

Local Coverage Determination (LCD): Chiropractic Services (L24288)



Contractor Information

Contractor Name

[Noridian Healthcare Solutions, LLC opens in new window](#)

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Contract Number
02202

Contract Type
MAC - Part B

LCD Information

Document Information

LCD ID
L24288

Jurisdiction
Idaho

LCD Title
Chiropractic Services

Original Effective Date
For services performed on or after 12/01/2006

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N/A

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N/A

Notice Period Start Date
11/01/2006

Notice Period End Date
N/A

CMS National Coverage Policy Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim, which lacks the necessary information to process the claim.

CMS Medicare Benefit Policy Manual, Pub. 100-2, Chapter 15, Sections 30.5 and 240. These sections address Chiropractor's Services and Chiropractic Services - General, respectively.

CMS Medicare Claims Processing Manual, Pub. 100-4 Chapter 12, Section 220. This section addresses Chiropractic Services.

National policy limits the coverage of chiropractic services to the "hands on" manual manipulation of the spine for symptomatology associated with spinal subluxation. Accordingly, CPT code 98943, CMT, extraspinal, one or more regions, is not a Medicare benefit.

Coverage Indications, Limitations, and/or Medical Necessity

Coverage of chiropractic service is specifically limited to treatment by means of manual manipulation, i.e., by use of the hands. Additionally, manual devices (i.e., those that are hand-held with the thrust of the force of the device being controlled manually) may be used by chiropractors in performing manual manipulation of the spine. However, no additional payment is available for use of the device, nor does Medicare recognize an extra charge for the device itself.

No other diagnostic or therapeutic service furnished by a chiropractor or under the chiropractor's order is covered. This means that if a chiropractor orders, takes, or interprets an x-ray, or any other diagnostic test, the x-ray or other diagnostic test, can be used for claims processing purposes, but Medicare coverage and payment are not available for those services. This prohibition does not affect the coverage of x-rays or other diagnostic tests furnished by other practitioners under the program. For example, an x-ray or any diagnostic test taken for the purpose of determining or demonstrating the existence of a subluxation of the spine is a diagnostic x-ray test covered under 1861(s)(3) of the Act if ordered, taken, and interpreted by a physician who is a doctor of medicine or osteopathy.

Manual devices (i.e., those that are hand-held with the thrust of the force of the device being controlled manually) may be used by chiropractors in performing manual manipulation of the spine. However, no additional payment is available for use of the device, nor does Medicare recognize an extra charge for the device itself.

Effective for claims with dates of service on or after January 1, 2000, an x-ray is not required to demonstrate the subluxation. However, an x-ray may be used for this purpose if the chiropractor so chooses.

The word "correction" may be used in lieu of "treatment." Also, a number of different terms composed of the following words may be used to describe manual manipulation as defined above:

- Spine or spinal adjustment by manual means;
- Spine or spinal manipulation;
- Manual adjustment; and
- Vertebral manipulation or adjustment.

In any case in which the term(s) used to describe the service performed suggests that it may not have been treatment by means of manual manipulation, the carrier analyst refers the claim for professional review and interpretation.

Subluxation is defined as a motion segment, in which alignment, movement integrity, and/or physiological function of the spine are altered although contact between joint surfaces remains intact.

A subluxation may be demonstrated by an x-ray or by physical examination, as described below.

1. Demonstrated by X-Ray

An x-ray may be used to document subluxation. The x-ray must have been taken at a time reasonably proximate to the initiation of a course of treatment. Unless more specific x-ray evidence is warranted, an x-ray is considered reasonably proximate if it was taken no more than 12 months prior to or 3 months following the initiation of a course of chiropractic treatment. In certain cases of chronic subluxation (e.g., scoliosis), an older x-ray may be accepted provided the beneficiary's health record indicates the condition has existed longer than 12 months and there is a reasonable basis for concluding that the condition is permanent. A previous CT scan and/or MRI is acceptable evidence if a subluxation of the spine is demonstrated.

2. Demonstrated by Physical Examination

Evaluation of musculoskeletal/nervous system to identify:

- Pain/tenderness evaluated in terms of location, quality, and intensity;
- Asymmetry/misalignment identified on a sectional or segmental level;
- Range of motion abnormality (changes in active, passive, and accessory joint movements resulting in an increase or a decrease of sectional or segmental mobility); and
- Tissue, tone changes in the characteristics of contiguous, or associated soft tissues, including skin, fascia, muscle, and ligament.

To demonstrate a subluxation based on physical examination, two of the four criteria mentioned under "physical examination" are required, one of which must be asymmetry/misalignment or range of motion abnormality.

The history recorded in the patient record should include the following:

- Symptoms causing patient to seek treatment;
- Family history if relevant;
- Past health history (general health, prior illness, injuries, or hospitalizations; medications; surgical history);
- Mechanism of trauma;
- Quality and character of symptoms/problem;
- Onset, duration, intensity, frequency, location and radiation of symptoms;
- Aggravating or relieving factors; and
- Prior interventions, treatments, medications, secondary complaints.

A - Documentation Requirements: Initial Visit

The following documentation requirements apply whether the subluxation is demonstrated by x-ray or by physical examination:

1. History as stated above.

2. Description of the present illness including:

- Mechanism of trauma;
- Quality and character of symptoms/problem;
- Onset, duration, intensity, frequency, location, and radiation of symptoms;
- Aggravating or relieving factors;
- Prior interventions, treatments, medications, secondary complaints; and
- Symptoms causing patient to seek treatment.

These symptoms must bear a direct relationship to the level of subluxation. The symptoms should refer to the spine (spondyle or vertebral), muscle (myo), bone (osseo or osteo), rib (costo or costal) and joint (arthro) and be reported as pain (algia), inflammation (itis), or as signs such as swelling, spasticity, etc. Vertebral pinching of spinal nerves may cause headaches, arm, shoulder, and hand problems as well as leg and foot pains and numbness. Rib and rib/chest pains are also recognized symptoms, but in general other symptoms must relate to the spine as such. The subluxation must be causal, i.e., the symptoms must be related to the level of the subluxation that has been cited. A statement on a claim that there is "pain" is insufficient. The location of pain must be described and whether the particular vertebra listed is capable of producing pain in the area determined.

3. Evaluation of musculoskeletal/nervous system through physical examination.

4. Diagnosis: The primary diagnosis must be subluxation, including the level of subluxation, either so stated or identified by a term descriptive of subluxation. Such terms may refer either to the condition of the spinal joint involved or to the direction of position assumed by the particular bone named.

5. Treatment Plan: The treatment plan should include the following:

- Recommended level of care (duration and frequency of visits);
- Specific treatment goals; and
- Objective measures to evaluate treatment effectiveness.

6. Date of the initial treatment.

B - Documentation Requirements: Subsequent Visits

The following documentation requirements apply whether the subluxation is demonstrated by x-ray or by physical examination:

1. History

- Review of chief complaint;
- Changes since last visit;
- System review if relevant.

2. Physical exam

- Exam of area of spine involved in diagnosis;
- Assessment of change in patient condition since last visit;
- Evaluation of treatment effectiveness.

3. Documentation of treatment given on day of visit.

The patient must have a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment, and 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. The patient must have a subluxation of the spine demonstrated by x-ray or physical exam as described above.

Most spinal joint problems may be categorized as follows:

1. 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.

2. Chronic subluxation: A patient's condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment (as in the case with an acute condition), but where the continued therapy can be expected to result in some functional improvement. Once the clinical status has remained stable for a given condition, without expectation of additional objective clinical improvements, further manipulative treatment is considered maintenance therapy and is not covered. (Medicare Benefit Policy Manual 100-2, 15, 240.1.3)

For Medicare purposes, a chiropractor **must** place an AT modifier on a claim when providing active/corrective treatment to treat acute or chronic subluxation. However the presence of the AT modifier may not in all instances indicate that the service is reasonable and necessary. As always, contractors may deny if appropriate after medical review.

3. Maintenance therapy: Maintenance therapy includes services that seek to prevent disease, promote health and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. *When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy. The AT modifier must not be placed on the claim when maintenance therapy has been provided. Claims without the AT modifier will be considered as maintenance therapy and denied. Chiropractors who give or receive from beneficiaries an ABN shall follow the instructions in Pub. 100-04, Medicare Claims Processing Manual, Chapter 23, section 20.9.1.1 and include a GA (or in rare instances a GZ) modifier on the claim.*

Maintenance therapy is not a covered benefit.

4. Exacerbations: An exacerbation is a temporary marked deterioration of the patient's condition due to flare-up of the condition being treated. This must be documented on the claim form and must be documented in the patient's clinical record, including the date of occurrence, nature of the onset or other pertinent factors that will support the reasonableness and necessity of treatments for this condition.

5. Recurrence: A recurrence is a return of symptoms of a previously treated condition that has been quiescent for 30 or more days. This may require the reinstatement of therapy.

6. Contraindications: Dynamic thrust is the therapeutic force or maneuver delivered by the physician during manipulation in the anatomic region of involvement.

A relative contraindication is a condition that adds significant risk of injury to the patient from dynamic thrust, but does not rule out the use of dynamic thrust. The doctor should discuss this risk with the patient and record this in the chart. The following are relative contraindications to dynamic thrust:

- Articular hypermobility and circumstances where the stability of the joint is uncertain;
- Severe demineralization of bone;
- Benign bone tumors (spine);
- Bleeding disorders and anticoagulant therapy; and
- Radiculopathy with progressive neurological signs.

Dynamic thrust is absolutely contraindicated near the site of demonstrated subluxation and proposed manipulation in the following:

- Acute arthropathies characterized by acute inflammation and ligamentous laxity and anatomic subluxation or dislocation; including acute rheumatoid arthritis and ankylosing spondylitis;
- Acute fractures and dislocations or healed fractures and dislocations with signs of instability;
- An unstable odontoid;
- Malignancies that involve the vertebral column;
- Infection of bones or joints of the vertebral column;
- Signs and symptoms of myelopathy or cauda equina syndrome;
- For cervical spinal manipulations, vertebrobasilar insufficiency syndrome; and

- A significant major artery aneurysm near the proposed manipulation.

Location of Subluxation:

The precise level of the subluxation must be specified by the chiropractor to substantiate a claim for manipulation of the spine. This designation is made in relation to the part of the spine in which the subluxation is identified:

Area of Spine - Names of Vertebrae - Number of Vertebrae - Short Form or Other Name

Neck - Occiput (Occ, CO), Cervical (C1 thru C7), Atlas (C1), Axis (C2) - 7

Back - Dorsal (D1 thru D12) or Thoracic (T1 thru T12) or Costovertebral (R1 thru R12) or Costotransverse (R1 thru R12) - 12

Low Back - Lumbar (L1 thru L5) - 5

Pelvis - Iiii, r and l (I, Si)

Sacral - Sacrum, Coccyx, S, SC

In addition to the vertebrae and pelvic bones listed, the Ilii (R and L) are included with the sacrum as an area where a condition may occur which would be appropriate for chiropractic manipulative treatment.

There are two ways in which the level of the subluxation may be specified.

- The exact bones may be listed, for example: C5, C6, etc.
- The area may suffice if it implies only certain bones such as: Occipito-atlantal (occiput and C1 (atlas)), lumbo-sacral (L5 and Sacrum), sacro-iliac (sacrum and ilium).

Following are some common examples of acceptable descriptive terms for the nature of the abnormalities:

- Off-centered
- Misalignment
- Malpositioning
- Spacing - abnormal, altered, decreased, increased
- Incomplete dislocation
- Rotation
- Listhesis - antero, postero, retro, lateral, spondylo
- Motion - limited, lost, restricted, flexion, extension, hyper mobility, hypomotility, aberrant

Other terms may be used. If they are understood clearly to refer to bone or joint space or position (or motion) changes of vertebral elements, they are acceptable.

Treatment Parameters

The chiropractor should be afforded the opportunity to effect improvement or arrest or retard deterioration in such condition within a reasonable and generally predictable period of time. Acute subluxation (e.g., strains or sprains) problems may require as many as three months of treatment but some require very little treatment. In the first several days, treatment may be quite frequent but decreasing in frequency with time or as improvement is obtained.

Chronic spinal joint condition implies, of course, the condition has existed for a longer period of time and that, in all probability, the involved joints have already "set" and fibrotic tissue has developed. This condition may require a longer treatment time, but not with higher frequency.

Some chiropractors have been identified as using an "intensive care" concept of treatment. Under this approach multiple daily visits (as many as four or five in a single day) are given in the office or clinic and so-called room or ward fees are charged since the patient is confined to bed usually for the day. The room or ward fees are not covered and reimbursement under Medicare will be limited to not more than one treatment per day.

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999 Not Applicable

CPT/HCPCS Codes

Group 1 Paragraph: Note: CPT code 98943, CMT, extraspinal, one or more regions, is not a Medicare benefit.

Group 1 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

ICD-9 Codes that Support Medical Necessity

Group 1 Paragraph: Note: Diagnosis codes are based on the current ICD-9-CM codes that are effective at the time of LCD publication. Any updates to ICD-9-CM codes will be reviewed by Noridian, and coverage should not be presumed until the results of such review have been published/posted.

These are the **only** covered ICD-9-CM codes that support medical necessity:

Primary: ICD-9-CM Codes (Names of Vertebrae)

The precise level of subluxation must be listed as the primary diagnosis.

Group 1 Codes:

- 739.0 NONALLOPATHIC LESIONS OF HEAD REGION NOT ELSEWHERE CLASSIFIED
- 739.1 NONALLOPATHIC LESIONS OF CERVICAL REGION NOT ELSEWHERE CLASSIFIED
- 739.2 NONALLOPATHIC LESIONS OF THORACIC REGION NOT ELSEWHERE CLASSIFIED
- 739.3 NONALLOPATHIC LESIONS OF LUMBAR REGION NOT ELSEWHERE CLASSIFIED
- 739.4 NONALLOPATHIC LESIONS OF SACRAL REGION NOT ELSEWHERE CLASSIFIED
- 739.5 NONALLOPATHIC LESIONS OF PELVIC REGION NOT ELSEWHERE CLASSIFIED

Group 2 Paragraph: Secondary ICD-9-CM Codes

Category I - ICD-9-CM Diagnosis (diagnoses that generally require short term treatment):

Group 2 Codes:

307.81 TENSION HEADACHE
339.10 TENSION TYPE HEADACHE, UNSPECIFIED
339.11 EPISODIC TENSION TYPE HEADACHE
339.12 CHRONIC TENSION TYPE HEADACHE
718.48 CONTRACTURE OF JOINT OF OTHER SPECIFIED SITES
721.0 CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY
721.2 THORACIC SPONDYLOSIS WITHOUT MYELOPATHY
721.3 LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY
721.6 ANKYLOSING VERTEBRAL HYPEROSTOSIS
721.90 SPONDYLOSIS OF UNSPECIFIED SITE WITHOUT MYELOPATHY
721.91 SPONDYLOSIS OF UNSPECIFIED SITE WITH MYELOPATHY
723.1 CERVICALGIA
724.1 PAIN IN THORACIC SPINE
724.2 LUMBAGO
724.5 BACKACHE UNSPECIFIED
784.0 HEADACHE

Group 3 Paragraph: Category II - ICD-9-Cm Diagnosis (diagnoses that generally require moderate term treatment:

Group 3 Codes:

353.0 BRACHIAL PLEXUS LESIONS
353.1 LUMBOSACRAL PLEXUS LESIONS
353.2 CERVICAL ROOT LESIONS NOT ELSEWHERE CLASSIFIED
353.3 THORACIC ROOT LESIONS NOT ELSEWHERE CLASSIFIED
353.4 LUMBOSACRAL ROOT LESIONS NOT ELSEWHERE CLASSIFIED
353.8 OTHER NERVE ROOT AND PLEXUS DISORDERS
719.48 PAIN IN JOINT INVOLVING OTHER SPECIFIED SITES
720.1 SPINAL ENTHESOPATHY
722.91 OTHER AND UNSPECIFIED DISC DISORDER OF CERVICAL REGION
722.92 OTHER AND UNSPECIFIED DISC DISORDER OF THORACIC REGION
722.93 OTHER AND UNSPECIFIED DISC DISORDER OF LUMBAR REGION
723.0 SPINAL STENOSIS IN CERVICAL REGION
723.2 CERVICOCRANIAL SYNDROME
723.3 CERVICOBRACHIAL SYNDROME (DIFFUSE)
723.4 BRACHIAL NEURITIS OR RADICULITIS NOS
723.5 TORTICOLLIS UNSPECIFIED
724.01 SPINAL STENOSIS OF THORACIC REGION
724.02 SPINAL STENOSIS, LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION
724.4 THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS UNSPECIFIED
724.6 DISORDERS OF SACRUM
724.79 OTHER DISORDERS OF COCCYX
724.8 OTHER SYMPTOMS REFERABLE TO BACK
729.1 MYALGIA AND MYOSITIS UNSPECIFIED
729.4 FASCIITIS UNSPECIFIED
738.4 ACQUIRED SPONDYLOLISTHESIS
756.12 SPONDYLOLISTHESIS CONGENITAL
846.0 LUMBOSACRAL (JOINT) (LIGAMENT) SPRAIN
846.1 SACROILIAC (LIGAMENT) SPRAIN
846.2 SACROSPINATUS (LIGAMENT) SPRAIN
846.3 SACROTUBEROUS (LIGAMENT) SPRAIN
846.8 OTHER SPECIFIED SITES OF SACROILIAC REGION SPRAIN
847.0 NECK SPRAIN
847.1 THORACIC SPRAIN
847.2 LUMBAR SPRAIN
847.3 SPRAIN OF SACRUM
847.4 SPRAIN OF COCCYX

Group 4 Paragraph: Category III - ICD-9-CM Diagnosis (diagnoses that may require long term treatment):

Group 4 Codes:

721.7 TRAUMATIC SPONDYLOPATHY
722.0 DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC WITHOUT MYELOPATHY
722.10 DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY
722.11 DISPLACEMENT OF THORACIC INTERVERTEBRAL DISC WITHOUT MYELOPATHY
722.4 DEGENERATION OF CERVICAL INTERVERTEBRAL DISC
722.51 DEGENERATION OF THORACIC OR THORACOLUMBAR INTERVERTEBRAL DISC
722.52 DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL DISC
722.6 DEGENERATION OF INTERVERTEBRAL DISC SITE UNSPECIFIED
722.81 POSTLAMINECTOMY SYNDROME OF CERVICAL REGION
722.82 POSTLAMINECTOMY SYNDROME OF THORACIC REGION
722.83 POSTLAMINECTOMY SYNDROME OF LUMBAR REGION
724.3 SCIATICA

ICD-9 Codes that DO NOT Support Medical Necessity

Paragraph: All ICD-9-CM codes **not** listed in this policy under ICD-9-CM Codes that Support Medical Necessity above.

N/A

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General Information

Associated Information

The following information must be documented in the patient's clinical record on the **initial visit**:

I. History:

- chief complaint including the symptoms present that caused the patient to seek chiropractic treatment

II Present Illness: This can include any of the following as appropriate:

- mechanism of trauma;
- quality and character of problem/symptoms;
- intensity of symptoms;
- frequency of symptoms occurring;
- location and radiation of symptoms;
- onset of symptoms;
- duration of symptoms;
- aggravating or relieving factors of symptoms;
- prior interventions, treatments, including medications;
- secondary complaints; and
- symptoms causing patient to seek treatment.

These symptoms must bear a direct relationship to the level of subluxation. The symptoms should refer to the spine (spondyle or vertebral), muscle (myo), bone (osseo or osteo), rib (costo or costal), and joint (arthro) and be reported as pain (algia), inflammation (itis), or as signs such as swelling, spasticity, etc.

Vertebral pinching of spinal nerves may cause headaches, arm, shoulder, and hand problems as well as leg and foot pains and numbness. Rib and rib/chest pains are also recognized symptoms, but in general other symptoms must relate to the spine as such.

The subluxation must be causal, i.e., the symptoms must be related to the level of subluxation that has been cited. A statement on a claim that there is "pain" is insufficient. The location of the pain must be described and whether the particular vertebra listed is capable of producing pain in the area determined.

III. Family History: If pertinent

IV. Past health history which may include:

- general health statement
- prior illness(es)
- surgical history
- prior injuries or traumas
- past hospitalizations (as appropriate)
- medications

V. Physical examination: Evaluation of musculoskeletal/ nervous system through physical examination to identify:

- a. Pain/tenderness evaluated in terms of location, quality and intensity;
- b. Asymmetry/misalignment identified on a sectional or segmental level;
- c. Range of motion abnormality (changes in active, passive and accessory joint movements resulting in an increase or a decrease of sectional or segmental mobility); and
- d. Tissue, tone changes in the characteristics of contiguous or associated soft tissues, including skin, fascia, muscle and ligament.

To demonstrate a subluxation based on physical examination, two of the four criteria mentioned under physical examination are required, one of which must be asymmetry/misalignment or range of motion abnormality.

VI. Diagnosis: The **primary** diagnosis must be subluxation, including the level of subluxation either so stated or identified by a term descriptive of subluxation. Such terms may refer either to the condition of the spinal joint involved or to the direction of position assumed by the particular bone named.

The **secondary** diagnosis should come from:

Category I, II or III diagnosis (See ICD-9-CM Codes that Support Medical Necessity Section.)

VII. Treatment Plan: The treatment plan should include the following:

- Therapeutic modalities to effect cure or relief (patient education and exercise training).
- The level of care that is recommended (the duration and frequency of visits).
- Specific goals that are to be achieved with treatment.
- Objective measures to evaluate treatment effectiveness.
- Date of initial treatment.

VIII. Subsequent Visits:

The following documentation requirements apply whether the subluxation is demonstrated by x-ray or by physical examination for **subsequent visits**:

1. History:

Review of chief complaint;
Changes since last visit;
System review, if relevant.

2. Physical exam:

Exam of area of spine involved in diagnosis;
Assessment of change in patient condition since last visit;
Evaluation of treatment effectiveness.

3. Documentation of treatment given on day of visit.

Medical Necessity of Treatment:

Failure to document that the chiropractic spinal manipulation is reasonable and necessary may result in denial of claim(s).

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary

under Section 1862(a)(1) of the Social Security Act.

Sources of Information and Basis for Decision

- Foundations of Chiropractic Quality Assurance and Practice Parameters; Gatterman. Mosby Year Books, 1995.
- Guidelines for Chiropractic Quality Assurance and Practice Parameters, Second Edition; ed. Haldeman, Chapman-Smith, Peterson. Jones & Bartlett Publishers, 2005
- Chiropractic Physician Consultants
- Other Medicare Part B Carriers' Local Medical Review Policies, e.g., Colorado, Iowa, Kansas, Michigan.
- Noridian Carrier Advisory Committee Members

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Revision History Information

Please note: The Revision History information included in this LCD prior to 1/24/2013 will now display with a Revision History Number of "R1" at the bottom of this table. All new Revision History information entries completed on or after 1/24/2013 will display as a row in the Revision History section of the LCD and numbering will begin with "R2".

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
11/01/2013	R2	<p>This LCD was revised to reflect the corporate name change from Noridian Administrative Services, LLC to Noridian Healthcare Solutions, LLC that was effective on 05/01/2013.</p> <p>Removed from the "Associated Information" section "When requesting an individual consideration through the written redetermination (formerly appeal) process, providers must include all relevant medical records and any pertinent peer-reviewed literature that supports the request. At a minimum, literature such as two (2) Phase II studies (human studies of efficacy, pivotal) or one (1) Phase III study (evidence of safety and efficacy, pivotal) must be submitted for the Medical Director's review" as it is no longer appropriate.</p> <p>J3 CB2006.13 This is the combination of the previous LCD in place in five of the J3 states. This policy (which reprints the CMS Chiropractic NCD) contains the national subject instructions. Additional ICD-9-CM codes have been added to consolidate this policy.</p> <p>J3 CR2006.13 R1 This LCD was revised. Provider comments were reviewed and incorporated where appropriate.</p> <p>J3 CR2006.13 R2 ICD-9-CM 2008-2009 Annual Updates were applied. The following diagnoses codes were added to the listing of secondary diagnoses codes for Category 1, effective October 01, 2008: 339.10, 339.11 and 339.12.</p> <p>11/09/2008 - The description for CPT/HCPCS code 98940 was changed in group 1 11/09/2008 - The description for CPT/HCPCS code 98941 was changed in group 1 11/09/2008 - The description for CPT/HCPCS code 98942 was changed in group 1 11/09/2008 - The description for CPT/HCPCS code 98943 was changed in group 1</p> <p>09/06/2010 - This policy was updated by the ICD-9 2010-2011 Annual Update.</p>	<ul style="list-style-type: none"> • Other (Corporate name change and Provider Education/Guidance.)
02/27/2012	R1		<ul style="list-style-type: none"> • Other

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
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Effective 06/15/2011 , the following language was added to the Documentation Requirements section of the LCD: When requesting an individual consideration through the written redetermination (formerly appeal) process, providers must include all relevant medical records and literature that supports the request. At a minimum two (2) Phase II studies (human feasibility studies suggesting efficacy, pilots) or one (1) Phase III study (primary evidence of safety and efficacy, pivotal) must be submitted for the Medical Director’s review.

B2006.13 R3

02/01/2012-The“Contractors Determination Number” changed due to the consolidation of LCD for JF implementation. Idaho MAC B (Contract #02202) was added to this LCD.

02/27/2012: The following states and contractor numbers were added to the LCD: Alaska MAC B (Contract #02102); Oregon MAC B (Contract #02302); and Washington MAC B (Contract #02402).


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[Associated Documents](#)

Attachments [Coding Guidelines Chiropractic Serv opens in new window](#) (PDF - 15 KB)

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 10/31/2013 with effective dates 11/01/2013 - N/A [Updated on 03/24/2012 with effective dates 02/27/2012 - 10/31/2013](#) Some older versions have been archived. Please visit the [MCD Archive Site opens in new window](#) to retrieve them. [Back to Top](#) 

[Keywords](#)

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