Chiropractic Services

Policy Number	CHI11012010RP	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	03/12/2014

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network

physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Summary

Overview

Chiropractic manipulative treatment (CMT) is a form of manual treatment to influence joint and neurophysiological function. This treatment may be accomplished using a variety of techniques.

Medicare coverage of chiropractic service is specifically limited to treatment by means of manual manipulation of the spine to correct a subluxation (that is, by use of the hands). The patient must require treatment by means of manual manipulation of the spine to correct a subluxation and the manipulative services rendered must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function. Additionally, manual devices (i.e., those that are handheld with the thrust of the force of the device being controlled manually) may be used by chiropractors in performing manual manipulation of the spine. However, no additional payment is available for use of the device, nor does Medicare recognize an extra charge for the device itself.

The mere statement or diagnosis of "pain" is not sufficient to support medical necessity for the treatments. The precise level(s) of the subluxation(s) must be specified by the chiropractor to substantiate a claim for manipulation of each spinal region(s). The need for an extensive, prolonged course of treatment should be appropriate to the reported procedure code(s) and must be documented clearly in the medical record.

For Medicare purposes, a chiropractor must place an AT modifier on a claim when providing active/corrective treatment to treat acute or chronic subluxation. However the presence of the AT modifier may not in all instances indicate that the service is reasonable and necessary. As always, contractors may deny if appropriate after medical review. Modifier AT must only be used when the chiropractic manipulation is "reasonable and necessary" as defined by national policy and the LCDs. Modifier AT must not be used when maintenance therapy has been performed.

Reimbursement Guidelines

Coverage extends only to treatment by means of manual manipulation of the spine to correct a subluxation provided such treatment is legal in the State where performed. No other diagnostic or therapeutic service furnished by the chiropractor or under the chiropractor's order is covered. This means that if a chiropractor orders, takes, or interprets an x-ray, or any other diagnostic test, the x-ray or other diagnostic test, can be used for claim processing purposes, but Medicare coverage and payment are not available for those services. This prohibition does not affect the coverage of x-rays or other diagnostic tests furnished by other practitioners under the program. For example, an x-ray or any diagnostic test taken for the purpose of determining or demonstrating the existence of a subluxation of the spine is a diagnostic x-ray test covered if ordered, taken, and interpreted by a physician who is a doctor of medicine or osteopathy.

The word "correction" may be used in lieu of "treatment." Also, a number of different terms composed of the following words may be used to describe manual manipulation as defined above:

- Spine or spinal adjustment by manual means;
- Spine or spinal manipulation;
- Manual adjustment; and

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- Vertebral manipulation or adjustment

NOTE: The precise level of subluxation must be listed as the primary diagnosis.

Non Coverage Guideline

Medicare does not cover chiropractic treatments to extraspinal regions (CPT 98943), which includes the head, upper and lower extremities, rib cage and abdomen.

CPT / HCPCS Codes

Code	Description
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions **(Status Indicator of "N" on MPFS; Not Covered By Medicare In Any Payment System)**

Modifiers

Code	Description
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942) (This modifier is **NOT** to be used when providing maintenance therapy)

Questions and Answers

Q:	**Are maintenance therapy services covered by Medicare?**
A:	Chiropractic maintenance therapy is not considered to be medically reasonable or necessary under the Medicare program, and is therefore not payable.

References Included (but not limited to):

CMS LCD(s)

Numerous LCDs

CMS Article(s)

Numerous Articles

CMS Benefit Policy Manual

Chapter 15; § 30.5 Chiropractor's Services, § 240 Chiropractic Services – General

CMS Claims Processing Manual

Chapter 12; § 220 Chiropractic Services.

MLN Matters

Article MM3449, Revised Requirements for Chiropractic Billing of Active/Corrective Treatment and Maintenance Therapy, Full Replacement of CR3063

Article SE0514, MMA- Expansion of Coverage for Chiropractic Services Demonstration

Article SE0749, Addressing Misinformation Regarding Chiropractic Services and Medicare

Article SE1101, Overview of Medicare Policy Regarding Chiropractic Services

Others

Chiropractic Services, ICN 906143, CMS Website

Misinformation on Chiropractic Services, ICN 006953, CMS Website

Title SVIII of the Social Security Act

- 1833(e)
- 1862(a) (1) (A)

History

Date	Revisions
08/27/2014	Administrative updates
04/01/2014	Administrative updates
03/13/2014	Administrative updates

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03/12/2014	Re-review presented to MRPC for approval
04/03/2013	Administrative updates
03/29/2013	Administrative updates
03/27/2013	Re-review of policy presented to MRPC for approval
03/28/2012	Re-review approved by committee
03/07/2012	Re-review of policy
11/01/2010	Policy Developed and Published
10/01/2009	Administrative updates

