Local Coverage Article:
Billing and Coding: Chiropractic Services (A56273)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

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Article Information

General Information

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<th>Original Effective Date</th>
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<td>A56273</td>
<td>03/19/2019</td>
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<td>Billing and Coding: Chiropractic Services</td>
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CMS National Coverage Policy

N/A

Article Guidance

Article Text:

This article provides billing and coding guidelines for Chiropractic services. Coverage of Chiropractic services is a limited benefit. The coverage is limited to manual manipulation for the treatment of subluxation. “Subluxation” is a term used by Chiropractors to describe a spinal vertebra that is out of position in comparison to the other vertebrae.

Refer to the following Medicare Internet online Manuals (IOMs) for coverage of Chiropractic services:
Publication 100-02 Medicare Benefit Policy Manual
Chapter 15 Covered Medical and Other Health Services:

• § 30.5 Chiropractor’s Services
• § 40.4 Definition of Physician /Practitioner.
• § 220 Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance
• §240 Chiropractic Services - General
• §240.1.1 Manual Manipulation
§240.1.2 Subluxation May Be Demonstrated by X-Ray or Physician’s Exam

§240.1.3 Necessity for Treatment

§240.1.4 Location of Subluxation

§240.1.5 Treatment Parameters

Publication 100-04 Medicare Claims Processing Manual
Chapter 12 Physicians/Nonphysician Practitioners

§220 - Chiropractic Services

Chapter 23 Fee Schedule Administration and Coding Requirements

§20.9.1.1 Instructions for Codes with Modifiers (A/B MACs (B) Only)

WPS GHA has further guidance for the physical examination (IOM 100-02 §240.1.2)

PART (Pain, Asymmetry, Range of motion and tissue tone changes)

Pain – Most primary neuromusculoskeletal disorders manifest primarily by a painful response. Pain and tenderness findings may be identified through one or more of the following: observation, percussion, palpation, provocation, etc. Furthermore, pain intensity may be assessed using one or more of the following: visual analog scales, algometers, pain questionnaires, etc.

Asymmetry/misalignment – Asymmetry/misalignment may be identified on a sectional or segmental level through one or more of the following: observation (posture and gait analysis), static palpation for misalignment of vertebral segments, diagnostic imaging, etc.

Range of motion abnormality – Range of motion abnormalities may be identified through one or more of the following: motion, palpation, observation, stress diagnostic imaging, range of motion measurements, etc.

Tissue/Tone texture may be identified through one or more of the following procedures: observation, palpation, use of instruments, tests for length and strength etc.

The problem/complaint addressed, and precise level of each subluxation treated must be specified in the medical record. The need for an extensive, prolonged course of treatment should be consistent with the reported diagnosis and must be clearly documented in the medical record. The level of the subluxation must be specified on the claim and must be listed as the primary diagnosis. Refer to ICD-10 Codes that Support Medical Necessity found below either listed by location (Lumbar) or exact bones (L1, L2, etc.).

Associated Information

Documentation requirements

Documentation supporting the medical necessity of this item, such as diagnosis codes, must be submitted with each claim. Claims submitted without diagnosis codes will be denied as being not medically necessary. Documentation in the form of progress notes need not be submitted with each claim but be available upon request.

Claims submitted for Chiropractic Manipulative Treatment (CMT) CPT codes 98940, 98941, or 98942, (found in Group 1 codes under CPT/HCPCS Codes) must contain an AT modifier or they will be considered not medically necessary.
Utilization Guidelines

Payment is to the billing Chiropractor and is based on the physician fee schedule.

Once the maximum therapeutic benefit has been achieved for a given condition, ongoing maintenance therapy is not considered to be medically necessary under the Medicare program.

Coding Guidelines

1. The precise level of subluxation must be specified on the claim and must be listed as the primary diagnosis. The neuromusculoskeletal condition necessitating the treatment must be listed as the secondary diagnosis.

2. All claims for chiropractic services must include the following information:
   - Date of the initiation of the course of treatment.
   - Symptom/condition/Secondary diagnosis code(s)
   - Subluxation(s)/Primary diagnosis code(s)
   - Date of Service
   - Place of Service
   - Procedure Code

   Failure to report these items will result in claim denial or delay.

   **Note:** Date of last x-ray is no longer required. Any date placed in item 19 is considered date of last x-ray. It is recommended that providers do not place any date in item 19 of the CMS-1500 claim form.

3. Limitation of Liability rules apply: The purpose of the Limitation of Liability provision is to protect the beneficiary from liability in denial cases under certain conditions when services rendered are found to be not reasonable and medically unnecessary.

   If the provider uses the AT Modifier and believes a service is likely to be denied by Medicare as not being medically necessary, the beneficiary must sign an Advance Beneficiary Notification (ABN) and the GA modifier must be used.

4. Physician signature for progress notes and reports (hand written, electronic). Initials if signed over a typed or printed name or accompanied by a signature log or attestation statement.

Non-Covered Services:

All services other than manual manipulation of the spine for treatment of subluxation of the spine are excluded when ordered or performed by a Doctor of Chiropractic. Chiropractors are not required to bill these to Medicare. Chiropractic offices may want to submit charges to Medicare to obtain a denial necessary for submitting to a secondary insurance carrier. The following are examples of (not an all-inclusive list) of services that, when performed by a Chiropractor, are excluded from Medicare coverage.

- Laboratory tests
- X-rays
- Office Visits (history and physical)
- Physiotherapy
- Traction
- Supplies
- Injections
- Drugs
- Diagnostic studies including EKGs
- Acupuncture
- Orthopedic devices
- Nutritional supplements and counseling
Medicare does not cover chiropractic treatments to extraspinal regions (CPT 98943), which includes the head, upper and lower extremities, rib cage, and abdomen.

**Request for Review**
When requesting a review, submit documentation that supports the medical necessity of the denied service.

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**Coding Information**

**CPT/HCPCS Codes**

**Group 1 Paragraph:**
N/A

**Group 1 Codes:**

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<td>CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS</td>
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<td>98941</td>
<td>CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS</td>
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<td>98942</td>
<td>CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS</td>
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**Group 2 Paragraph:**
Non-covered

**Group 2 Codes:**

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<td>98943</td>
<td>CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, 1 OR MORE REGIONS</td>
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**CPT/HCPCS Modifiers**
N/A

**ICD-10 Codes that Support Medical Necessity**

**Group 1 Paragraph:**

Note: diagnosis codes must be coded to the highest level of specificity
The level of the subluxation must be specified on the claim and must be listed as the primary diagnosis. The neuromusculoskeletal condition necessitating the treatment must be listed as the secondary diagnosis. All diagnosis codes must be coded to the highest level of specificity, and the primary diagnosis must be supported by x-ray or documented by physical examination.
These are the only covered diagnosis codes that support medical necessity:

Primary: ICD-10-CM Codes (Names of Vertebrae)
The precise level of subluxation must be listed as the primary diagnosis.

**Group 1 Codes:**

<table>
<thead>
<tr>
<th>ICD-10 CODE</th>
<th>DESCRIPTION</th>
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<tr>
<td>M99.00</td>
<td>Segmental and somatic dysfunction of head region</td>
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<tr>
<td>M99.01</td>
<td>Segmental and somatic dysfunction of cervical region</td>
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<tr>
<td>M99.02</td>
<td>Segmental and somatic dysfunction of thoracic region</td>
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<td>M99.03</td>
<td>Segmental and somatic dysfunction of lumbar region</td>
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<td>M99.04</td>
<td>Segmental and somatic dysfunction of sacral region</td>
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<tr>
<td>M99.05</td>
<td>Segmental and somatic dysfunction of pelvic region</td>
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**Group 2 Paragraph:**

SHORT-TERM TREATMENT
(These conditions generally require short-term treatments.)

**ICD-10 CM Symptom/Condition Codes**
(Secondary Diagnosis)

**Group 2 Codes:**

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<th>DESCRIPTION</th>
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<td>G43.009</td>
<td>Migraine without aura, not intractable, without status migrainosus</td>
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<td>G43.019</td>
<td>Migraine without aura, intractable, without status migrainosus</td>
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<td>G43.109</td>
<td>Migraine with aura, not intractable, without status migrainosus</td>
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<td>G43.119</td>
<td>Migraine with aura, intractable, without status migrainosus</td>
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<td>G43.A0</td>
<td>Cyclical vomiting, in migraine, not intractable</td>
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<tr>
<td>G43.A1</td>
<td>Cyclical vomiting, in migraine, intractable</td>
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<tr>
<td>G43.B0</td>
<td>Ophthalmoplegic migraine, not intractable</td>
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<tr>
<td>G43.B1</td>
<td>Ophthalmoplegic migraine, intractable</td>
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<td>G43.C0</td>
<td>Periodic headache syndromes in child or adult, not intractable</td>
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<tr>
<td>G43.C1</td>
<td>Periodic headache syndromes in child or adult, intractable</td>
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<tr>
<td>G43.D0</td>
<td>Abdominal migraine, not intractable</td>
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<tr>
<td>G43.D1</td>
<td>Abdominal migraine, intractable</td>
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<tr>
<td>G43.909</td>
<td>Migraine, unspecified, not intractable, without status migrainosus</td>
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<td>G44.1</td>
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<td>Other spondylosis with radiculopathy, thoracic region</td>
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<td>Other spondylosis with radiculopathy, thoracolumbar region</td>
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<td>Other spondylosis with radiculopathy, lumbar region</td>
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<td>Other spondylosis with radiculopathy, lumbosacral region</td>
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<td>Other spondylosis with radiculopathy, sacral and sacrococcygeal region</td>
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<td>Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region</td>
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<td>Spondylosis without myelopathy or radiculopathy, cervical region</td>
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<td>Spondylosis without myelopathy or radiculopathy, cervicothoracic region</td>
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<td>Ankylosing hyperostosis [Forestier], occipito-atlanto-axial region</td>
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<td>M48.12</td>
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<td>Ankylosing hyperostosis [Forestier], cervicothoracic region</td>
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<td>Ankylosing hyperostosis [Forestier], thoracic region</td>
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<td>Ankylosing hyperostosis [Forestier], thoracolumbar region</td>
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<td>Ankylosing hyperostosis [Forestier], sacral and sacrococcygeal region</td>
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<td>Cervicalgia</td>
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Group 3 Codes:

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<td>Brachial plexus disorders</td>
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<td>Thoracic root disorders, not elsewhere classified</td>
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<td>Lumbosacral root disorders, not elsewhere classified</td>
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<td>G54.8</td>
<td>Other nerve root and plexus disorders</td>
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<td>G55</td>
<td>Nerve root and plexus compressions in diseases classified elsewhere</td>
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<td>Lesion of sciatic nerve, left lower limb</td>
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<td>Lesion of sciatic nerve, bilateral lower limbs</td>
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<td>Lesion of femoral nerve, right lower limb</td>
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<td>Lesion of femoral nerve, bilateral lower limbs</td>
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<td>Palindromic rheumatism, right knee</td>
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<td>M12.372</td>
<td>Palindromic rheumatism, left ankle and foot</td>
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<td>M12.38</td>
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<td>Palindromic rheumatism, multiple sites</td>
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<td>Erosive (osteo)arthritis</td>
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<td>Hemarthrosis, left shoulder</td>
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<td>Hemarthrosis, left hip</td>
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<td>Hemarthrosis, right knee</td>
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<td>M25.062</td>
<td>Hemarthrosis, left knee</td>
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<td>M25.071</td>
<td>Hemarthrosis, right ankle</td>
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<td>Hemarthrosis, left ankle</td>
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<td>M25.074</td>
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<td>Hemarthrosis, other specified site</td>
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<td>M25.552</td>
<td>Pain in left hip</td>
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<td>Pain in right knee</td>
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<td>M25.562</td>
<td>Pain in left knee</td>
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<tr>
<td>M25.571</td>
<td>Pain in right ankle and joints of right foot</td>
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**Group 4 Paragraph:**

Long-Term Treatment

ICD 10 CM

Symptom/Condition Codes (Secondary Diagnosis)

**Group 4 Codes:**

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<td>Connective tissue and disc stenosis of intervertebral foramina of thoracic region</td>
</tr>
<tr>
<td>M99.73</td>
<td>Connective tissue and disc stenosis of intervertebral foramina of lumbar region</td>
</tr>
<tr>
<td>Q76.2</td>
<td>Congenital spondylolisthesis</td>
</tr>
</tbody>
</table>

**ICD-10 Codes that DO NOT Support Medical Necessity**

N/A

**Additional ICD-10 Information**

N/A

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all
Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

<table>
<thead>
<tr>
<th>REVISION HISTORY DATE</th>
<th>REVISION HISTORY NUMBER</th>
<th>REVISION HISTORY EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/31/2019</td>
<td>R3</td>
<td>10/31/2019 For CR 10901 compliance: Title changed to Billing and Coding: Chiropractic Services. The applicable manual/regulation has been referenced in Rules and Regulations s). Format change completed. There has been no change in coverage with this revision.</td>
</tr>
<tr>
<td>10/01/2019</td>
<td>R2</td>
<td>09/26/2019 ICD-10-CM Code Updates: Description change to: G43.A0 and G43.A1 in Group Two and M50.120 in Group Three. Review completed 08/30/2019. Provider education: Added MLN 1232664 “Medicare Documentation Job Aid For Doctors of Chiropractic” to Other s).</td>
</tr>
<tr>
<td>03/28/2019</td>
<td>R1</td>
<td>03/28/2019 Revised sentence in Utilization Guidelines to read, &quot;Payment is to the billing Chiropractor and is based on the physician fee schedule&quot;.</td>
</tr>
</tbody>
</table>

Associated Documents

Related Local Coverage Document(s)

N/A

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A
Title XVIII of the Social Security Act:

**Description:** Section 1833 (e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim. Section 1862 (a) (1) (A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

CFR Part 411.15., subpart A addresses general exclusions and exclusion of particular services.

**CMS Manual Explanations URL(s)**
CMS Pub. 100-02 Chapter 15 §30.5, 40.4, and 220 & CMS Pub. 100-02 Chapter 15 §240 - 240.1.5.

CMS Pub. 100-04 Chapter 12 §220

CMS Pub. 100-04 Chapter 23 §20.9.1.1

**Other URL(s)**
Medicare Documentation Job Aid For Doctors of Chiropractic

Change Request 10901, Local Coverage Determinations (LCDs)

**Public Version(s)**
Updated on 10/22/2019 with effective dates 10/31/2019 - N/A
Updated on 09/16/2019 with effective dates 10/01/2019 - N/A
Updated on 03/19/2019 with effective dates 03/28/2019 - N/A
Updated on 01/21/2019 with effective dates 03/19/2019 - N/A

**Keywords**
N/A