



INDIANA MEDICAID UPDATE

September 29, 1998

TO: Chiropractors enrolled as Indiana Medicaid Providers

SUBJECT: Clarifications regarding: Temperature Gradient Studies (CPT code 93740)
Range of Motion Testing (CPT code 95851)
Activities of Daily Living Training (CPT code 97535)

Temperature Gradient Studies-Policy Clarification

The Office of Medicaid Policy and Planning (OMPP), in conjunction with its fiscal agent, EDS, has conducted an analysis of Medicaid Chiropractic services in the state of Indiana. In addition to reviewing claims data and medical documentation, we have examined the medical criteria used by other third party payors to assist in our determination of appropriate service parameters. As a result of this analysis, we are notifying providers of the following claim documentation requirement which is effective forty-five (45) days from the date of this bulletin:

Coverage for a temperature gradient study is limited to one study (one unit of service) per 30-day period. Additional studies will be subject to prepayment review to confirm the medical necessity of the service. Claims for additional services must be accompanied by medical documentation.

Temperature Gradient Studies are expected to always compare either another area on the same extremity or the opposite corresponding extremity. The performance of temperature gradient studies with comparison studies in the opposite corresponding extremity should be billed as only one unit of service, since the reimbursement amount covers both sides of service. The side of service should be signified, using the -LT (left) or -RT (right) modifiers. Billing of multiple units above one for causalgia or for vascular disease will be denied. If the vascular disease involves only one extremity and the opposite extremity is studied for comparison purposes, only one unit of temperature gradient studies should be billed.

Coverage for temperature gradient studies is limited to the following medical conditions:

ICD-9 Codes	Condition
354.4	Causalgia of upper limb
355.71	Causalgia of lower limb
440.21	Atherosclerosis of the extremities with intermittent claudication
440.22	Atherosclerosis of the extremities with rest pain
440.23	Atherosclerosis of the extremities with ulceration
440.24	Atherosclerosis of the extremities with gangrene
443.0-443.9	Other Peripheral vascular disease
444.21-444.22	Arterial embolism and thrombosis of arteries of the extremities

As a reminder, all claims for temperature gradient studies, previously paid by Medicaid, are subject to medical necessity documentation requirements. Any claims for services that are not supported by medical documentation and claims for services that were billed with multiple units rather than one unit are subject to recoupment.

Range of Motion Testing - Billing Clarification

In reviewing medical documentation for these services, as performed by several Chiropractic providers, it was discovered that the provision of range of motion was performed during the assessment of the patient's chief complaint. The 1998 CPT Guidebook states that the chiropractic manipulative treatment codes include a pre-manipulation patient assessment.

Therefore, effective with the date of this bulletin, range of motion testing is considered to be included in the patient visit or manipulative treatment and may not be billed or reimbursed separately.

Activities of Daily Living Training - Billing Clarification

In reviewing medical documentation for these services, as performed by several Chiropractic providers, it was discovered that the provision of activities of daily living training is documented as rehabilitation or preventative instructions and education given to the recipient. Therefore, effective forty-five (45) days from the date of this bulletin, activities of daily living training services will be considered to be included in the patient visit or manipulative treatment and may not be billed or reimbursed separately.

The billing clarification regarding range of motion testing and activities of daily living training will be subject to post payment audit for all claims submitted forty-five (45) days after the date of this bulletin or after. All claims regardless of the date of service would be subject to post payment review of documentation of medical necessity.

As OMPP continues to evaluate chiropractic utilization practices and related information, additional policy clarifications may be warranted. Providers will be advised of any such clarifications in writing via bulletin.

If there are any questions regarding the contents of this bulletin, please contact the EDS Provider Assistance Unit at 1-800-577-1278.