



**EFFECTIVE DATE:** 01/01/2012  
**POLICY LAST UPDATED:** 06/05/2012

### OVERVIEW

This document is intended to describe Chiropractic Service benefits. **Local chiropractors can file and be reimbursed according to the codes listed in this policy** as they more accurately reflect the services that would typically fall within the scope of a chiropractor's licensure.

Please refer to the member's individual contract for benefit limitations.

### PRIOR AUTHORIZATION

Not applicable.

### 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

### MEDICAL CRITERIA

Not applicable.

### BACKGROUND

Every state has licensing or certification laws which 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 of corrective orthopedics and dietetics for the elimination of the cause of disease; provided, that chiropractic physicians may not write prescriptions for drugs for internal medication nor practice major surgery as defined in chapter 37 of this title.*

Chiropractic is a health care profession that focus 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.<sup>3</sup> Chiropractors use the recuperative powers of the body to restore and maintain health without drugs or surgery.

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 a 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,<sup>5</sup> 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., hypomobility, 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. <sup>1</sup> 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.

### **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.

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.**

### **CODING**

#### **Commercial products:**

Per diem Rates apply to **Blue Cross of Rhode Island 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 and Prosthetic Management Codes ((97760-97762)

\*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 and billable to the member**. Providers are encouraged to advise **members** before treatment that they **would be responsible for payment for any services requested that are excluded under the member's benefit plan**, and to confirm the member's understanding in writing.

BlueCHiP for Medicare allows chiropractic providers to order **but not 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, 98941, 98942

#### **ICD-9 CM Codes**

**Two diagnostic codes must be listed on the claim to support medical necessity:**

The level of subluxation must be specified on the claim and must be listed as the **primary diagnosis**. The level of subluxation identified and under treatment will be in the range 739.X.

739.0, 739.1, 739.2, 739.3, 739.4, 739.5, 739.8

The associated neuromusculoskeletal condition necessitating the treatment must also be listed as the **secondary diagnosis**.



Chiro Svcs ICD-9  
Codes for Secondary

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

#### **Chiropractic Manipulation Treatment:**

98940, 98941, 98942, 98943

#### **Evaluation and Management Services:**

99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215

#### **Physical Medicine and Rehabilitation Modalities:**

97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036

**Physical Medicine and Rehabilitation Therapeutic Procedures:**

97110, 97112, 97113, 97116, 97124, 97140, 97150, 97530

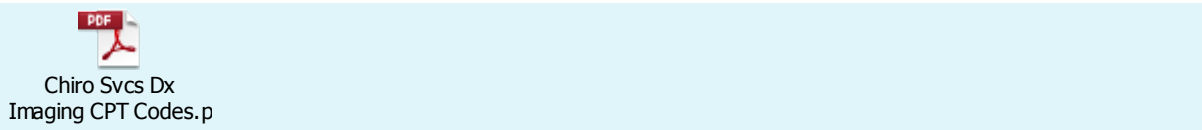
**Test and Measurement Procedures:**

97750, 97755

**Orthotic Management Services:**

97760

The following CPT codes for Diagnostic Imaging are separately reimbursed for all Commercial products:



The following CPT code for Laboratory Services is separately reimbursed for all Commercial products:

81002

The following HCPCS codes for Durable Medical Equipment are separately reimbursed for Commercial products only and are not covered for BlueCHiP for Medicare:

E0720, E0730, A4595, E0860

The following CPT codes for Muscle and Range of Motion Testing are not separately reimbursed for all BCBSRI products:

95831, 95832, 95833, 95834, 95851, 95852

**RELATED POLICIES**

Not applicable.

**PUBLISHED**

Provider Update Aug 2004

Provider Update Sep 2011

Provider Update Oct 2009

**REFERENCES**

1. Centers for Medicare and Medicaid Services. Medicare Coverage Database. Local Coverage Determination (LCD): Chiropractic Service (Manual Spinal Manipulations) (L30269) Last Updated 11/25/2012. Accessed 2/21/2013 <http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=30269&ver=17&ContrId=203&ContrVer=1>
2. Agency for Healthcare Policy and Research (AHCPR). Chiropractic in the United States: training, practice and research. Publication No. 98-N002. 1997 Dec. Retrieved 5/29/09. <http://www.chiroweb.com/archives/ahcpr/chapter10.htm>
3. American Chiropractic Association, What is Chiropractic? [http://www.amerchiro.org/level2\\_css.cfm?T1ID=13&T2ID=61](http://www.amerchiro.org/level2_css.cfm?T1ID=13&T2ID=61)
4. American Chiropractic Association, History of Chiropractic Care [http://www.amerchiro.org/level2\\_css.cfm?T1ID=13&T2ID=62](http://www.amerchiro.org/level2_css.cfm?T1ID=13&T2ID=62)

5. American Osteopathic Association, What is a Doctor of Osteopathic Medicine (D.O.)?  
[http://www.osteopathic.org/index.cfm?PageID=ado\\_whatis](http://www.osteopathic.org/index.cfm?PageID=ado_whatis)
6. MLN Matters article: MM 3449, Revised Requirements for Chiropractic Billing of Active/Corrective Treatment and Maintenance Therapy, Full Replacement of CR3063, extracted on 07/30/07 from:  
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3449.pdf>
7. Shekelle PG. Editorial in NEJM: What Role for Chiropractic in Health Care? Volume 339:1074-1075 October 8, 1998 Number 15, extracted on 07/30/07 from:  
<http://content.nejm.org/cgi/content/full/339/15/1074>
8. Sharma R, Haas M, Stano M, American Journal of Public Health, Research and Practice – Patient Attitudes, Insurance, and Other Determinants of Self-Referral to Medical and Chiropractic Physicians, extracted on 08/02/07 from: <http://www.ajph.org/cgi/content/full/93/12/2111>
9. Rhode Island General Laws > Chapter 5-30. Chiropractic Physicians  
[http://www.lawserver.com/law/state/rhode-island/ri-laws/rhode\\_island\\_general\\_laws\\_chapter\\_5-30](http://www.lawserver.com/law/state/rhode-island/ri-laws/rhode_island_general_laws_chapter_5-30)

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