic examination, spine, single view, specify level Radiologic examination, spine, cervical; 2 or 3 views Radiologic examination, spine, cervical; 4 or 5 views Radiologic examination, spine, cervical; 6 or more views Radiologic examination, spine, thoracic, 2 views Radiologic examination, spine, thoracic, 3 views Radiologic examination, spine, thoracic, minimum of 4 views Radiologic examination, spine, thoracolumbar, 2 views Radiologic examination, spine, lumbosacral; 2 or 3 views Radiologic examination, spine, lumbosacral; minimum of 4 views Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views Radiologic examination, sacrum and coccyx, minimum of 2 views
Spinal Manipulation	98940 98941 98942	Spinal Manipulation 1-2 Regions Spinal Manipulation 3-4 Regions Spinal Manipulation 5 Regions
*Other treatments A maximum of two (2) other treatments, in addition to spinal manipulation, are covered per day of service.	97012 97014 97022 97035 97032 97110 97112 97116 97124 97140 20560	Mechanical Traction Electrical Stimulation (unattended) Whirlpool Therapy Ultrasound Therapy Electrical Stimulation Therapeutic Exercises Neuromuscular Reeducation Gait Training Massage Therapy Manual Therapy Needle insertion without injection 1-2

	20561	Needle insertion without injection 3 or more muscles
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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.

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.

References:

Louisiana Department of Health. Louisiana Medicaid Managed Care Organization (MCO) Manual (8/15/2024); ~~Updated August 15, 2024;~~ Accessed November 15, 202411/08/2024.

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

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