



HEALTHCARE COOPERATIVE

# REIMBURSEMENT POLICY STATEMENT

## Wisconsin Marketplace

Policy Name & Number	Date Effective
Chiropractic Care-WI MP-PY-1492	01/01/2025
Policy Type	
<b>REIMBURSEMENT</b>	

Reimbursement Policies 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 agreements, 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 or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan 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 or Certificate of Coverage) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Administrative Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination. We may use reasonable discretion in interpreting and applying this policy to services provided in a particular case and we 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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A. Subject  
**Chiropractic Care**

B. Background

Reimbursement policies are designed to assist providers when submitting claims to Common Ground Healthcare Cooperative (CGHC) and 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 actual 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 member 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 claims payment.

C. Definitions

- **Acute Exacerbation(s)** – An acute exacerbation is a temporary but marked deterioration of the patient’s condition that is causing significant interference with activities of daily living due to an acute flare-up of the previously treated condition. The patient’s clinical record must specify the date of occurrence, nature of the onset, or other pertinent factors that would support the medical necessity of treatment. As with an acute injury, treatment should result in improvement or arrest of the deterioration within a reasonable period.
- **Acute Subluxation** – A patient’s condition is considered acute when the patient is being treated for a new injury, identified by x-ray or physical exam as specified above. The result of chiropractic manipulation is expected to be an improvement in, or arrest of progression, of, the patient’s condition.
- **Chiropractor** – A licensed health care professional that emphasizes the body’s ability to heal itself. Treatment typically involves manual therapy, often including spinal manipulation. Other forms of treatment, such as exercise and nutritional counseling, may be used as well.
- **Chiropractic Science** – The body of organized knowledge related to identifying the cause of departure from health of the patient and the treatment of such conditions without use of drugs or surgery. Chiropractic science includes using patient examination to create a diagnosis that serves as a basis for forming clinical judgments of a patient's condition, degree or nature of treatment needed, and management and rehabilitation necessary for the restoration and preservation of health.
- **Chronic Subluxation** – A patient’s condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment (as is the case with an acute condition), but where the continued therapy can be expected to result in some functional improvement.

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

- **Examination** – Includes any of the following:
  - Patient history
  - Evaluation techniques
  - Lab analysis, including analysis of whole blood/serum/plasma
  - Use of analytical instruments to determine vital signs and screening as to overall health status
  - Orthopedic and neurological testing
  - Range of motion and muscle testing
  - Diagnostic evaluation or imaging of the affected body part(s)
- **Instrument** – A device employed or applied in accordance with the principles and techniques of chiropractic science, which is used in the practice of chiropractic to diagnose, analyze, treat, or prevent the cause of departure from complete health and proper condition of the human.
- **Maintenance Chiropractic Therapy** – Maintenance care or maintenance therapy is a traditional chiropractic approach, whereby patients continue treatment after optimum benefit is reached. Maintenance therapy includes:
  - services that seek to prevent disease, promote health and prolong and enhance the quality of life; or services that seek to prevent disease, promote health and prolong and enhance the quality of life; and/or
  - services that seek to maintain or prevent deterioration of a chronic condition.
- **Spinal manipulation** – A technique used by chiropractors, physical therapists, and osteopathic clinicians, primarily to provide relief for musculoskeletal pain related to the back (lumbar, lumbosacral, sacral, thoracic) and neck (cervical).

#### 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 that 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 plan enrolled at the time of service.
- III. When manipulation services are provided in addition to an evaluation and management (E/M) office visit, modifier 25 should be appended to the E/M code. This distinguishes a significant, separately identifiable E/M office visit from the additional manipulation service.
- IV. Chiropractors must follow a state's applicable scope of practice. Any training or certification required by the state must be available to CGHC, upon request.
- 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.

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

## VI. Active Treatment

### A. Medically Necessity Requirements

CGHC considers chiropractic services medically necessary when **ALL** the following criteria are met:

1. The member must have a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment.
2. The manipulative services rendered must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function.
3. The member has a neuromusculoskeletal disorder characterized by spinal subluxation(s) as demonstrated by x-ray or physical exam.
4. The medical necessity for treatment is clearly documented in the clinical record.
5. The member has been given a home exercise program to learn to self-manage their condition.

B. 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.

C. 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
2. done in conjunction with an exam and billed as an office visit

D. The member's plan does not provide benefits for manipulation therapy services provided in the home as part of Home Health Care Services.

E. When active treatment is being rendered **modifier AT** is required to be appended to the manipulation code.

F. Claims should include a primary diagnosis of subluxation and a secondary diagnosis that reflects the patient's neuromusculoskeletal condition.

G. Improvement can be documented within the initial 12 visits of chiropractic care. If no improvement in acute symptoms is documented within the initial 12 visits of chiropractic care, additional chiropractic treatment would be subject to further medical necessity review by the health plan, requiring submission of clinical documentation for peer review.

H. Once the maximum therapeutic benefit has been achieved, or if no improvement is documented within thirty (30) days despite modification of chiropractic treatment for a specific diagnosis, continuing chiropractic care may be considered not medically necessary.

## VII. Maintenance therapy

A. **Maintenance therapy is not a covered benefit.** Treatment is considered maintenance when further clinical improvement cannot be expected from

continuous ongoing care, and chiropractic treatment becomes supportive rather than corrective in nature. Treatment is also considered maintenance once the clinical status has remained stable for a given condition, without expectation of additional objective clinical improvements.

- B. Maintenance therapy may include any of the following, all of which are not a covered benefit:
  - 1. Treatment consisting of more than twelve (12) discreet visits for a particular diagnosis
  - 2. Treatment lasting more than six (6) weeks for a particular diagnosis
  - 3. Treatment beyond what is medically necessary to achieve maximum clinical improvement for an acute or chronic condition
  - 4. Treatment beyond what is medically necessary for a patient to return to baseline functional status

VIII. The following are a list of codes used by chiropractors and is not all-inclusive

- A. Evaluation and management (E/M) codes (99202-99204, 99211-99215)
- B. 98940 – Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
- C. 98941 – Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
- D. 98942 – Chiropractic manipulative treatment (CMT); spinal, 5 regions
- E. 98943 – Chiropractic manipulative treatment (CMT); extraspinal, 1 or more Regions
- F. X-rays (radiologic examination (RE)) for diagnostic purposes: 72020 – 72120 spine

X. Limitations

- A. Chiropractic coverage extends only to treatment by means of manual manipulation of the spine to correct subluxation.
- B. CGHC considers chiropractic therapy, practiced within the scope outlined in WI state statutes, above, as medically necessary, and reasonable for certain musculoskeletal conditions primarily involving the spine.
- C. Coverage of services performed by chiropractors is limited to treatment by means of manual manipulation of the spine to correct a subluxation, provided such treatment is legal in the state where performed.
- D. All other services furnished or ordered by chiropractors that do not involve evaluation and management (E&M) of subluxations of the spine are considered non-covered by the health plan.

XI. Exclusions/services not covered for chiropractors (not all-inclusive list):

- 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
- C. Acupuncture
- D. Laboratory tests
- E. Injections
- F. Drugs
- G. Diagnostic studies outside the Scope of Chiropractic Care

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

H. Nutritional supplements and counseling

XII. Non-Coverage of Manipulation Devices

In performing manipulation of the spine, some chiropractors use manual devices or instruments that are hand-held with the thrust of the force of the device being controlled manually with the assistance of the device(s). While manual manipulation may be a covered benefit, there is no separate payment permitted for use of these device(s), and the use of such devices are non-covered by the health plan.

E. Conditions of Coverage

NA

F. Related Policies/Rules

Modifier 25 Reimbursement policy  
Marketplace Evidence of Coverage

G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	09/25/2024	New policy. Approved at Committee.
<b>Date Revised</b>		
<b>Date Effective</b>	01/01/2025	
<b>Date Archived</b>		

H. References

1. Chiropractic Services-General. Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services., Accessed August 9, 2024. cms.gov
2. Chiropractic Services – Medical Policy Article. A57889. Accessed August 9, 2024. cms.gov
3. Medicare Coverage for Chiropractic Services – Medical Record Documentation Requirements for Initial and Subsequent Visits. SE 1601. May 7, 2019. Accessed August 9, 2024. cms.gov
4. *Use of the AT Modifier for Chiropractic Billing*. US Centers for Medicare and Medicaid Services; 2019. MLN Matters Number SE1602. Accessed August 9, 2024. www.cms.gov
5. What is a CPT® code? Accessed August 9, 2024. www.ama-assn.org
6. Wisc. Stats. 446.02
7. Wis. Admin. Code Chiro 4.02

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