REIMBURSEMENT POLICY STATEMENT
Kentucky Marketplace

Policy Name & Number	Date Effective
Chiropractic Care-KY MP-PY-1333	01/01/2024-04/30/2025
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.
CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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Table of Contents

A. Subject....2
B. Background....2
C. Definitions....2
D. Policy....2
E. Conditions of Coverage....4
F. Related Policies/Rules....4
G. Review/Revision History....4
H. References....4

A. Subject
Chiropractic Care

B. Background
Reimbursement policies are designed to assist providers when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the services provided to a member and will be determined when the claim is received for processing. Health care providers and office staff are encouraged to use self-service channels to verify a member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS/ICD-10 code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee of claims payment.

C. Definitions
- **Acupuncture** – The selection and manipulation of specific acupuncture points by penetrating the skin with fine needles.
- **Chiropractor** – One qualified by experience and training and licensed by the board to diagnose and treat patients as having diseases or disorders relating to subluxations of the articulations of the human spine and its adjacent tissues by indicated adjustment or manipulation of those subluxations and by applying methods of treatment designed to augment those adjustments or manipulation.
- **Chiropractic Therapy** – The science of diagnosing and adjusting or manipulating the subluxations of the articulations of the human spine and its adjacent tissues.
- **Manipulation Therapy** – Osteopathic/chiropractic therapy used for treating problems associated with bones, joints, and the back.
- **Medically Necessary/Medical Necessity** – Health care services that a provider would render to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease, or its symptoms in a manner that is (i) in accordance with generally accepted standards of medical practice; and (ii) clinically appropriate in terms of type, frequency, extent, and duration.

D. Policy
I. A covered chiropractic service that is legally performed will not be denied when such covered service is rendered by an in-network licensed chiropractor in the state in which the covered service is performed.

II. All services are subject to member's share of cost (deductible, co-insurance, and/or co-pays). This varies based on the member's enrolled plan at the time of service.

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III. When manipulation services are provided in addition to an office visit, modifier 25 is required to be appended to the office visit (evaluation and management (E/M)) code. This distinguishes a significant identifiable E/M office visit from the additional manipulation service.

IV. No chiropractor shall:
   A. Treat or attempt to treat contagious or communicable diseases;
   B. Treat or attempt to treat cancer;
   C. Treat by use of x-ray or radiological methods (not applicable to X-rays used to diagnose);
   D. Perform surgery;
   E. Treat or attempt to treat by use of acupuncture;
   F. Administer prescription drugs or controlled substances;
   G. The practice of chiropractic shall not include the practice of medicine or osteopathy.

V. Chiropractic patients whose diagnosis is not within the chiropractic scope of practice, shall be referred by the chiropractor to a medical doctor or other licensed health practitioner for treatment of that condition.

VI. Manipulation therapy
   A. Includes chiropractic manipulation therapy used for treating problems associated with bones, joints, and the back. Chiropractors would be limited to subluxations of the articulations of the human spine and the adjacent tissue (KRS 312.015 (3)).
   B. Annual benefit limits apply. It is the providers' responsibility to validate the available remaining quantity before rendering service. Manipulations performed will be counted toward any maximum for manipulation therapy services as specified in the member's Evidence of Coverage (EOC) or Schedule of Benefits regardless if:
      1. billed as the only procedure, or
      2. done in conjunction with an exam and billed as an office visit.
   C. The member's plan does not provide benefits for manipulation therapy services provided in the home as part of Home Health Care Services.
   D. AT modifier is required to be appended to any manipulation code.
   E. Claims should include a primary diagnosis of subluxation and a secondary diagnosis that reflects the patient's neuromusculoskeletal condition.

VII. Codes that do not require a prior authorization:
   A. Manipulation related codes:
      - 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

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B. Therapy codes when providing chiropractic care:
- 97012 – Traction
- 97014 – Electrical stimulation
- 97035 – Ultrasound
- 97110 – Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
- 97140 – Manual therapy technique

C. Evaluation and management (E/M) codes
D. X-rays for diagnostic purposes

VIII. Exclusions/services not covered for chiropractors:
A. 20560 – Needle insertion(s) without injection(s); 1 or 2 muscle(s)-dry needling
B. 20561 – Needle insertion(s) without injection(s); 3 or more muscles-dry needling
1. CareSource follows the Center for Medicare and Medicaid (CMS) analysis that acupuncture includes dry needling.
2. Acupuncture is not a covered benefit.

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Codes contained within this policy are subject to change and are not all inclusive.

F. Related Policies/Rules

Medical Necessity Determination Policy
Marketplace Kentucky Evidence of Coverage and Health Insurance Contract

G. Review/Revision History

	DATE	ACTION
Date Issued	05/26/2021	
Date Revised	06/22/2022 11/30/2022 09/27/2023	Revised C. Definitions and D. Policy to include covered and non-covered services. Added and updated references. Edited D. VII. Removed prior authorization language from D. VIII. Removed D. VIII and changed IX to VIII. Updated references. Approved at Committee.
Date Effective	01/01/2024	
Date Archived	04/30/2025	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Chiropractors, KY. REV. STAT. § 312 (2023).

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

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2. Local Coverage Determination: Chiropractic Services L37254. Medicare Coverage Database. September 21, 2017. Revised January 26, 2023. Accessed August 7, 2023. www.cms.gov
3. National Coverage Analysis: Acupuncture for Chronic Low Back Pain CAG-00452N. Medicare Coverage Database. January 21, 2020. Accessed August 7, 2023. www.cms.gov
4. Types of Treatment Prohibited - Scope and Methods of Chiropractic Treatment, KY REV. STAT. § 312.017 (2023).
5. *Use of the AT Modifier for Chiropractic Billing*. US Centers for Medicare and Medicaid Services; 2019. MLN Matters Number SE1602. Accessed August 7, 2023. www.cms.gov

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