

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.111.MH
Last Review Date: 08/09/2018
Effective Date: 10/01/2018

MP.111.MH – Chiropractic Services and Adjunctive Procedures (Adults and Children 13 Years Old and Over)

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)

MedStar Health considers Chiropractic Services and Adjunctive Procedures (Adults and Children 13 Years Old and Over) medically necessary for the following indications:

Covered Chiropractic Services Are Any of the Following:

- a. Evaluation and management,
- b. Manipulation,
- c. Spinal X-ray,
- d. Therapeutic exercise,
- e. Adjunctive procedures appropriate and medically necessary for neuro-musculoskeletal conditions.

(Refer to the Codes section below for specific covered and non-covered adjunctive procedures)

Indications for Chiropractic Services Include All of the Following:

1. Documented primary, neuro-musculoskeletal symptoms involving the spine, para-spinal soft tissues, and extremities.
2. Subluxation/injury as evidenced by radiological X-ray or documented physical exam.
3. Manipulation or Chiropractic Manipulation Therapy (CMT) is appropriate to reduce symptoms and/or to restore function that has been compromised by illness or injury.

Indications for Adjunctive Procedures:

Adjunctive procedures are appropriate to reduce symptoms and/or restore function that has been compromised by illness or injury *(Refer to the Codes section below)*

Indications for Therapeutic Exercise:

Therapeutic exercise is appropriate for improvement or to restore functional status by building strength, endurance and flexibility of the affected region *(Refer to the Codes section below)*

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Limitations

1. Diagnostic testing/services other than spinal x-ray and any durable medical equipment furnished by a chiropractor or under his or her order is not covered.

Exclusions

1. Chiropractic Services Not Covered

Chiropractic services are not covered for treatment of non-neuromusculoskeletal symptoms or conditions. To the extent that they may be perceived by members as non-neuromusculoskeletal, the following is a list of conditions that are considered in this category (list is not all inclusive):

- Fibromyalgia
- Asthma
- Carpal tunnel syndrome
- Infantile colic
- Otitis media
- Dysmenorrhea
- Substitute or supplement to childhood immunization
- Infectious diseases
- Autism
- Learning disabilities
- Emotional disorders
- Post-traumatic stress disorder
- Temporomandibular joint syndrome (TMJ)
- Neurovascular disorders
- Disorders of the immune system
- Enuresis
- Cardiovascular disease
- Metabolic disorders and Nutritional Therapy
- Chronic pelvic pain related to non-musculoskeletal conditions

2. Chiropractic Care Not Covered:

Chiropractic care is not covered for chiropractic treatments, procedures, or devices that have not been scientifically shown to be safe, biologically plausible or effective. These include the following (this list is not all inclusive):

- Applied Spinal Biomechanical Engineering
- BioEnergetic Synchronization Technique (B.E.S.T.)

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- Cranial Manipulation – Cranial Osteopathy
- Upledger Technique
- Sacro-Occipital Technique
- Coccygeal Meningeal Stress Fixation Technique
- Directional Non-force Technique
- Manipulation for internal visceral disorders
- Applied Kinesiology
- Manipulation under anesthesia
- Moire Contourographic Analysis
- Network Technique
- Neural Organizational Technique
- Thermography
- Paraspinal Surface Electromyography (SEMG)
- Spinoscopy
- Neurocalometer
- Nervoscope
- Manual (handheld) devices with the thrust of the force of the device being controlled manually may be used by a chiropractor in performing manual manipulation of the spine. However, no additional payment is available for use of the device.

3. **Adjunctive Procedures Not Paid Separately:**

The following procedure codes are not eligible for separate payment:

1. 97010: Application of a modality to one or more areas; hot or cold packs
2. 97020: Application of a modality to one or more areas; microwave (unattended)
3. 97024: Application of a modality to one or more areas; diathermy (unattended)
4. 97026: Application of a modality to one or more areas; infrared (unattended)
5. 97124: Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, or percussion)

4. **Not Medically Necessary and Not Covered:**

Additional visits in the following circumstances:

- When there is no improvement within 14 calendar days of treatment and the treatment is not modified,
- When there is no improvement within 30 calendar days of treatment despite treatment modification,
- If the therapeutic benefit has been reached a plateau or been maximized,

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- If the member's condition becomes worse or regresses,
- If the therapeutic goals have been reached,
- If the member has become asymptomatic.

Background

The Association of Chiropractic Colleges defines chiropractic as the field concerned with the preservation and restoration of health, and focuses particular attention on the subluxation. A subluxation is a complex of functional and or pathological articular changes that compromise neural integrity and may influence organ system function and general health.

In pediatric patients, chiropractors work to adjust the spine to stimulate the body's recuperative power to improve the child's health and musculoskeletal problem. Additional studies are needed to evaluate the safety and effectiveness of chiropractic care for children with non-musculoskeletal conditions.

Codes:

Additional Evaluation and Management (E/M) Services:

- Additional E/M services within the same treatment plan may be reported separately using the modifier -25, if the member's condition requires a significant separately identifiable E/M service above and beyond the usual pre and post service work associated with the procedure.
- Supporting documentation may be requested for all E/M codes with a modifier -25.

91740 Manual Therapy Techniques (Mobilization/manipulation, manual lymphatic drainage, manual traction) 1 or more regions, each 15 minutes (adjunctive service)

- 97140 Manual therapy code may not be billed with CMT codes 98940-98942. It is considered an inherent component of the CMT codes and it is not eligible for separate payment when reported with the same date of service.
 - Exception: when 97140 is performed on a separate body region that is unrelated to the CMT code, this procedure may be considered for separate payment. In this instance, modifier -59 should be appended to 97140 and billed accordingly.
- Appropriate information that identifies the separate body region, unrelated to the CMT code, should be documented in the member's chart

For a given visit, coverage will be limited to chiropractic services as follows:

- One service with a CMT code 98940-98943,
And
- One of the following adjunctive modality codes:

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- 97012, 97014, 97032, 97035 (CPT code 97140 only used for exception referenced previously)
- And
- One service with CPT code 97110 (therapeutic exercise performed to build strength, endurance and flexibility)
- Or
- One service with a CMT code 98940-98942 and Two Therapeutics and no adjunctive
- Or
- One service with a CMT code 98940-98943 and Two Adjunctive and no therapeutic

Additional covered chiropractic services billing and coding guidelines:

- Network providers are required to have a copy of their adjunctive procedures certificate on file prior to billing.
- Any out-of-network provider billing for adjunctive procedures is required to submit a copy of his/her adjunctive procedures certificate with each claim
- MedStar Health Plan Inc. may request office notes to audit claims data.

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
97012	Application of a modality to one or more areas; traction, mechanical (unattended)
97014	Application of a modality to one or more areas; electrical stimulation (unattended)
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 (attended), each 15 minutes
97035	Application of a modality to one or more areas; ultrasound (attended), each 15 minutes
97140	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
One service with a CMT code 98940-98943 (see additional guidance on page 5)	

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98940	Spinal Chiropractic Manipulative Treatment
98941	Spinal Chiropractic Manipulative Treatment
98942	Spinal Chiropractic Manipulative Treatment
98943	Extraspinal Chiropractic Manipulative Treatment
The following CPT codes represent procedures identified as adjunctive procedures that are considered covered by MedStar Health unless an individual product has benefit exclusions or other limitations that apply to chiropractic care:	
97010	Hot or cold pack application
97022	Whirlpool
97024	Diathermy
97026	Infrared
97039	Unlisted modality (specify type and time if constant attendance)
97110	Therapeutic exercises to develop strength and endurance, range of motion, and flexibility (15 minutes)
97112	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities (15 minutes)
97113	Aquatic therapy with therapeutic exercises (15 minutes)
97116	Gait Training (includes stair climbing) (15 minutes)
97124	Massage, including effleurage, petrissage, and/or tapotement (stroking, compression, percussion) (15 minutes)
97139	Unlisted Therapeutic Procedure (specify)
97150	Group Therapeutic Procedure(s) (two or more individuals)
97530	Dynamic activities to improve functional performance, direct (one-on-one) with the patient (15 minutes)
97535	Self-care/home management training (e.g., activities of daily living [ADL] and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), direct one-on-one contact (15 minutes)
97750	Physical Performance Test or measurement (e.g., musculoskeletal, functional capacity), with written report (15 minutes)

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G0283	Electrical stimulation (unattended) to one or more areas for indication(s) other than wound care, as part as a therapy plan of care
Coverage of X-rays: Includes single and multiple views of the spinal subluxation area specifically being treated with CMT.	
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72020	Radiologic examination, spine, single view, specify level
72040	Radiologic examination, spine, cervical, two or three views
72050	Radiologic examination, spine, cervical, minimum of four views
72052	Radiologic examination, spine, cervical, 6 or more views
72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)
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, 2 views
72090	Radiologic examination spine; scoliosis study, including supine and erect studies
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
72120	Radiologic examination spine, lumbosacral; bending views, 2 or 3 views
71010	Radiologic examination, chest, single view, frontal
71020	Radiologic examination, chest, 2 views, frontal and lateral;
71100	Radiologic examination, ribs, unilateral; 2 views
72170	Radiologic examination, pelvis, 1 or 2 views
72190	Radiologic examination, pelvis, complete, minimum of 3 views
72220	Radiologic examination, sacrum and coccyx minimum of 2 views
73020	Radiologic examination, shoulder; 1 view
73030	Radiologic examination, shoulder; complete, minimum of 2 views

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73060	Radiologic examination, humerus, minimum of 2 views
73070	Radiologic examination, elbow; 2 views
73090	Radiologic examination, forearm, 2 views
73100	Radiologic examination, wrist; 2 views
73110	Radiologic examination, wrist; complete, minimum of 3 views
73120	Radiologic examination, hand; 2 views
73140	Radiologic examination, finger(s), minimum of 2 views
73500	Radiologic examination, hip, unilateral; 1 view
73510	Radiologic examination, hip, complete, minimum of 2 views
73550	Radiologic examination, femur, 2 views
73560	Radiologic examination, knee; 1 or 2 views
73562	Radiologic examination, knee; 3 views
73564	Radiologic examination, complete, 4 or more views
73590	Radiologic examination, tibia and fibula, 2 views
73600	Radiologic examination, ankle; 2 views
73610	Radiologic examination, complete, minimum of 3 views
73620	Radiologic examination, foot; 2 views
73650	Radiologic examination, calcaneus, minimum of 2 views
73660	Radiologic examination, toe(s), minimum of 2 views
74000	Radiologic examination, abdomen, single anteroposterior view

NOT COVERED Diagnosis Codes:

ICD-10 codes not covered (not all-inclusive):	
A00.0-B99	Certain infectious and parasitic diseases
C00.0-C96.9	Malignant neoplasms
D80.0-D89.9	Certain disorders involving the immune mechanism
E40-E64.9	Malnutrition and other nutritional deficiencies
E66.01	Morbid (severe) obesity due to excess calories
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.3	Overweight

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E70.0-E88.9	Metabolic disorders
F43.10-F43.12	Post-traumatic stress disorder
F81.0-F81.9	Specific developmental disorder of scholastic skills
F84.0-F84.9	Pervasive developmental disorders and Autistic disorder
F93.0-F93.8	Emotional disorders with onset specific to childhood
F94.0-F94.9	Disorders of social functioning with onset specific to childhood and adolescence
F98.0-F98.9	Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence
G00.01-G99.8	Diseases of the nervous system
G56.00-G56.02	Carpal tunnel syndrome
H65.00-H68.029	Otitis media and Eustachian salpingitis and obstruction
I01.0-I99.9	Other and unspecified disorders of circulatory system
J45.20-J45.998	Asthma
M00.0-M02.9	Infectious arthropathies
M26.60-M26.69	Temporomandibular joint disorders
M10.00	Idiopathic gout, unspecified site
M10.9	Gout, unspecified
N94.4-N94.6	Dysmenorrhea
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M12.50-M12.59	Traumatic arthropathy
M24.80	Other specific joint derangements of unspecified joint, not elsewhere classified
M25.451-M25.459	Effusion, hip
M86.00-M86.9	Osteomyelitis
M81.0-M81.8	Osteoporosis without current pathological fracture
N39.44	Nocturnal enuresis
R10.2	Pelvic and perineal pain
R10.83	Colic

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Variations:

Commercial

Other non-covered Chiropractic Services include:

- Maintenance care: chiropractic services performed repetitively to maintain a level of function, or when no expectation of additional functional improvement is likely to occur
- Preventive Care: chiropractic services performed for the purpose of preventing symptoms, conditions or illnesses.
- Scoliosis correction and spinal curve restoration: chiropractic services performed primarily to reduce scoliosis create optimal segmental or regional alignment or the normal physiological spinal curves in the absence of related musculoskeletal symptoms

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Disclaimer:

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