


MEDICAL POLICY	Chiropractic Care (Medicare Only)
Effective Date: 10/1/2022  <div style="text-align: right;">10/1/2022</div>	Medical Policy Number: 243
	Medical Policy Committee Approved Date: 9/2020; 9/2021; 9/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

NOTE: Chiropractic care may be specifically excluded under some health benefit plans. When covered, chiropractic care may be subject to the terms, conditions and limitations of the applicable plan’s benefit language. Some plans may also include a maximum allowable benefit for duration of treatment or number of visits. When the maximum allowable benefit is exhausted, coverage will no longer be provided even if the medical necessity criteria described are met.

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Chiropractic Care</i>	<ul style="list-style-type: none"> Local Coverage Article: Billing and Coding: Chiropractor Services (A57914) Medicare Benefit Policy Manual: Chapter 15 – Covered Medical and Other Health Services, §240.1 - Coverage of Chiropractic Services (See all subsections for additional information)

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BILLING GUIDELINES

CMS has developed policies which specifically limit coverage to manual manipulation of the spine to correct a subluxation; however, individual member benefits may have coverage of chiropractic care beyond what Medicare allows. The codes that accurately reflect chiropractic services are CPT Codes 98940, 98941, 98942, and 98943. Documentation must clearly reflect the medical necessity for the service billed.

Some services provided by a chiropractor may be medically appropriate, but separate reimbursement is not allowed. These include, but may not be limited to:

- If a chiropractor orders, takes, or interprets an x-ray or other diagnostic procedure to demonstrate a subluxation of the spine, the x-ray can be used for documentation. However, there is no coverage or payment for these services or for any other diagnostic or therapeutic service ordered or furnished by the chiropractor.
- In performing manual manipulation of the spine, some chiropractors use manual devices that are hand-held with the thrust of the force of the device being controlled manually. While such manual manipulation may be covered, there is no separate payment permitted for use of this device.

CPT/HCPCS CODES

Medicare Only	
No Prior Authorization Required	
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

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

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Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.