

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Chiropractic Services

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>7/21/2009</b>	<b>Policy Last Updated:</b>	<b>10/31/2011</b>
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

**Important Note: 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 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 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.

**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.<sup>2</sup>

**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 codes covered for BlueCHiP for Medicare:**

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

**98940  
98941  
98942**

**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** are separately reimbursed for all Commercial products:

72010  
72020  
72040  
72050  
72052  
72070  
72080  
72100  
72110  
72114  
72170  
73510

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

81002 (with CLIA waiver certificate)

The following HCPCS codes for **Durable Medical Equipment** are separately reimbursed for commercial products only and 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

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