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*Note: Although the services described in this position statement are not subject to routine medical necessity review, utilization may be audited.*

**Clinical Position Statement: Chiropractic Maintenance Therapy**

A chiropractor is a health care professional who has been licensed in the state in which he or she practices chiropractic medicine. Individual states determine the scope of licensure for chiropractic practices. Chiropractic procedures may include but are not limited to the adjustment or manipulation of the articulations and tissues of the body, the investigation, examination, and clinical diagnosis of conditions of the human body and the treatment of the human body by the application of manipulative, manual, mechanical, physiotherapeutic or clinical nutritional methods. It may include the use of diagnostic skeletal x-rays performed in the chiropractor's office.

Chiropractic therapy may be considered either therapeutic or maintenance:

- Chiropractic care is considered therapeutic when it is performed to correct a specific condition for which therapy is reasonably expected to result in clinical improvement.
- Chiropractic maintenance therapy is considered not medically necessary.

Chiropractic therapy is considered to be maintenance therapy if any of the following apply:

- Further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment has become supportive rather than corrective in nature.
- The treatment plan seeks to prevent disease, promote health, and prolong and enhance the quality of life
- Therapy is performed to maintain or prevent deterioration of a chronic condition

The American Chiropractic Association published the following definitions (1):

“Supportive Care: Long-term treatment/care . . . for patients who have reached maximum therapeutic benefit, but who fail to sustain benefit and progressively deteriorate when there are periodic trials of treatment withdrawal. Supportive care follows appropriate application of active and passive care including rehabilitation and/or lifestyle modifications. Supportive care is appropriate when alternative care options, including home-based self-care or referral have been considered and/or attempted.

Supportive care may be inappropriate when it interferes with other appropriate primary care, or when risk of supportive care outweighs its benefit, i.e. physician/treatment dependence, somatization, illness behavior or secondary gain.

Preventive/Maintenance Care: Elective health care that is typically long-term, by definition not therapeutically necessary but is provided at preferably regular intervals to prevent disease, prolong life, promote health and enhance the quality of life. This care may be provided after maximum therapeutic improvement, without a trial of withdrawal of treatment, to prevent symptomatic deterioration or it may be initiated with patients without symptoms in order to promote health and to prevent future problems. This care may incorporate screening/evaluation procedures designed to identify developing risks or problems that may pertain to the patient's health status and give care/advice for these. Preventative/maintenance care is provided to optimize a patient's health.”

The Council on Chiropractic Practice published a chiropractic practice guideline. (2) This guideline indicated that frequency and duration of chiropractic treatment should be:

“...determined by each individual patient’s progress toward meeting measurable objectives, set in individualized care plans and identified during individual assessment.... Justification for high frequency initial and extended wellness care plans should be based on a combination of basic science, technique, objective assessment of physiological function, structural changes and quality of life issues.”

## References

1. The American Chiropractic Association Web site at:  
[http://www.acatoday.org/content\\_css.cfm?CID=987](http://www.acatoday.org/content_css.cfm?CID=987) (Verified 12/12/08)
2. Council on Chiropractic Practice. Vertebral Subluxation in Chiropractic Practice. Clinical Practice Guidelines Number 1. 2003 online on page 123 at:  
<http://www.ccp-guidelines.org/guideline-2003.pdf> (Verified 12/12/08)
3. [www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf](http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf). Medicare Benefit Policy Manual. Chapter 15 – Covered Medical and Other Health Services. Section 30.5, Chiropractor’s Services. (Verified 12/12/08)

Codes	Number	Description
CPT	98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions
	98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions
	98942	Chiropractic manipulative treatment (CMT); spinal, five regions
	98943	Chiropractic manipulative treatment (CMT); extraspinal, one to two regions
HCPCS	None	