

# Chiropractic - In Lieu of Services (ILOS)



Medicaid Medical Coverage Policy

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State: LA

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### Disclaimer

The Clinical Coverage Policies are reviewed by the Humana Medicaid Coverage Policy Adoption (MCPA) Forum. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

## Description

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.

This 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.

### 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.

## Coverage Determination

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 Management

The initial visit must include a treatment plan, including:

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

Follow-up visits must include:

- Information on the members’ progress towards goals identified in the treatment plan; **AND**
- Measures used to assess effectiveness

X-rays may be used to assess the individual’s condition and must be limited to:

- The minimum number of views necessary to establish the diagnosis

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

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:

- Dry needling
- Electrical stimulation
- Gait training
- Manual therapy
- Massage therapy
- Mechanical traction
- Neuromuscular reeducation

- Therapeutic exercises
- Ultrasound therapy
- Whirlpool therapy

### 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.	
<b>CPT® Category III Code(s)</b>	<b>Description</b>	<b>Comments</b>
No code(s) identified		
<b>HCPCS Code(s)</b>	<b>Description</b>	<b>Comments</b>

No code(s) identified

## 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.

## 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