Medical Coverage Policy

Chiropractic Services

☐ Device/Equipment ☐ Drug ☐ Medical ☐ Surgery ☐ Test ☒ Other

Effective Date:	1/1/2012	Policy Last Updated:	4/9/2012

☐ **Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

☒ **Prospective review is not required.**

This document is intended to describe Chiropractic Service benefits. **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.

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

Description:
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 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 neuromusculotskeletal complaints, especially of the spine. Treatment may be of the lower back, thoracic, and cervical areas of the spine.[3] 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,[5] 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. [1] 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.

Medical Criteria:
Not applicable. This is a reimbursement policy only.

Policy:
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. [2]

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 and Reimbursement:

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 understands 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 for BlueCHiP for Medicare members:

• 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 neuromusculotskeletal condition necessitating the treatment must also be listed as the **secondary diagnosis**.

307.81
333.83
346.00
346.01
346.02
346.03
346.10
346.11
346.12
346.13
346.20
346.21
346.22
346.23
346.30
346.31
346.32
346.33
346.40
346.41
346.42
346.43
346.50
346.51
346.52
346.53
346.60
346.61
346.62
346.63
346.70
346.71
346.72
346.73
346.80
346.81
346.82
346.83
346.90
346.91
346.92
346.93
350.10
350.2
351.0
352.3
352.9
353.0
353.1
353.2
353.3
353.4
353.8

354.4
354.8
355.0
355.1
355.5
381.4
386.00
386.01
386.02
386.03
386.30
386.9
715.00
715.09
715.15
715.18
715.21
715.22
715.25
715.28
715.80
715.90
715.91
715.92
715.93
715.94
715.95
715.96
715.97
715.98
716.10
716.11
716.12
716.13
716.14
716.15
716.16
716.17
716.18
716.19
716.68
716.95
718.51
718.52
718.55
719.40
719.41
719.42
719.43
719.44
719.45
719.46
719.47
719.48
719.49
719.50

719.51
719.52
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719.54
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719.56
719.57
719.58
719.59
719.60
719.61
719.62
719.63
719.64
719.65
719.66
719.67
719.68
719.69
719.80
719.81
719.82
719.83
719.84
719.85
719.86
719.87
719.88
719.89
720.0
720.1
720.2
720.81
720.89
721.0
721.1
721.2
721.3
721.41
721.42
721.6
721.7
721.90
721.91
722.0
722.10
722.11
722.4
722.51
722.52
722.70
722.71
722.72
722.73
722.81
722.82

722.83
722.91
722.92
722.93
723.0
723.1
723.2
723.3
723.4
723.5
723.7
723.8
723.9
724.01
724.02
724.03
724.09
724.1
724.2
724.3
724.4
724.5
724.6
724.70
724.71
724.79
724.8
724.9
726.91
727.00
727.3
727.82
728.12
728.85
728.89
728.9
729.0
729.1
729.2
729.4
737.0
737.11
737.12
737.19
737.20
737.21
737.22
737.29
737.30
737.31
737.32
737.33
737.34
737.39
738.4
738.5

754.2
756.10
756.11
756.12
756.13
756.14
756.15
756.16
756.17
756.19
756.2
780.8
780.99
781.0
781.2
781.3
781.8
781.99
784.0
839.00
839.01
839.02
839.03
839.04
839.05
839.06
839.07
839.08
839.20
839.21
839.40
839.41
839.42
839.49
839.61
839.69
846.0
846.1
846.2
846.3
846.8
846.9
847.0
847.1
847.2
847.3
847.4
848.5
850.9
905.7
905.8
907.3
953.0
953.1
953.2
953.3

953.4
953.5
954.0
954.1
954.8
954.9
956.0
956.1
956.2
956.3
956.4
956.5
956.8
956.9

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 (non-covered Blue CHiP for Medicare)

Evaluation and Management Services:

99201 – 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 <u>are separately reimbursed</u> for all Commercial products:

71010
71020
71100
71101
71110
72010
72020
72040
72050
72052
72069
72070
72072
72074
72080
72090
72100
72110
72114
72170
72190
72200
72220
73010
73020
73050
73070
73080
73100
73110
73120
73130
73140
73500
73510
73520
73550
73560
73562
73564
73590
73600
73610

73620
73650

The following CPT code for Laboratory Service is separately reimbursed for all commercial products:

81002

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

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
95832
95833
95834
95851
95852

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Review History:
04/09/12: Policy includes ICD-9 and ICD-10 diagnosis codes for Medicare members.