



# Payment Policy

**Subject: Chiropractic Care – KENTUCKY ONLY**

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## ***Policy***

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CareSource will reimburse for covered services provided by a licensed chiropractor subject to the restrictions and limitations set out in this policy.

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## ***Definitions***

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**“Chiropractic services”** are defined as the diagnosis and analysis of any interference with normal nerve transmission and expression, the procedure preparatory to and complementary to the correction thereof by an adjustment of the articulations of the vertebral column, its immediate articulation, and includes other incidental means of adjustments of the spinal column and the practice of drugless therapeutics. *(from Indiana Code Title 25, Article 10 “Chiropractors,” Chapter 1)*

**“Current Procedural Terminology” (“CPT”)** codes are numbers assigned to every task, medical procedure, and service a medical practitioner may provide to a patient. CPT codes are developed, maintained and updated annually, and copyrighted by the American Medical Association. *(from ama-assn.org)*

**“Maintenance therapy”** means therapy that is performed to treat a chronic, stable condition or to prevent deterioration. *(from OAC 5160:8-11)*

**“Medically necessary”** services are those health services that are necessary for the diagnosis or treatment of disease, illness, or injury and meet accepted standards of medical practice. *(from OAC 5160:10-02)*

**“Subluxation”** means an incomplete dislocation, off centering, misalignment, fixation, or abnormal spacing of the vertebrae anatomically, as demonstrated by x-ray film or other diagnostic test. *(from OAC 5160:8-11)*

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## ***Provider Reimbursement Guidelines***

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### **Prior Authorization**

Prior authorization for chiropractic procedures performed within the limits of this policy is not required. However, if medically necessary chiropractic treatments are required that exceed the limits of this payment policy, then the provider should obtain prior authorization from CareSource.

Determination of medical necessity and appropriateness of service is the responsibility of chiropractors within the scope of accepted medical practice and Medicaid limitations, where appropriate. Chiropractors are held responsible if excessive or unnecessary services are ordered, regardless of who actually renders these services (e.g., x-rays), or if reimbursement is received for the service.

## Coverage

Treatment by means of manual manipulation of the spine to correct a subluxation is a covered service when determined to be medically necessary. The existence of the subluxation must be demonstrated either by a diagnostic x-ray or by physical examination. Evidence must be retained as a part of the member's medical record that a subluxation exists. The manual manipulation must have a direct therapeutic relationship to the member's condition as documented in the medical record. The lack of documentation specifying the relationship between the member's condition and treatment shall result in the service being ineligible for reimbursement.

Only one of the spinal manipulation procedure codes is billable per day, per member. Clinical signs and symptoms must be consistent with the level of subluxation.

If documentation other than x-rays supports the medical necessity of spinal manipulation for children, the x-ray requirement may be waived. CareSource reserves the right to request x-ray documentation if deemed necessary.

## X-Ray Services

Diagnostic x-rays to determine the existence of a subluxation are covered with certain limitations. CareSource will cover two units of service as defined below during any six-month period unless otherwise stated. The six-month period begins on the date the diagnostic x-ray is taken and ends 180 days from the date. The covered units of service are as follows:

Code	Description
72020	Radiologic exam, spine, single view, specify level
72040	Radiologic exam, spine, cervical; 2 or 3 views
72050	Radiologic exam, spine, cervical; minimum of 4 views
72052	Radiologic exam, spine, cervical; complete, including oblique & flexion &/or extension studies
72069	Radiologic exam, spine, thoracolumbar, standing (scoliosis)
72070	Radiologic exam, spine; thoracic, 2 views
72074	Radiologic exam, spine; thoracic, minimum of 4 views
72080	Radiologic exam, spine; thoracolumbar, 2 views
72100	Radiologic exam, spine, lumbosacral; 2 or 3 views
72110	Radiologic exam, spine, lumbosacral; minimum of 4 views
72114	Radiologic exam, spine, lumbosacral; complete including bending views

## Limitations of Coverage

Members are eligible for up to 26 visits per 12-month period for children and adults and CareSource coverage includes evaluation and management services and traction, and physical modality application CPT codes for the application of a hot or cold pack to 1 or more areas, application of mechanical traction to 1 or more areas, application of electrical stimulation to 1 or more areas, or application of ultrasound to 1 or more areas. Limitations include:

- 1) Services which are not personally performed by the chiropractic physician with whom CareSource has a provider agreement:
  - a) Services provided by licensed individuals with whom CareSource does not have an individual provider agreement are not reimbursable even though the covered services are provided under the personal supervision of a licensed chiropractic physician with whom CareSource does have a provider agreement.
  - b) Services provided by unlicensed individuals under the personal supervision of a licensed chiropractic physician are not reimbursable.
  - c) Services provided by students during an internship are not covered services.
- 2) Spinal axis aches, strains, sprains, nerve pains, and functional mechanical disabilities of the spine are considered to provide therapeutic grounds for chiropractic manipulative treatment. Most other diseases and disorders do not provide therapeutic grounds for chiropractic manipulative treatment. Examples of non-covered diagnoses are multiple sclerosis, rheumatoid arthritis, muscular dystrophy, sinus problems and pneumonia.
- 3) Repeat x-rays or other diagnostic tests in members with chronic, permanent conditions will not be considered medically necessary and are not a covered service.
- 4) If there is no reasonable expectation that the continuation of treatment would improve or arrest deterioration of the condition within a reasonable and generally predictable period of time, coverage will be denied.
- 5) Continued repetitive treatments without an achievable and clearly defined goal will be considered maintenance therapy and will not be considered covered services.
- 6) Once the maximum therapeutic benefit has been achieved for any given condition, ongoing therapy is considered maintenance therapy which is not considered medically necessary.
- 7) When services are performed more frequently than generally accepted by peers, chiropractic manipulation will be considered excessive and will be denied as not medically necessary.

**Procedure Codes**

For chiropractic services, CS covers the following CPT codes.

Code	Description
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942	Chiropractic

## **Noncovered Services**

Chiropractic services excluded from Medicaid coverage are all services other than manual manipulation of the spine and spinal x-rays. CareSource does not cover the following services when rendered by a chiropractor:

- Maintenance therapy;
- Laboratory test;
- Supplies where not included in the primary CPT code;
- Injections;
- Drugs;
- Diagnostic studies other than diagnostic xrays;
- Orthopedic devices;
- Equipment used for manipulation; and
- Any manipulation which the x-ray or other tests does not support the primary diagnosis.
- Fracture care
- Home visits
- Plaster casts
- Inpatient hospital visits

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## ***Related Policies & References***

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OAC Chapter 5160:8-11 Physician Services / Covered chiropractic physician services and limitations

KAR 3:125 Chiropractic Services and reimbursement

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## ***State Exceptions***

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**THIS PAYMENT POLICY APPLIES TO KENTUCKY PROVIDERS ONLY**

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## ***Document History***

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