
# INDIANA HEALTH COVERAGE PROGRAMS

## PROVIDER REFERENCE MODULE

# Chiropractic Services

LIBRARY REFERENCE NUMBER: PROMOD00021
PUBLISHED: JULY 28, 2016
POLICIES AND PROCEDURES AS OF APRIL 1, 2016
VERSION: 1.1

# Revision History

| Version | Date | Reason for Revisions | Completed By |
|---|---|---|---|
| 1.0 | Policies and procedures as of October 1, 2015<br>Published: February 25, 2016 | New document | FSSA and HPE |
| 1.1 | Policies and procedures as of April 1, 2016<br>Published: July 28, 2016 | Semiannual update:<br>• Added managed care information in note box in *Introduction* section<br>• Added restriction information regarding new patient visits for same member and same provider in the *Coverage and Reimbursement for Chiropractic Services* section | FSSA and HPE |

# Table of Contents

| | |
|---|---|
| *Note:* | *For policy information regarding coverage of chiropractic services, see the Medical Policy Manual at indianamedicaid.com.* |

# Introduction

The Indiana Health Coverage Programs (IHCP) provides reimbursement for covered chiropractic services for members when the services are provided by a licensed chiropractor. Services such as office visits, physical medicine treatments, laboratory, x-ray, and muscle testing are available to all IHCP members, pursuant to restrictions outlined in the individual's benefit package, when necessitated by a condition-related diagnosis. The following sections outline additional coverage and billing information for chiropractic services.

The *Indiana Administrative Code (IAC)* serves as the primary reference for prior authorization (PA) information. Specific criteria pertaining to PA for chiropractic services can be found in *405 IAC 5-12*.

| | |
|---|---|
| *Note:* | *For Healthy Indiana Plan (HIP), Hoosier Care Connect, and Hoosier Healthwise members, providers must contact the appropriate managed care entity (MCE) for specific policies and procedures. MCE contact information is included in the IHCP Quick Reference Guide available at indianamedicaid.com.* |

# Coverage and Reimbursement for Chiropractic Services

The IHCP limits reimbursement for chiropractic services to a total of 50 units per member per calendar year. The 50 units can be a combination of office visits, spinal manipulation, or physical medicine treatments. However, the IHCP limits office visits to five per year; that is, up to five of the 50 units can be office visits. New patient office visits are reimbursed once per lifetime, per member, per provider, (or once per three-year period, for a provider of the same specialty and in the same practice).

| | |
|---|---|
| *Note:* | *For Package C members, reimbursement for chiropractic services is limited to five visits and 14 procedures per member, per rolling 12-month period. Additional procedures may be covered if the provider obtains PA based on medical necessity. There is a 50-treatment limit per rolling 12-month period, which includes no more than five office visits.* |

Reimbursement is not available for the following types of extended or comprehensive office visits:

- New patient detailed
- New patient comprehensive
- Established patient detailed
- Established patient comprehensive

An office visit code is reportable on the same date as a manipulative treatment only if the visit constitutes a significant, separately identifiable evaluation and management (E/M) service. The office visit code is then billed with modifier 25– *Significant, separately identifiable E/M*. The service must be above and beyond the usual preservice and postservice work associated with a manipulation service. Medical record documentation supporting the need for an office visit, in addition to the manipulation treatment, must be maintained by the provider and is subject to postpayment review.

Reimbursement is not available for durable medical equipment (DME) provided by chiropractors. Additionally, the IHCP does not cover electromyogram (EMG) testing for chiropractors. Manual or electrical muscle testing services require PA.

Reimbursement for x-rays is limited to one series of full spine x-rays per member per year. Component x-rays of the series are individually reimbursable; however, if components are billed separately, total reimbursement is limited to the allowable amount for the series. Reimbursement for localized spine series x-rays and for x-rays of the joints or extremities is allowable only when the x-rays are necessitated by a condition-related diagnosis. PA is not required.

When requested, chiropractors must provide, at no cost to IHCP members, the actual x-ray films previously taken. The IHCP does not reimburse for additional x-rays that could be necessitated by the failure of a practitioner to forward x-rays or related documentation to a chiropractic provider when requested. Chiropractors are entitled to receive x-rays from other providers at no charge to the member upon the member's written request to the other providers and upon reasonable notice.

Chiropractors may perform laboratory tests that fall within their scope of practice for the state of Indiana. These tests include performance of blood analysis and urinalysis. Additional information on the scope of practice for chiropractors can be found in *Indiana Code IC 25-10* and *IAC Title 846*.

# Coding Information for Billing Chiropractic Services

The IHCP limits claim payment for chiropractic practitioners (specialty 150) to certain Current Procedural Terminology (CPT®[1]) procedure codes. In addition, the IHCP requires that chiropractic services be billed with certain International Classification of Diseases (ICD) codes as the principal diagnosis. The *Chiropractic Services Codes* document on the *Code Sets* page at indianamedicaid.com identifies the CPT codes that chiropractors should bill to the IHCP for office visits, manipulative treatment, radiology, physical medicine services, as well as the appropriate principal diagnosis codes for billing chiropractic services to the IHCP.

See the *Claim Submission and Processing* module for general billing and coding information.

[1] *CPT copyright 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.*