

Clinical Policy: Complementary Health and Alternative Therapy for Chronic Pain Management

Reference Number: MO.CP.MP.505

Date of Last Revision: 04/25

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy describes the clinical criteria requirements for complementary and alternative therapy for chronic pain management for Home State Health Plan's Medicaid product. HSH shall provide members ages twenty-one (21) and older complementary health and alternative therapy for chronic pain management services that include: physical therapy, cognitive-behavioral therapy (CBT), chiropractic therapy, and acupuncture.

Note: The combination of physical therapy, chiropractic therapy and acupuncturist's services are subject to an annual maximum limit of thirty (30) visits or one hundred twenty (120) units of service per year with one (1) unit equaling fifteen (15) minutes. Physical therapy, chiropractic therapy and acupuncturist's services require a referral and a prescribed service in the participant's plan of care by a MO HealthNet enrolled physician who is participating (PAR) with Home State Health.

Policy/Criteria

- I. It is the policy of Home State Health Plan that physical therapy, chiropractic therapy and acupuncturist services as complementary health and alternative therapy services are **medically necessary** when the following criteria are met:
 - A. Member must be eligible with Home State Health;
 - B. Member is 21 years of age or older;
 - C. One or more of the following conditions:
 1. Chronic, non-cancer neck and/or back pain;
 2. Chronic pain post traumatic injury such as traumatic injury resulting from a motor vehicle collision;
 3. A qualifying chronic pain diagnosis as determined by Missouri HealthNet Division.

Note: Requirements and limitations for cognitive behavioral therapy for chronic pain may be found in the Behavioral Health Services Manual at

[Http://manuals.momed.com/collections/collection_psy/print.pdf](http://manuals.momed.com/collections/collection_psy/print.pdf).

Pre-Authorization Requirement

Physical therapy, chiropractic therapy and acupuncturist's services covered as complementary and alternative therapies for chronic pain management require prior authorization. Requests for prior authorization must be initiated by a MO HealthNet enrolled physician, who is PAR with Home State Health, who prescribes the service in the Participant's plan of care. The enrolled physical therapy, chiropractic therapy or acupuncture service provider who will perform the service will access the prior-authorization initiated by the physician.

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Background

The intent of these services is to provide complementary and alternative therapy, coordinated by the primary care provider, in an effort to provide alternatives to opioid use for the treatment of chronic pain, reduce opioid misuse, improve HSH participants' chronic pain management skills, reduce avoidable costs, and improve health outcomes.

Complementary health and alternative therapies include a combination of newly covered services including physical therapy, chiropractic therapy, and acupuncture, along with current coverage of cognitive-behavioral therapy (CBT) for chronic pain and non-opioid medication therapy.

Services are limited to participants with a chronic pain diagnosis and require a physician referral and pre-authorization.

Physical Therapy

Physical therapy treatment for chronic pain includes, but is not limited to participant education and counseling, manual techniques, therapeutic exercises, electrotherapy, and massage. Covered procedure codes are listed in the table below. To enroll as a provider of physical therapy for complementary health and alternative therapy services for chronic pain management, an individual must have and maintain state licensure as a physical therapist.

Chiropractic Therapy

Chiropractic therapy for the treatment of chronic pain may include, but is not limited to, spinal manipulation or spinal adjustment, and as further defined by section 331.010.1.RSMo. Covered procedure codes are listed in the table below. Only qualified, enrolled MO HealthNet providers, who are PAR with Home State Health, may be reimbursed for chiropractic services. To enroll as a provider of chiropractic therapy for complementary health and alternative therapy services for chronic pain management, an individual must have and maintain state licensure as a chiropractor.

Acupuncture Services

Acupuncture involves the use of needles inserted into the body by piercing of the skin and other modalities as defined by sections 331.030.8 and 324.475(1), RSMo. Covered procedure codes are listed in the table below. Only qualified, enrolled MO HealthNet providers may be reimbursed for acupuncture services. To enroll as a provider of acupuncture services for complementary health and alternative therapy services for chronic pain, an individual must have and maintain state licensure as an acupuncturist or be licensed as a physician in the state of Missouri with Board Certification in acupuncture.

Cognitive Behavioral Therapy (CBT) for Chronic Pain

MHD enrolled behavioral health providers may deliver CBT via individual, family, or group modalities and may report either psychotherapy codes (90832 through 90853) or health and behavior assessment and intervention codes (95150 through 96154). Individual (90832, 90834, 90837), family (90846, 90847), and group psychotherapy (90853) may be provided for diagnosis codes of F45.41 and F45.42. Health and behavior assessment and intervention services may be provided for physical health conditions.

Note: For additional information about these services, refer to the Behavioral Health Services Manual at:

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<https://mydss.mo.gov/media/pdf/behavioral-health-services-manual>

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Physical Therapy

Chiropractic

CPT® Codes	Modifier	Description
99201	X4	New Patient – Office or other outpatient visit for the evaluation and management of a new patient, less than 15 min
99202	X4	New Patient – Office or other outpatient visit for the evaluation and management of a new patient, 15 minutes must be met or exceeded.
99203	X4	New Patient – Office or other outpatient visit for the evaluation and management of a new patient, 30 minutes must be met or exceeded.
99204	X4	New Patient – Office or other outpatient visit for the evaluation and management of a new patient, 45 minutes must be met or exceeded.
99205	X4	New Patient – Office or other outpatient visit for the evaluation and management of a new patient, 60 minutes must be met or exceeded.
99211	X4	Office or other outpatient visit for the evaluation and management of an established patient
99212	X4	Office or other outpatient visit for the evaluation and management of an established patient, 10 minutes must be met or exceeded.
99213	X4	Office or other outpatient visit for the evaluation and management of an established patient, 20 minutes must be met or exceeded.
99214	X4	Office or other outpatient visit for the evaluation and management of an established patient, 30 minutes must be met or exceeded.
99215	X4	Office or other outpatient visit for the evaluation and management of an established patient, 40 minutes must be met or exceeded.

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CPT® Codes	Modifier	Description
98940	X4	Chiropractic manipulative treatment (CMT); spinal, one to two regions;
98941	X4	Spinal, three to four regions
98942	X4	Spinal, five regions
98943	X4	Extra spinal, one or more regions
97012	X4	Traction, mechanical
97014	X4	Electrical stimulation (unattended)
97032	X4	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97035	X4	Ultrasound, each 15 minutes

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CPT® Codes	Modifier	Description
97161	X4	PT Evaluation Low Complex – 20 min
97162	X4	PT Evaluation Medium Complex – 30 min
97163	X4	PR Evaluation High Complex – 45 min
97110	X4	Therapeutic procedure, 1/more areas/each 15 min
97530	X4	Therapeutic activities, each 15 min

Acupuncture

CPT® Codes	Modifier	Description
97810	X4	Acupuncture, one of more needles, w/o electrical stimulation, initial 15 min of one-on-one contact with patient
97811	X4	Each additional 15 min of one-on-one contact, w/ insertion of needles
97813	X4	Acupuncture, one or more needles, w/ electrical stimulation, initial 15 min of one-on-one contact with patient
97814	X4	Each additional 15 of one-on-one contact, w/ insertion of needles

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date		04//2019
Annual review; no changes		03/2020
Annual review; no changes		02/2021
Annual review; no changes		11/2021
Annual review; no changes		10/2022

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
Transitioned policy to new state specific template and sent to market for ownership, Policy number changed from MO.UM.59 to MO.CP.MP.505.	09/23	
Annual review. Minor edits with no impact to criteria meaning. Background updated. Codes reviewed. References reviewed and updated.	04/25	

References

1. Revised Statutes of Missouri, RSMo. Section 331.010. Practice of chiropractic.
<https://revisor.mo.gov/main/OneSection.aspx?section=331.010> Effective August 28, 2007.
 Accessed March 14, 2025.
2. State of Missouri MoHealth Net Behavioral Health Services Manual.
<https://mydss.mo.gov/media/pdf/behavioral-health-services-manual>. Published December 20, 2024. Accessed March 14, 2025.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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