**Policy Statement**

The use of plain films is medically necessary when clinical findings dictate their utilization. Films are not indicated to identify unsuspected contraindications to chiropractic manipulation, view postural changes and biomechanics or identify subluxations. Insufficient scientific evidence exists to support the use of routine plain film radiographs as a means for improved clinical outcomes in spinal disorders. There is insufficient clinical research to support improved clinical outcomes when radiographs are a part of a routine component of the initial evaluation or ongoing treatment. Magellan has adopted the Diagnostic Imaging Practice Guidelines for Musculoskeletal Complaints in Adults. These guidelines represent the official position of the Council on Chiropractic Guidelines and Practice Parameters in matters relating to the use of diagnostic imaging in the chiropractic profession.

The use of full spine radiographs, except for the clinical investigation and diagnosis of scoliosis, is not supported by clinical research.

**Purpose**

This policy will be used to support the medical necessity of plain film radiographs by chiropractic providers within the first 30 days of care.

**Scope**

This policy will apply to all participating network chiropractic practitioners.

**Definition**

Plain films:
Spinal or extremity radiographs used as a diagnostic tool by chiropractors.

**Guidelines:**

1. An appropriate history and examination are required to identify if plain films are clinically indicated.

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1. The “Original Date” above reflects the date the Policy was initiated by HSM Physical Health, Inc., (HSM). The “Adoption Date” above indicates the date that the Magellan Healthcare NIA Clinical Guideline Task Force reviewed and approved the Policy. HSM was acquired by National Imaging Associates, Inc., (NIA) in 2015 and is now a wholly owned subsidiary of NIA. National Imaging Associates, Inc., is a subsidiary of Magellan Healthcare, Inc.
II. Utilization of radiographs by chiropractors will not be reimbursed unless sufficient medical record documentation is submitted with claims to support the medical necessity of the film. The clinical record must clearly document the rationale for the x-rays: any suspected pathology; or what condition the chiropractor hopes to rule out. The use of plain films to rule out an unsuspected pathology is not clinically indicated.

III. Routine use of radiographs as part of the initial evaluation or part of an ongoing treatment plan will not be reimbursed.

IV. The use of full spine radiographs for any diagnosis other than scoliosis is not considered medically necessary and will not be reimbursed.

V. Contraindications to plain film x-rays includes:
   a. Infants (0-36 months)
   b. Pregnancy or possible pregnancy
   c. Obesity, if size precludes good radiographic resolution
   d. Patient has positioning difficulty due to mental status or physical restrictions, which precludes good radiographic resolution
   e. Children 3 to 18 years of age, except for investigation of suspected acute fracture, dislocation, infection, scoliosis, developmental defects, or a suspected pathology.

CLINICAL EXAMPLES of Medically Necessary X-Rays (from references 14-16):

- Investigation of suspected acute fracture
- Follow up radiographs to monitor a healing fracture
- Investigation of suspected bony dislocation
- Evaluation of prior surgical site where manual based treatment may be applied (where no previous films are available for review)
- Suspect (patient history, pain characteristics and/or physical examination) malignancy, infection, systemic disease, or inflammatory spondyloarthropathy
- Precise quantification of clinically suspected active child or juvenile scoliosis
- Persistent (same or worse pain) after first month of treatment
- Significant history of drug or alcohol abuse such as IV drugs or chronic alcoholism or chronic use of steroids

CLINICAL EXAMPLES OF X-RAY VIEWS RECOMMENDED IN THE LITERATURE (from reference 16):

- Adult with recent unimaged thoracolumbar, lumbar or thoracic blunt trauma – AP (or PA) and lateral thoracic and/or lumbar views
- Suspected lumbar degenerative spinal stenosis or spondylolisthesis if patient is greater than 50 years of age and/or has progressive neurological deficit – AP (or PA) and lateral lumbar views
- Adult with recent unimaged blunt trauma to pelvis and unable to bear weight – AP pelvis and lateral hip “frog leg” views
- Acute neck pain with recent unimaged dangerous trauma, paresthesia in extremities or age greater than 65 or non-traumatic neck pain with radicular symptoms – APOM, AP lower cervical and lateral neutral views
- Adult with painful or progressive scoliosis – Erect sectional standing full spine (14x36) PA and lateral views in the absence of recent films
REFERENCES


