OVERVIEW
Chiropractic is a healthcare profession that focuses on disorders of the musculoskeletal and nervous system, and the effects of these disorders on functions of the body and general health. Chiropractic care is used most often to treat neuromusculoskeletal complaints, especially of the spine. Treatment may be of the lower back, thoracic, and cervical areas of the spine. Chiropractors use the recuperative powers of the body to restore and maintain health without drugs or surgery.

MEDICAL CRITERIA
Not applicable. This is a reimbursement policy only.

PRIOR AUTHORIZATION
Prior authorization review is not required.

POLICY STATEMENT
Chiropractic services are covered for all Commercial products.

BlueCHiP for Medicare specifically limits chiropractic services to manual manipulation only (i.e., by use of the hands) of the spine for the purpose of correcting a subluxation. Subluxation is defined in this instance as an incomplete dislocation, off centering; misalignment, fixation, or abnormal spacing of the vertebrae anatomically and usually falls into one of three categories:

- Acute, such as strains and sprains; or
- Chronic, such as loss of joint mobility; or
- Nerve root problems, such as a pinched nerve.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable chiropractic services, diagnostic imaging, lab and machine tests coverage/benefits.

The number of Chiropractic visits allowed per year may vary according to the member’s specific benefit.

Place of Service
Chiropractic services are limited to office settings and are not covered when performed in the home, nursing, residential, domiciliary, or custodial facility for all BCBSRI products including BlueCHiP for Medicare.

BACKGROUND
Every state has licensing or certification laws that clearly define the services a chiropractor may provide.

According to Rhode Island General Laws (RIGL) § 5-30-1

"Chiropractic medicine" defined. — For the purpose of this chapter, the practice of "chiropractic medicine" is defined as the science and art of mechanical and material healing as follows: the employment of a system of palpating and adjusting the articulations of the human spinal column and its appendages, by hand and electromechanical appliances, and the employment
Chiropractic manipulative therapy (CMT) primarily focuses on the adjustment and manipulation of a joint articulation and adjacent tissues of the body, particularly of the spinal column. CMT is used to restore normal mobility and range of motion (ROM) in a joint due to subluxation. The effects of manipulation can be categorized as either mechanical or neurological.

CPT Osteopathic Manipulative Treatment codes 98925-98929 should not be confused with Chiropractic Manipulative Treatment codes 98940-98943. Osteopathic treatment method is administered by a Doctor of Osteopathic Medicine, or a D.O., who is licensed to prescribe medication and can practice in all specialty areas as well as perform surgery, while a chiropractic physician’s scope of practice is limited.

Subluxation/biomechanical dysfunction of a joint is defined as a reduction/lack of motion, i.e., hypo mobility, aberrant motion of an articular joint or a fixation of the joint. The neurological mechanism issue, with its classic theory of a “pinched nerve” offers a model that includes both direct and indirect effects on the function of the peripheral and central nervous system resulting from spinal dysfunction. Pain, swelling, muscle spasm, nerve irritation with radiating pain and spasm, damage to joint cartilage, and loss of normal ROM may result from the physiological changes caused by mechanical or neurological effects of subluxation.

Adjunctive physical medicine/physical therapy modalities are used to prepare and enhance the manipulation by the chiropractor. A chiropractor typically uses manipulation, adjustment, physiotherapy, and support devices in clinical practice.

**CODING**

Per diem rates apply to Blue Cross & Blue Shield of Rhode Island (BSBSRI)-participating providers for all Commercial products only.

The following services are included in the per diem rates:

- Evaluation and Management (E&M) Services (99201-99205, 99211-99215); (*New or **Established Patients)
- Chiropractic Manipulation Services (98940-98943)
- Physical Medicine and Rehabilitation Modality Codes (97012-97036)
- Physical Medicine and Rehabilitation Therapeutic Procedure Codes (97110-97530)
- Physical Medicine and Rehabilitation Test and Measurement Codes (97750-97755)
- Physical Medicine and Rehabilitation Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes ((97760, 97761, 97763)

*A new patient is one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.

**An established patient is one who has received professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.

NOTE: Per diem E&M service reimbursement rates vary between new and established patients.

Per diem rates do not apply to BlueCHiP for Medicare.

- Laboratory procedures and radiological examinations can be performed and ordered by chiropractic physicians for all commercial products and reimbursed according to the applicable benefit for that service rendered.
- Codes listed below for laboratory procedures, radiological examinations and durable medical equipment are not part of the per diem reimbursement rate and are the only codes that may be separately reimbursed.
- All chiropractic services performed on the same date of service will count as one visit towards the member's benefit limit.

BlueCHiP for Medicare
BlueCHiP for Medicare limits services to manual manipulation only and all other services performed or ordered by a chiropractor are non-covered. An Advance Beneficiary Notice (ABN) is not used for items or services provided under the BlueCHiP for Medicare program. If a provider believes a service will not be covered by the plan, the provider is expected to request a pre-service organization determination from the plan. If the provider does not request a pre-service organization determination prior to rendering the services, the provider will be liable for the cost of the services. BlueCHiP for Medicare members will be held harmless.

BlueCHiP for Medicare does not allow chiropractic providers to order, perform or interpret X-rays and/or diagnostic tests.

The following CPT codes are the only manipulation codes covered for BlueCHiP for Medicare:

**CPT Chiropractic Manipulation Treatment:**
- 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
- M99.00 Segmental and somatic dysfunction of head region
- M99.01 Segmental and somatic dysfunction of cervical region
- M99.02 Segmental and somatic dysfunction of thoracic region
- M99.03 Segmental and somatic dysfunction of lumbar region
- M99.04 Segmental and somatic dysfunction of sacral region
- M99.05 Segmental and somatic dysfunction of pelvic region

The following CPT codes are covered for all Commercial products and are included in the per diem reimbursement rate:

**Chiropractic Manipulation Treatment:**
- 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); extra-spinal, one or more regions (non-covered BlueCHiP for Medicare)

**Evaluation and Management Services:**
- 99201 New patient; 10 minutes face-to-face
- 99202 New patient; 20 minutes face-to-face
- 99203 New patient; 30 minutes face-to-face
- 99204 New patient; 45 minutes face-to-face
- 99205 New patient; 60 minutes face-to-face
- 99211 Established patient; 5 minutes face-to-face
- 99212 Established patient; 10 minutes face-to-face
- 99213 Established patient; 15 minutes face-to-face
- 99214 Established patient; 25 minutes face-to-face
- 99215 Established patient; 40 minutes face-to-face
Physical Medicine and Rehabilitation Modalities:

Note: When any of the CPT below are filed, one of the following modifiers must be appended to the CPT code to distinguish the discipline under which the service is delivered. Claims filed without the required modifier will deny:

- **GO** – Services delivered under an outpatient OT plan of care
- **GP** – Services delivered under an outpatient PT plan of care

97012  Application of a modality to one or more areas; traction, mechanical
97014  Application of a modality to one or more areas; electrical stimulation (unattended)
97016  Application of a modality to one or more areas; vasopneumatic devices
97018  Application of a modality to one or more areas; paraffin bath
97022  Application of a modality to one or more areas; whirlpool
97024  Application of a modality to one or more areas; diathermy (eg, microwave)
97026  Application of a modality to one or more areas; infrared
97028  Application of a modality to one or more areas; ultraviolet
97032  Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033  Application of a modality to one or more areas; iontophoresis, each 15 minutes
97034  Application of a modality to one or more areas; contrast baths, each 15 minutes
97035  Application of a modality to one or more areas; ultrasound, each 15 minutes
97036  Application of a modality to one or more areas; Hubbard tank, each 15 minutes
97110  Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion, and flexibility
97112  Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113  Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116  Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
97124  Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage, and/or tapotement (stroking, compression, percussion)
97140  Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97150  Therapeutic procedure(s), group (2 or more individuals)
97530  Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes

Test and Measurement Procedures:

97750  Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes
97755  Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes

Orthotic Management Services:

97760  Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes

The following CPT codes for Diagnostic Imaging are separately reimbursed for all Commercial products:
71045  Radiologic examination, chest; single view
71046  Radiologic examination, chest; 2 views
71047  Radiologic examination, chest; 3 views
71048  Radiologic examination, chest; 4 or more views
71100  Radiologic examination, ribs, unilateral; 2 views
71101  Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views
71110  Radiologic examination, ribs, bilateral; 3 views
72020  Radiologic examination, spine, single view, specify level
72040  Radiologic examination, spine, cervical; 2 or 3 views
72050  Radiologic examination, spine, cervical; minimum of 4 views
72052  Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies
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, minimum of 2 views
72081  Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed; one view.
72082  Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed; 2 or 3 views.
72083  Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed; 4 or 5 views.
72084  Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed; minimum of 6 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
72170  Radiologic examination, pelvis; 1 or 2 views
72190  Radiologic examination, pelvis complete, minimum of 3 views
72200  Radiologic examination, sacroiliac joints; less than 3 views
72220  Radiologic examination, sacrum and coccyx, minimum of 2 views
73010  Radiologic examination, scapula, complete
73020  Radiologic examination, shoulder; 1 view
73030  Radiologic examination, shoulder; complete, minimum of 2 views
73050  Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
73070  Radiologic examination, elbow; 2 views
73080  Radiologic examination, elbow; complete, minimum of 3 views
73100  Radiologic examination, wrist; 2 views
73110  Radiologic examination, wrist complete, minimum of 3 views
73120  Radiologic examination, hand; 2 views
73130  Radiologic examination, hand; minimum of 3 views
73140  Radiologic examination, finger(s), minimum of 2 views
73501  Radiologic examination, hip, unilateral, with pelvis when performed; 1 view
73502  Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views
73503  Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views
73520  Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis
73521  Radiologic examination, hips, bilateral, with pelvis when performed; 2 views
73523  Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views
73551  Radiologic examination, femur; 1 view
73552  Radiologic examination, femur; minimum 2 views
73560  Radiologic examination, knee; 1 or 2 views
73562  Radiologic examination, knee; 3 views
73564  Radiologic examination, knee; complete, 4 or more views
73590  Radiologic examination; tibia and fibula, 2 views
73600  Radiologic examination, ankle; 2 views
73610  Radiologic examination, ankle; complete, minimum of 3 views
73620  Radiologic examination, foot; 2 views
73650  Radiologic examination; calcaneus, minimum of 2 views

The following HCPCS codes are allowed to be dispensed by Chiropractors for Commercial products only. Blue CHiP for Medicare members must obtain these items from a DME provider.

E0720  Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation
E0730  Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation
A4595  Electrical stimulation supplies, 2 lead, per month (e.g., TENS, NMES)
E0860  Traction equipment, overdoor, cervical

The following CPT codes for Muscle and Range of Motion Testing are not separately reimbursed for all BCBSRI products:
95831  Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95832  Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side
95833  Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands
95834  Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands
95851  Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section
95852  Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side

FOR INTERNAL USE ONLY:
While the chiropractic Physician Fee Schedule may include more codes than is contained within this policy, local chiropractors can only file and be reimbursed according to the codes listed in the policy as they more accurately reflect the services that would typically fall within the scope of a chiropractor’s licensure.

RELATED POLICIES
Coding and Payment Guidelines

PUBLISHED
Provider Update, May 2018
Provider Update, August 2012
Provider Update, September 2011
Provider Update, October 2009
March/April 2004

REFERENCES
This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.