Chapter 18

Chiropractic Services

Definition

Chiropractic services are medically necessary therapies that employ manipulation and specific adjustment of body structures, such as the spinal column, provided by a licensed doctor of chiropractic.

Eligible Providers

Chiropractors licensed under Minnesota law are eligible.

Eligible Members

All IMCare members are eligible. Refer to *Benefits* section for coverage determination.

Covered Services

1. Acupuncture is covered for chronic pain and must be performed by a doctor of medicine (MD), licensed acupuncturist, osteopath, or chiropractor who has complied with the Minnesota Board of Chiropractic Examiners' acupuncture requirements

   Use the Physician Extender modifier for non-physician services. Additional acupuncture information is available later in this chapter.

2. Evaluation and Management (E/M) services for new and established patients, not to exceed one per calendar year. E/M services can be billed on the same date as the manipulation.
3. Manual manipulation of the spine for treatment of subluxation (incomplete or partial dislocation) determined to be medically necessary by generally accepted chiropractic standards of care.
4. X-rays that are needed to support a diagnosis of subluxation.

Non-Covered Services

The following list of non-covered services is not all inclusive. There may also be other services that are not covered.

1. Office visits that do not include manual spinal manipulation
2. Laboratory services
3. Vitamins or nutritional supplements and/or counseling
4. Treatment for a neurogenic or congenital condition that is not related to a diagnosis of subluxation
5. Medical supplies or equipment supplied or prescribed by a chiropractor
6. X-rays, other than those needed to support a diagnosis of subluxation
7. Exercise counseling, activities of daily living counseling
8. Physiotherapy modalities including, but not limited to:
   a. Ultrasound
   b. Diathermy
   c. Electrical muscle stimulation

d. Interferential current
e. Russian stimulation
f. Application of hot/cold packs
g. Massage
h. Manual muscle stimulation

Payment Limitations

1. **IMCare will monitor the utilization trend beyond 24 visits that occur in a** calendar year**.** An office visit for manual manipulation of the spine is considered part of the service and cannot be billed separately to IMCare or members.
2. An Evaluation and Management (E/M) service is allowed on the same date of service as a spinal manipulation only if the E/M service is significant and separately identifiable from the procedure that is performed. Use modifier 25 to indicate that the patient's condition required a significant, separately identifiable E/M service, above and beyond the usual pre- and post-procedure care associated with the service performed.
   - **Note:** Do not use modifier 25 if the documentation shows that the amount of work performed is consistent with that normally performed with the procedure.
   - Use the most appropriate chiropractic, E/M, or X-ray code for the service provided as outlined below.
3. Payment for X-rays is limited to radiological examinations of the full spine; the cervical, thoracic, lumbar, and lumbosacral areas of the spine; the pelvis; and the sacroiliac joints.

Authorization Requirements

All Out of Network Chiropractic Services require a prior authorization.

Authorization is not required for in network providers billing for any combination of Current Procedural Terminology (CPT) codes 98940, 98941, and 98942.

Criteria

The diagnosis of subluxation may be demonstrated using X-ray or physical examination. If X-rays (or radiologic report) are used, the X-ray (or radiologic report) must be no older than 12 months prior to the start of treatment.

Documenting Subluxation by Physical Examination

Evaluation of musculoskeletal/nervous system to identify the following:
1. Pain/tenderness evaluated in terms of location, quality, and intensity
2. Asymmetry/misalignment identified on a sectional or segmental level
3. Range of motion abnormality (changes in active, passive, and accessory joint)
4. Changes in the characteristics of contiguous or associated soft tissues, including skin, fascia, muscle, and ligament (change in tone)

Two of the above criteria are required to demonstrate subluxation based on physical examination; one of which must be:
1. Asymmetry/misalignment
2. Range of motion abnormality

This documentation must be provided to IMCare if, upon monitoring the utilization trend, we find the need to do an audit to determine medical need of the services provided.

Chiropractic Services

Procedure Code	Brief Description
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions
98941	Spinal, three to four regions
98942	Spinal, five regions

Extraspinal manipulative treatment (98943) and physiotherapeutic codes are **not covered codes**.

Evaluation and Management (E/M) Services

Codes	Description
99201	Office or other outpatient visit for the E/M of a new patient, requiring 3 key components; 10 minutes face-to-face with patient
99202	Office or other outpatient visit for the E/M of a new patient, requiring 3 key components; 20 minutes face-to-face with patient
99203	Office or other outpatient visit for the E/M of a new patient, requiring 3 key components; 30 minutes face-to-face with patient
99211	Office or other outpatient visit for the E/M of an established patient; presenting problem(s) are minimal; 5 minutes performing these services
99212	Office or other outpatient visit for the E/M of an established patient, requiring 2 of 3 key components; presenting problems are self-limiting or minor; 10 minutes face-to-face with the patient
99213	Office or other outpatient visit for the E/M of an established patient, requiring 2 of 3 key components; presenting problems are of low to moderate severity; 15 minutes face-to-face with the patient

Note: E/M services for IMCare Classic (HMO SNP) members would be covered by their Medicaid wraparound benefit.

Radiology

X-Ray Codes			
Codes	**Brief Description**	**Codes**	**Brief Description**
72010	Full spine	72020	Spine, single view
72040	Cervical	72050	Cervical, minimum 4 views
72052	Cervical, complete	72069	Thoracolumbar, standing

X-Ray Codes			
Codes	**Brief Description**	**Codes**	**Brief Description**
72070	Thoracic, anteroposterior (A & P)	72072	Thoracic, 3 views
72074	Thoracic, complete oblique 4 views	72080	Thoracolumbar, A & P
72090	Scoliosis study	72100	Lumbosacral, A & P
72110	Lumbosacral, complete oblique	72114	Lumbosacral, complete, including bending views
72120	Lumbosacral, bending	72170	Pelvis
72190	Pelvis, complete minimum 3 views	72200	Sacroiliac joints
72202	Sacroiliac, 3 or more views	72220	Sacrum and coccyx, minimum 2 views

Payment Limitations

Payment for X-rays is limited to radiological examinations of the full spine:
1. Cervical
2. Thoracic
3. Lumbar
4. Lumbosacral
5. Pelvis
6. Sacroiliac joints

Radiology services for IMCare Classic members would be covered by their Medicaid wraparound benefit.

Providers must submit the most applicable diagnosis codes (*International Classification of Diseases, 10th Revision, Clinical Modification* [ICD-10-CM]) when billing for subluxation on claims.

General Claim Submission Notes

When IMCare is the secondary payer, submit claims for those members according to the claims submission requirements of the primary payer. When submitting a secondary claim, always include the coordination of benefits (COB) information from the primary payer.

Medical Assistance (Medicaid) and MinnesotaCare Claims

Providers must choose all applicable subluxation ICD-10-CM code(s) to identify the area(s) of subluxation. This guideline affects CPT codes 98940, 98941, and 98942. Listing all applicable diagnoses will confirm the medical necessity for the treatment provided. For example, if 98942 (five regions) is submitted with only four subluxation codes, it would be denied with EX64 (DENY – PROCEDURE INCONSISTENT WITH DIAGNOSIS – DTR-1202).

Diagnosis Codes

ICD-10	Brief Description
M99.01	Segmental and somatic dysfunction of cervical region
M99.02	Segmental and somatic dysfunction of thoracic region
M99.03	Segmental and somatic dysfunction of lumbar region
M99.04	Segmental and somatic dysfunction of sacral region
M99.05	Segmental and somatic dysfunction of pelvic region
M99.10	Subluxation complex (vertebral) of head region
M99.11	Subluxation complex (vertebral) of cervical region
M99.12	Subluxation complex (vertebral) of thoracic region
M99.13	Subluxation complex (vertebral) of lumbar region
M99.14	Subluxation complex (vertebral) of sacral region
S13.100A	Subluxation of unspecified cervical vertebrae – initial encounter
S13.100D	Subluxation of unspecified cervical vertebrae – subsequent encounter
S13.101A	Dislocation of unspecified cervical vertebrae – initial encounter
S13.101D	Dislocation of unspecified cervical vertebrae – subsequent encounter
S13.110A	Subluxation of C0/C1 cervical vertebrae – initial encounter
S13.110D	Subluxation of C0/C1 cervical vertebrae – subsequent encounter
S13.111A	Dislocation of C0/C1 cervical vertebrae – initial encounter
S13.111D	Dislocation of C0/C1 cervical vertebrae – subsequent encounter
S13.120A	Subluxation of C1/C2 cervical vertebrae – initial encounter
S13.120D	Subluxation of C1/C2 cervical vertebrae – subsequent encounter
S13.121A	Dislocation of C1/C2 cervical vertebrae – initial encounter
S13.121D	Dislocation of C1/C2 cervical vertebrae – subsequent encounter
S13.130A	Subluxation of C2/C3 cervical vertebrae – initial encounter
S13.130D	Subluxation of C2/C3 cervical vertebrae – subsequent encounter
S13.131A	Dislocation of C2/C3 cervical vertebrae – initial encounter
S13.131D	Dislocation of C2/C3 cervical vertebrae – subsequent encounter
S13.140A	Subluxation of C3/C4 cervical vertebrae – initial encounter
S13.140D	Subluxation of C3/C4 cervical vertebrae – subsequent encounter
S13.141A	Dislocation of C3/C4 cervical vertebrae – initial encounter
S13.141D	Dislocation of C3/C4 cervical vertebrae – subsequent encounter
S13.150A	Subluxation of C4/C5 cervical vertebrae – initial encounter
S13.150D	Subluxation of C4/C5 cervical vertebrae – subsequent encounter
S13.151A	Dislocation of C4/C5 cervical vertebrae – initial encounter
S13.151D	Dislocation of C4/C5 cervical vertebrae – subsequent encounter

ICD-10	Brief Description
S13.160A	Subluxation of C5/C6 cervical vertebrae – initial encounter
S13.160D	Subluxation of C5/C6 cervical vertebrae – subsequent encounter
S13.161A	Dislocation of C5/C6 cervical vertebrae – initial encounter
S13.161D	Dislocation of C5/C6 cervical vertebrae – subsequent encounter
S13.170A	Subluxation of C6/C7 cervical vertebrae – initial encounter
S13.170D	Subluxation of C6/C7 cervical vertebrae – subsequent encounter
S13.171A	Dislocation of C6/C7 cervical vertebrae – initial encounter
S13.171D	Dislocation of C6/C7 cervical vertebrae – subsequent encounter
S13.180A	Subluxation of C7/T1 cervical vertebrae – initial encounter
S13.180D	Subluxation of C7/T1 cervical vertebrae – subsequent encounter
S13.181A	Dislocation of C7/T1 cervical vertebrae – initial encounter
S13.181D	Dislocation of C7/T1 cervical vertebrae – subsequent encounter
S13.20XA	Dislocation of unspecified parts of neck – initial encounter
S13.20XD	Dislocation of unspecified parts of neck – subsequent encounter
S13.29XA	Dislocation of other parts of neck – initial encounter
S13.29XD	Dislocation of other parts of neck – subsequent encounter
S23.100A	Subluxation of unspecified thoracic vertebrae – initial encounter
S23.100D	Subluxation of unspecified thoracic vertebrae – subsequent encounter
S23.101A	Dislocation of unspecified thoracic vertebrae – initial encounter
S23.101D	Dislocation of unspecified thoracic vertebrae – subsequent encounter
S23.110A	Subluxation of T1/T2 thoracic vertebrae – initial encounter
S23.110D	Subluxation of T1/T2 thoracic vertebrae – subsequent encounter
S23.111A	Dislocation of T1/T2 thoracic vertebrae – initial encounter
S23.111D	Dislocation of T1/T2 thoracic vertebrae – subsequent encounter
S23.120A	Subluxation of T2/T3 thoracic vertebrae – initial encounter
S23.120D	Subluxation of T2/T3 thoracic vertebrae – subsequent encounter
S23.121A	Dislocation of T2/T3 thoracic vertebrae – initial encounter
S23.121D	Dislocation of T2/T3 thoracic vertebrae – subsequent encounter
S23.122A	Subluxation of T3/T4 thoracic vertebrae – initial encounter
S23.122D	Subluxation of T3/T4 thoracic vertebrae – subsequent encounter
S23.123A	Dislocation of T3/T4 thoracic vertebrae – initial encounter
S23.123D	Dislocation of T3/T4 thoracic vertebrae – subsequent encounter
S23.130A	Subluxation of T4/T5 thoracic vertebrae – initial encounter
S23.130D	Subluxation of T4/T5 thoracic vertebrae – subsequent encounter
S23.131A	Dislocation of T4/T5 thoracic vertebrae – initial encounter
S23.131D	Dislocation of T4/T5 thoracic vertebrae – subsequent encounter
S23.132A	Subluxation of T5/T6 thoracic vertebrae – initial encounter
S23.132D	Subluxation of T5/T6 thoracic vertebrae – subsequent encounter
S23.133A	Dislocation of T5/T6 thoracic vertebrae – initial encounter
S23.133D	Dislocation of T5/T6 thoracic vertebrae – subsequent encounter
S23.140A	Subluxation of T6/T7 thoracic vertebrae – initial encounter
S23.140D	Subluxation of T6/T7 thoracic vertebrae – subsequent encounter

ICD-10	Brief Description
S23.141A	Dislocation of T6/T7 thoracic vertebrae – initial encounter
S23.141D	Dislocation of T6/T7 thoracic vertebrae – subsequent encounter
S23.142A	Subluxation of T7/T8 thoracic vertebrae – initial encounter
S23.142D	Subluxation of T7/T8 thoracic vertebrae – subsequent encounter
S23.143A	Dislocation of T7/T8 thoracic vertebrae – initial encounter
S23.143D	Dislocation of T7/T8 thoracic vertebrae – subsequent encounter
S23.150A	Subluxation of T8/T9 thoracic vertebrae – initial encounter
S23.150D	Subluxation of T8/T9 thoracic vertebrae – subsequent encounter
S23.151A	Dislocation of T8/T9 thoracic vertebrae – initial encounter
S23.151D	Dislocation of T8/T9 thoracic vertebrae – subsequent encounter
S23.152A	Subluxation of T9/T10 thoracic vertebrae – initial encounter
S23.152D	Subluxation of T9/T10 thoracic vertebrae – subsequent encounter
S23.153A	Dislocation of T9/T10 thoracic vertebrae – initial encounter
S23.153D	Dislocation of T9/T10 thoracic vertebrae – subsequent encounter
S23.160A	Subluxation of T10/T11 thoracic vertebrae – initial encounter
S23.160D	Subluxation of T10/T11 thoracic vertebrae – subsequent encounter
S23.161A	Dislocation of T10/T11 thoracic vertebrae – initial encounter
S23.161D	Dislocation of T10/T11 thoracic vertebrae – subsequent encounter
S23.162A	Subluxation of T11/T12 thoracic vertebrae – initial encounter
S23.162D	Subluxation of T11/T12 thoracic vertebrae – subsequent encounter
S23.163A	Dislocation of T11/T12 thoracic vertebrae – initial encounter
S23.163D	Dislocation of T11/T12 thoracic vertebrae – subsequent encounter
S23.170A	Subluxation of T12/L1 thoracic vertebrae – initial encounter
S23.170D	Subluxation of T12/L1 thoracic vertebrae – subsequent encounter
S23.171A	Dislocation of T12/L1 thoracic vertebrae – initial encounter
S23.171D	Dislocation of T12/L1 thoracic vertebrae – subsequent encounter
S23.20XA	Dislocation of unspecified parts of thorax – initial encounter
S23.20XD	Dislocation of unspecified parts of thorax – subsequent encounter
S23.29XA	Dislocation of other parts of thorax – initial encounter
S23.29XD	Dislocation of other parts of thorax – subsequent encounter
S33.100A	Subluxation of unspecified lumbar vertebrae – initial encounter
S33.100D	Subluxation of unspecified lumbar vertebrae – subsequent encounter
S33.101A	Dislocation of unspecified lumbar vertebrae – initial encounter
S33.101D	Dislocation of unspecified lumbar vertebrae – subsequent encounter
S33.110A	Subluxation of L1/L2 lumbar vertebrae – initial encounter
S33.110D	Subluxation of L1/L2 lumbar vertebrae – subsequent encounter
S33.111A	Dislocation of L1/L2 lumbar vertebrae – initial encounter
S33.111D	Dislocation of L1/L2 lumbar vertebrae – subsequent encounter
S33.120A	Subluxation of L2/L3 lumbar vertebrae – initial encounter
S33.120D	Subluxation of L2/L3 lumbar vertebrae – subsequent encounter
S33.121A	Dislocation of L2/L3 lumbar vertebrae – initial encounter
S33.121D	Dislocation of L2/L3 lumbar vertebrae – subsequent encounter
S33.130A	Subluxation of L3/L4 lumbar vertebrae – initial encounter

ICD-10	Brief Description
S33.130D	Subluxation of L3/L4 lumbar vertebrae – subsequent encounter
S33.131A	Dislocation of L3/L4 lumbar vertebrae – initial encounter
S33.131D	Dislocation of L3/L4 lumbar vertebrae – subsequent encounter
S33.140A	Subluxation of L4/L5 lumbar vertebrae – initial encounter
S33.140D	Subluxation of L4/L5 lumbar vertebrae – subsequent encounter
S33.141A	Dislocation of L4/L5 lumbar vertebrae – initial encounter
S33.141D	Dislocation of L4/L5 lumbar vertebrae – subsequent encounter
S33.2XXA	Dislocation of sacroiliac and sacrococcygeal joint – initial encounter
S33.2XXD	Dislocation of sacroiliac and sacrococcygeal joint – subsequent encounter

IMCare Classic (HMO SNP) claims must first list the area of subluxation. See LCD – L33613 Chiropractic Services, effective October 1, 2015, for Medicare guidelines.

IMCare Classic (HMO SNP) & Minnesota Senior Care Plus (MSC+) Claims

Providers must first submit the subluxation ICD-10-CM code(s) to identify the area(s) of subluxation. The secondary diagnosis code must be the primary complaint/symptom code. Any additional symptoms or subluxations should then be listed. Listing all applicable diagnoses will confirm the medical necessity for the treatment provided. For example, if 98942 (five regions) is submitted with only four subluxation codes, it would be denied with EX64 (DENY – PROCEDURE INCONSISTENT WITH DIAGNOSIS –DTR-1202).

Pain, asymmetry, range of motion, and tissue tone change (PART) date is required.

Documentation of Subluxation: A subluxation may be demonstrated by an X-ray or by physical examination to identify PART. The PART date is listed as: "PART MMDDYY subluxation levels complaint" (example: PART 062207 C2 T5 L3 NECK PAIN).

Diagnosis Codes

It is the responsibility of the provider to code to the highest level specified in the ICD-10-CM (e.g., to the fourth or fifth digit). The correct use of an ICD-10-CM code does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination. **The primary diagnosis must be subluxation, and must indicate the level of the subluxation. The secondary diagnosis must reflect the neuromusculoskeletal condition necessitating the treatment.**

For a complete list of diagnosis codes that support medical necessity, see local coverage determination (LCD): LCD – L33613 Chiropractic .

Acupuncture Services

Eligible Providers

The following licensed practitioners may provide acupuncture:

1. Acupuncturists
2. Chiropractors who have complied with the Minnesota Board of Chiropractic Examiners' acupuncture registration requirements

3. Osteopaths
4. Physicians

Eligible Members

All IMCare members are eligible. Refer to *Benefits* section for coverage determination.

Covered Services

Acupuncture is covered for chronic pain. Chronic pain is defined as pain with duration of a least six consecutive months. The following criteria must be met prior to the start of acupuncture treatment and documented in the member's record:

1. A comprehensive history and physical evaluation of the member is required to document the cause/origin of the chronic pain
2. Conservative forms of treatment such as medication therapy, physical therapy, or a multidisciplinary approach have been tried and failed to alleviate the chronic pain

This documentation must be provided to IMCare if, upon monitoring the utilization trend, we find the need to do an audit to determine medical need of the services provided.

Effective January 1, 2012, acupuncture services are billable by chiropractors and acupuncturists when provided according to the requirements defined in this section.

Non-Covered Services

Acupuncture is not covered for the following conditions. This is not an all-inclusive list of conditions for which acupuncture is not covered.

1. Smoking cessation
2. Weight loss
3. Drug/alcohol dependence
4. Infertility
5. Anxiety/depression
6. Fatigue
7. Allergies/asthma
8. Insomnia
9. Acne
10. Nausea
11. High blood pressure
12. Cold/influenza
13. Sexual dysfunction
14. Chronic or serious illness

Diagnosis Codes

Providers are required to indicate the most applicable diagnosis codes (ICD-10-CM) when billing acupuncture services.

Acupuncture	
Codes	**Description**
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes, one-to-one contact with patient
97811	Without electrical stimulation, each additional 15 minutes, one-to-one contact with patient
97813	With electrical stimulation, initial 15 minutes of personal one-to-one contact with the patient
97814	With electrical stimulation, each additional 15 minutes of personal one-to-one contact with the patient, with re-insertion of needles(s) (List separately in addition to code for primary procedure)

Helpful Links

Chiropractic Services Chapter of the ***MHCP Provider Manual***

Legal References

MN Stat. secs. 148.01 – 148.106 – Chiropractors
MN Rules part 9505.0245 – Chiropractic Services
Title 42 Code of Federal Regulations (CFR) Part 440.60(b) – Medical or other remedial care provided by licensed practitioners