

Local Coverage Determination (LCD): Medicine: Chiropractic Services (L34261)

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Contractor Information

Contractor Name
[Cahaba Government Benefit Administrators®, LLC](#)
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Contract Number
10302

Contract Type
MAC - Part B

LCD Information

Document Information

LCD ID
L34261

Original ICD-9 LCD ID
[L32342](#)

LCD Title
Medicine: Chiropractic Services

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Jurisdiction
Tennessee

Original Effective Date
For services performed on or after 10/01/2015

Revision Effective Date
For services performed on or after 10/01/2015

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
N/A

Notice Period End Date
N/A

- Title XVIII of the Social Security Act, Section 1833 (e). This section states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.
- 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 reasonable and medically necessary, i.e., reasonable and necessary are those tests used in the diagnosis and management of illness or injury ,or to improve the function of a malformed body part.
- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations and services.
- Medicare Benefit Policy Manual (Pub. 100-02), Chapter 15, Sections 30.5 and 240.
- Medicare Claims Processing Manual (Pub. 100-04), Chapter 12, Section 220.
- Medicare Program Integrity Manual (Pub. 100-08), Chapter 13, Local Coverage Determinations.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Indications

Chiropractic services are subject to national regulation, which provides definitions, indications and limitations for Medicare payment of chiropractic services. Please see the Medicare Benefit Policy Manual (Pub. 100-02) sections referenced above for national definitions, indications and limitations.

Medicare expects that acute symptoms/signs due to subluxation or acute exacerbation/recurrence of chronic symptoms/signs due to subluxation might be treated vigorously. Improvement in the patient's symptoms is expected and, in order for payment for chiropractic services to continue, should be demonstrated within a time frame consistent with the patient's clinical presentation. Failure of the patient's symptoms to improve accordingly or sustained worsening of symptoms should prompt referral of the patient for evaluation and/or treatment by an appropriate practitioner.

Limitations

Medicare will allow up to 25 chiropractic manipulation services per beneficiary per year. Despite allowing up to this maximum, each patient's condition and response to treatment must medically warrant the number of services reported for payment, and Medicare does not expect that patients will routinely require the maximum allowable number of services. Additionally, Medicare requires the medical necessity for each service to be clearly demonstrated in the patient's medical record.

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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.

999x Not Applicable

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

Group 1 Paragraph: N/A

Group 1 Codes:

- 98940 Chiropract manj 1-2 regions
- 98941 Chiropract manj 3-4 regions
- 98942 Chiropractic manj 5 regions

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: The correct use of an ICD-10-CM code listed in the "ICD-10 Codes that Support Medical Necessity" section does not guarantee coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this LCD.

ICD-10 codes must be coded to the highest level of specificity. Consult the 'Official ICD-10-CM Guidelines for Coding and Reporting' in the current ICD-10-CM book for correct coding guidelines. This LCD does not take precedence over the Correct Coding Initiative (CCI).

Group 1 Codes:

ICD-10 Codes

Description

M99.01 - M99.05	Segmental and somatic dysfunction of cervical region - Segmental and somatic dysfunction of pelvic region
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ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph: Any ICD-10-CM code that is not listed in the "ICD-10 Codes that Support Medical Necessity" section of this LCD.

Group 1 Codes:

ICD-10 Codes Description

XX000	Not Applicable
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ICD-10 Additional Information

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[General Information](#)

Associated Information

Documentation Requirements

1. All 'Indications' must be clearly documented in the patient's medical record and made available to Medicare upon request.
2. Please see the Medicare Benefit Policy Manual (Pub. 100-02) sections referenced above for national documentation requirements for Medicare payment of chiropractic services.
3. Documentation must support CMS 'signature requirements' as described in the Medicare Program Integrity Manual (Pub. 100-08), Chapter 3.

Utilization Guidelines

1. Medicare will allow up to 25 chiropractic manipulation services per beneficiary per year.
2. Services exceeding this utilization parameter may be subject to medical review or auto-adjudication.

Sources of Information and Basis for Decision

- Consultation with the representatives to the Carrier Advisory Committee and other Medicare contractors.
- Globe, Gary A., MBA, DC, PhD, et al. Chiropractic Management of Low Back Disorders: Report From a Consensus Process. *Journal of Manipulative and Physiological Therapeutics*. November/December 2008: Vol. 31: No. 9: 651 – 658.
- OIG Report OEI-07-07-00390, Inappropriate Medicare Payments For Chiropractic Services; Published May 2009.
- Other Medicare Contractor Local Coverage Determination.

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Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2015	R1	Added attachment for Chiropractic Services - Update & Clarification.	<ul style="list-style-type: none"> • Provider Education/Guidance

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Associated Documents

Attachments [Chiro Svc - Update & Clarification](#) (PDF - 62 KB)

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 10/15/2015 with effective dates 10/01/2015 - N/A [Updated on 04/14/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

Keywords

N/A Read the [LCD Disclaimer](#) [Back to Top](#)