Chapter 19

Chiropractic Services

Chiropractic:

Services are medically necessary therapies that employ manipulation and specific adjustment of body structures, such as the spinal column, provided by a licensed doctor of chiropractic.

Eligible Providers

Providers eligible for South Country Health Alliance (SCHA) reimbursement for chiropractic services must be licensed, credentialed and contracted. Out-of-network care may be eligible for reimbursement, pending medical necessity and availability of care; please contact our Provider Services line at 1-800-995-4543 for more information.

Covered Services

- Manual manipulation of the spine for treatment of subluxation (incomplete or partial dislocation) that is directly associated with a presenting complaint that is determined to be medically necessary by the clinical treatment guidelines. Chiropractors performing manual manipulation of the spine may be reimbursed for such services when performed with handheld devices such as the "Activator", but no additional payment shall be made when such a device is used.
- X-rays that meet treatment guidelines to support a diagnosis of subluxation.
- Acupuncture may be covered for pain and other specific conditions. (For additional information, please see SCHA Provider Manual Chapter 6: Medical Management or visit: Chapter 6 (pdf).
- Evaluation and Management Services

Benefit Limitations

SCHA will monitor the utilization trend beyond 6 visits in a 30-day period, and 24 visits that occur in a calendar year. An office visit for manual manipulation of the spine is considered part of the service and cannot be billed separately to SCHA or members. Chiropractic utilization beyond the 6 visits per 30-days and 24 visits per calendar year thresholds will be reviewed for medical appropriateness based on evidenced based standards of care and medical necessity criteria.

One evaluation per calendar year to determine medical necessity or progress. An Evaluation and Management (E/M) service is allowed on the same date of service as a spinal manipulation only if the E/M service is significant and separately identifiable from the procedure that is performed. Use modifier 25 to indicate that the patient's condition required a significant, separately identifiable E/M service, above and beyond the usual pre- and post-procedure care associated with the service performed.

- Note: Do not use modifier 25 if the documentation shows that the amount of work performed is consistent with that normally performed with the procedure.

- Use the most appropriate chiropractic, E/M, or X-ray code for the service provided as outlined in this chapter.

Reimbursement for X-rays is limited to radiological examinations needed to support a subluxation diagnosis; i.e.: full spine; the cervical, thoracic, lumbar, and lumbosacral areas of the spine; the pelvis; and the sacroiliac joints.

Authorization is not required for any combination of procedure codes 98940, 98941 and 98942.

Documenting subluxation
The diagnosis of subluxation may be demonstrated using x-ray or physical examination.

By radiological examination
If submitting x-rays (or radiologic report) as documentation of the diagnosis, the x-ray must be no older than 12 months prior to the start of treatment.
By physical examination
Use evaluation of musculoskeletal or nervous system to identify the following:

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

Two of the above criteria are required to demonstrate subluxation based on physical examination. One of these criteria must be:

- Asymmetry or misalignment, or
- Range of motion abnormality

This documentation must be provided to SCHA if, upon monitoring the utilization trend, we find the need to do a review to determine medical need of the services provided.

Non-covered Services
The following list of non-covered services is not all-inclusive. Other services may be provided but are not covered.

- Maintenance care, preventive care, or wellness care
- Nutritional supplements, vitamins, or nutritional counseling
- Acupressure
- Treatment of a neurogenic or congenital condition that is not related to a diagnosis of subluxation
- Laboratory services
- X-Rays, other than those determined to be necessary to support a diagnosis of subluxation
- Medical equipment or supplies that are either supplied or prescribed by the chiropractor
- Exercise, counseling, or activities of daily living counseling
- Physiotherapy modalities including, but not limited to the following:

- Ultrasound
- Diathermy
- Electrical muscle stimulation
- Interferential current
- Application of hot packs and cold packs
- Massage
- Manual muscle stimulation
- Russian stimulation

Member Enrollment Verification
SCHA members have a member identification card and should present that card at the time of service. Providers should verify current member eligibility prior to providing services as the member's eligibility may have expired after the card was issued. For additional information please go to Chapter 13 of SCHA provider manual, Member Enrollment.

Billing Procedure
Please go to Chapter 4 of the Provider Manual, ***Provider Billing***, for detailed information on submitting billing for SCHA members. Chiropractic claims should be submitted electronically in 837P Professional format.

Providers refer to your contract with SCHA for additional information on covered services, documentation, fee schedule and clinical guidelines. Submit the most applicable ICD diagnosis codes when billing for subluxation on claims**.**

Overview of SCHA Guidelines for Chiropractic Treatment

Chiropractic treatment is an important component of the SCHA care model, but has very specific guidelines associated with it. These guidelines allow for chiropractic services to be provided without the need for routine prior authorization. When the guidelines are not observed and care is provided outside of these parameters, the services are subject to utilization review which can reduce or exclude services from reimbursement. Some key areas to become familiar with from your SCHA Clinical Treatment Guidelines for Chiropractic Services are included here.

Health Record Documentation Standards – A health care provider must maintain a record of all treatment provided to a patient. If the records are handwritten they must be legible to others, not just the writer. They must express coherent ideas and describe the services provided to a unique patient. Documentation methods that require a key to interpret are discouraged.

Initial Chiropractic Visit
Document the following for the initial chiropractic visit:

- Date of initial treatment
- History: 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 or problem
    - Onset, duration intensity, frequency, location and radiation of symptoms
    - Aggravating or relieving factors
    - Prior interventions, treatment, medications, secondary complaints
    - Symptoms causing patient to seek treatment
- Evaluation of musculoskeletal or nervous system through physical examination
- Diagnosis: subluxation must be the primary diagnosis
- Treatment plan which includes:
    - Recommended level of care
    - Specific treatment goals
    - Objective measures to evaluate effectiveness of treatment

Subsequent Visits
Documentation required for subsequent visits include:

- History
    - Review of chief compliant
    - Changes since last visit
    - System review, if relevant
- Physical exam
    - Exam of area of spine involved in diagnosis
    - Assessment of change in patient condition since last visit
    - Evaluation of treatment effectiveness
    - Documentation of treatment provided on day of visit

30-day treatment plan – SCHA treatment frequency standards are based on a 30-day treatment period that begins at the initial visit. Note that this time period is not a calendar month, but a distinct 30-day period that begins with the initial visit. A typical treatment plan for an adult allows for **up to 6 visits in a 30-day period**. If a patient presents on the 15th of the June for example, that 30-day period runs through the 14th of July.

Ongoing Care past the initial treatment period – Care that continues beyond the initial 30-day treatment period must be supported by daily patient notes and clinical exam findings that demonstrate progressive improvement. When improvement plateaus, or if the condition worsens, continued care beyond the initial 30-day treatment period is either considered to be maintenance care or contraindicated to medical necessity. In either case the care is not covered.

Decreased Intensity and Frequency of Care – Treatment guidelines describe effective care reflected by decreasing intensity of care in the level of adjustment as well as the frequency of care over the course of treatment. This results in an overall ratio of

1:1 for 98940 to 98941 adjustments network wide. A treatment course that remains high in frequency and intensity will be subject to review as it does not reflect a progressive improvement in the patient's condition.

X-Rays – While x-rays remain a valuable tool for diagnosing patient conditions, today's improved clinical exam techniques and practitioner diagnostic skills in this area allow most chiropractic patients to be safely treated without exposing them to the risk and expense of x-rays. X-rays are indicated in cases where **trauma** has occurred or the chiropractor has reason to suspect some **other pathology** is present, such as a tumor, fracture, infection, congenital anomaly or the patient has not responded as expected to an initial course of chiropractic care.

Treatment of Children/Infants – SCHA has adopted conservative treatment guidelines for this group of patients. Chiropractic care within the initial 30-day treatment period should be limited to 4 visits for infants and toddlers (Birth through 4) and 5 visits for children 5 through 17. The SCHA benefit covers spinal related conditions only. Treatment of childhood conditions such as colic, bed wetting, and ear infection must have clear subluxation levels documented. The treatment outcome expectation for these patients is for them to respond within the initial treatment period. If they do not, continued care is not indicated as SCHA prefers these conditions be closely monitored by the member's primary care physician. Upon subsequent examination by the primary care physician, if continued chiropractic treatment is indicated a referral from the PCP will be necessary.

Daily notes required with claims – Daily treatment notes must be submitted in the following cases:

1. Treatment of a patient age birth through age 4
2. When a treatment code 98942 is used
3. When X-Rays have been taken

Case Management and Referral –SCHA members may access complex case management if needed. Complex case managers can be a valuable resource to chiropractic providers when there is a need to bring other health care disciplines together to develop a multi disciplinary plan of care or assistance with the referral of a challenging patient. If you need assistance with a referral to Complex Case Management, contact SCHA.

Quality Monitoring Standards – The SCHA Quality Assurance Committee has established the following provider performance measures that your own clinic's performance will be measured against. These are based on actual network utilization data and community standards of care. Of particular emphasis to all new providers is that up-coding of the manual manipulation code is prohibited. Compensation for adjusting 3 or 4 areas of the spine (98941) requires that the patient presents with symptoms documented in those same areas.

SCHA is accountable to assure the appropriate treatment and accurate billing of services provided to patients; therefore, these are monitored very closely. Billing for a higher level of treatment than the patient's condition or complaint warrants, or up-coding, is fraudulent and SCHA is responsible to identify and report it when encountered.

SCHA's Quality Assurance Council has established a Quality measure standard for the expected ratio of patient adjustments of 50% 98940 and 50% 98941 from practitioners in the SCHA chiropractic network.

Providers need to become familiar with the Quality Monitoring Standards as your clinic's own performance will be measured against these as you provide services to SCHA members.

Click here for detailed clinical guidelines.