



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

Chiropractic Services

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Revision History

Version	Date	Reason for Revisions	Completed By
1.0	Policies and procedures as of October 1, 2015 Published: February 25, 2016	New document	FSSA and HPE
1.1	Policies and procedures as of April 1, 2016 Published: July 28, 2016	Scheduled update	FSSA and HPE
2.0	Policies and procedures as of May 1, 2017 Published: August 1, 2017	Scheduled update: <ul style="list-style-type: none"> • Edited and reorganized text throughout the module for clarity • Added self-referral information in the <i>Introduction</i> section • Clarified information in the <i>Laboratory Services Provided by a Chiropractor</i> section and its subsections • Updated information in the <i>Diagnosis Codes for Chiropractor Billing</i> section 	FSSA and DXC

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Chiropractic Services

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 when the services are provided to its members by a licensed chiropractor enrolled in the IHCP. Chiropractic services are available to IHCP members, pursuant to restrictions outlined in the individual's benefit plan, when necessitated by a condition-related diagnosis.

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*. The following sections outline additional coverage and billing information for chiropractic services. See the [Claim Submission and Processing](#) module for general billing and coding information.

For managed care members and members enrolled in the Right Choices Program, most services require referral from the member's primary medical provider (PMP) if delivered by another practitioner. Self-referral services are an exception. Services delivered by an IHCP-enrolled chiropractor do not require a PMP referral.

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 Chiropractor Services

The IHCP limits claim payment for chiropractors (specialty 150) to certain Current Procedural Terminology (CPT^{®1}) procedure codes. *Chiropractic Services Codes* on the [Code Sets](#) page at [indianamedicaid.com](#) includes a list of CPT codes that chiropractors can bill to the IHCP for chiropractic services (such as office visits, manipulative treatment, and physical medicine services), as well as for related radiology and laboratory services.

Reimbursement is not available for durable medical equipment (DME) provided by chiropractors.

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).

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Note: For Package C members, reimbursement for chiropractic services is limited to five visits and 14 procedures per member, per rolling 12-month period. An additional 36 procedures may be covered if the provider obtains PA based on medical necessity.

An office visit code is reportable on the same date as a manipulative treatment or a physical medicine service 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 the following types of extended or comprehensive office visits:

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

The IHCP does not cover electromyogram (EMG) testing for chiropractors. Manual or electrical muscle testing services require PA.

Radiology Services Provided by a Chiropractor

In addition to covered chiropractic services, the IHCP reimburses chiropractors for certain radiological services, as indicated on the *Covered Chiropractor (Specialty 150) Procedure Codes* table in *Chiropractic Services Codes* on the [Code Sets](#) page at indianamedicaid.com. These codes are not subject to the chiropractic service unit limitation.

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.

Laboratory Services Provided by a Chiropractor

In addition to covered chiropractic services, the IHCP reimburses chiropractors for certain laboratory services, as indicated on the *Covered Chiropractor (Specialty 150) Procedure Codes* table in *Chiropractic Services Codes* on the [Code Sets](#) page at indianamedicaid.com. These codes are not subject to the chiropractic service unit limitation.

Laboratory services are reimbursable only when such services are necessitated by a condition-related diagnosis. 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*.

Diagnosis Codes for Chiropractor Billing

The IHCP requires that chiropractors bill with certain International Classification of Diseases (ICD) diagnosis codes to indicate the medical necessity of the service provided. *Chiropractic Services Codes* on the [Code Sets](#) page at indianamedicaid.com includes a list of the appropriate diagnosis codes for chiropractors to use when billing services to the IHCP.