



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Chiropractic Services & Spinal Manipulation

Policy Number: PG0150

Last Review: 12/01/2020

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional

Facility

DESCRIPTION

Chiropractic care is a branch of the healing arts that is based on the relationship between the structure and function of the human body as it relates to the spine. Chiropractic (therapeutic) manipulation may be referred to as spinal and extra-spinal adjustment, manual adjustment, vertebral adjustment, or spinal manipulative therapy (SMT).

Chiropractic Manipulative Treatment (CMT) providers use natural and conservative methods to treat the biomechanics, structure and function of the spine, in order to promote healing without surgery or medication. CMT is outcome-based care using specific modalities targeted to the functional problem(s) or diagnosis of the patient. Manipulation or adjustment procedures are performed by manual methods only or with device-assisted modalities, to treat symptoms related to the articulations of the spine and musculoskeletal structures, including the extremities. The goal of CMT is relief of discomfort caused by impingement of nerves or other structures of the spinal column (e.g., joints, tissues, muscles).

Regions of the Spine (for procedure codes 98940 through 98942) include:

- Cervical (includes atlanto-occipital joint)
- Thoracic (including costovertebral and costotransverse, excluding anterior rib cage/costosternal)
- Lumbar
- Sacral
- Pelvic (sacro-iliac joint)

Regions of the Extraspinal (98943) include:

- Head (including temporomandibular joint, excluding the atlanto-occipital)
- Lower Extremities
- Upper Extremities
- Anterior rib cage costosternal (excluding costotransverse and costovertebral)
- Abdomen

Chiropractic services that may be eligible for coverage are limited to treatment to correct a structural imbalance or subluxation related to distortion or misalignment of the vertebral column by means of manual spinal manipulation (i.e., by use of the hands) when the condition meets the medical necessity criteria in this policy. Chiropractors may use manual devices/instruments (devices that are hand-held with the thrust or the force of the device being controlled manually) in performing manual manipulation of the spine and related muscles/tissues.

POLICY

HMO, PPO, Individual Marketplace, Advantage

- **Chiropractic services & spinal manipulation do not require prior authorization for adults and children 4 years of age and older.**
- **Chiropractic services & spinal manipulation (98940-98943) require prior authorization for children under 4 years of age.**

Elite/ProMedica Medicare Plan

- **Effective 1/1/2021 a Prior Authorization is required for all chiropractic visits exceeding 30 per year. This policy includes all combination of procedure codes 98940, 98941 and 98942.**

Advantage, Elite/ProMedica Medicare Plan

- **Procedure 98943 is non-covered for Elite/ProMedica Medicare Plan & Advantage.**

Refer to PG0036 Vertebral Axial Decompression Therapy for coverage determination for procedures 97012 and S9090.

Refer to PG0158 Physical Therapy (PT) and Occupational Therapy (OT) for coverage determination.

COVERAGE CRITERIA

Paramount will cover medically necessary chiropractic services, if covered **as outlined in the member's summary of benefits**. Copayments, deductibles and/or coinsurance will apply pursuant to the terms of the member's benefit plan document.

Coverage is limited to medically necessary services provided by a licensed doctor of chiropractic, within the scope of their license.

HMO, PPO, Individual Marketplace

Chiropractic services & spinal manipulation (98940-98943) require prior authorization for children under 4 years of age. (See below for ICD-10 codes for under 4 years of age.)

Non-Covered:

- Services rendered by non-participating chiropractors,
- Services in excess of benefit or visit limits,
- If therapeutic benefit has reached a plateau,
- If the patient's condition becomes worse or regresses,
- If the therapeutic goals have been reached,
- If the patient has become asymptomatic,
- If the patient or parent/caregiver can independently practice or self-administer the activities or services safely and effectively
- If the services or activities are for the general good or welfare of the patient, such as exercise to promote overall fitness, flexibility, endurance, aerobic conditioning, maintenance of range of motion or strength, and weight reduction.

Chiropractic manipulation and adjunct therapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) for treatment of non-musculoskeletal conditions are considered experimental, investigational or unproven.

Use of any of the following treatments are considered experimental, investigational or unproven (this list may not be all-inclusive):

- Non-invasive Interactive Neurostimulation (e.g., InterX®)
- Microcurrent Electrical Nerve Stimulation (MENS)
- H-WAVE ®
- Interferential Stimulation
- Dry Needling

- Low-level laser therapy (LLLT)
- MedX lumbar/cervical machines
- Cybex back system/Biodex
- Digital radiographic mensuration
- Digital postural analysis
- Thermography
- Spinal/paraspinal ultrasound
- Surface electromyography /paraspinal electromyography
- Iontophoresis or phonophoresis

Elite/ProMedica Medicare Plan

Indications

The patient must have a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment, and the manipulative services rendered must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function. The patient must have a subluxation of the spine as demonstrated by x-ray or physical exam.

Most spinal joint problems fall into the following categories:

- Acute subluxation - A patient's condition is considered acute when the patient is being treated for a new injury, identified by x-ray or physical exam as specified above. The result of chiropractic manipulation is expected to be an improvement in, or arrest of progression, of the patient's condition.
- Chronic subluxation - A patient's condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment (as is the case with an acute condition), but where the continued therapy can be expected to result in some functional improvement. Once the clinical status has remained stable for a given condition, without expectation of additional objective clinical improvements, further manipulative treatment is considered maintenance therapy and is not covered.
- An acute exacerbation is a temporary but marked deterioration of the patient's condition that is causing significant interference with activities of daily living due to an acute flare-up of the previously treated condition. The patient's clinical record must specify the date of occurrence, nature of the onset, or other pertinent factors that would support the medical necessity of treatment. As with an acute injury, treatment should result in improvement or arrest of the deterioration within a reasonable period of time.

Maintenance Therapy

Maintenance therapy includes services that seek to prevent disease, promote health and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy.

Contraindications

Dynamic thrust is the therapeutic force or maneuver delivered by the physician during manipulation in the anatomic region of involvement. A relative contraindication is a condition that adds significant risk of injury to the patient from dynamic thrust, but does not rule out the use of dynamic thrust. The doctor should discuss this risk with the patient and record this in the chart.

The following are relative contraindications to Dynamic thrust:

- Articular hyper mobility and circumstances where the stability of the joint is uncertain;
- Severe demineralization of bone;
- Benign bone tumors (spine);
- Bleeding disorders and anticoagulant therapy; and
- Radiculopathy with progressive neurological signs.

Dynamic thrust is absolutely contraindicated near the site of demonstrated subluxation and proposed manipulation in the following:

- Acute arthropathies characterized by acute inflammation and ligamentous laxity and anatomic subluxation or dislocation; including acute rheumatoid arthritis and ankylosing spondylitis;
- Acute fractures and dislocations or healed fractures and dislocations with signs of instability;
- An unstable os odontoideum;
- Malignancies that involve the vertebral column;
- Infection of bones or joints of the vertebral column;
- Signs and symptoms of myelopathy or cauda equina syndrome;
- For cervical spinal manipulations, vertebrobasilar insufficiency syndrome; and
- A significant major artery aneurysm near the proposed manipulation.

Limitations

The term "physician" includes a chiropractor but only for treatment by means of manual manipulation of the spine to correct a subluxation. All other services furnished or ordered by chiropractors are not covered.

Coverage of chiropractic service is specifically limited to treatment by means of manual manipulation, i.e., by use of the hands. Additionally, manual devices (i.e., those that are hand-held with the thrust of the force of the device being controlled manually) may be used by chiropractors in performing manual manipulation of the spine. However, no additional payment is available for use of the device, nor does Paramount recognize an extra charge for the device itself.

No other diagnostic or therapeutic service furnished by a chiropractor or under the chiropractor's order is covered. This means that if a chiropractor orders, takes, or interprets an x-ray, or any other diagnostic test, the x-ray or other diagnostic test, can be used for claims processing purposes, but Paramount coverage and payment are not available for those services. This prohibition does not affect the coverage of x-rays or other diagnostic tests furnished by other practitioners under the program.

The mere statement or diagnosis of "pain" is not sufficient to support medical necessity for the treatments. The precise level(s) of the subluxation(s) must be specified by the chiropractor to substantiate a claim for manipulation of each spinal region(s). The need for an extensive, prolonged course of treatment should be appropriate to the reported procedure code(s) and must be documented clearly in the medical record.

The five extraspinal regions referred to are: head (including, temporomandibular joint, excluding atlantooccipital region; lower extremities; upper extremities; rib care (excluding costotransverse and costovertebral joints) and abdomen. Paramount does not cover chiropractic treatments to extraspinal regions (CPT 98943), which includes the head, upper and lower extremities, rib cage and abdomen.

Chiropractors must place an AT modifier on a claim when providing active/corrective treatment to treat acute or chronic subluxation. However the presence of the AT modifier may not in all instances indicate that the service is reasonable and necessary. As always, Paramount may deny if appropriate after medical review. Modifier AT must only be used when the chiropractic manipulation is "reasonable and necessary." Modifier AT must not be used when maintenance therapy has been performed.

Advantage

Treatment by means of manual manipulation of the spine to correct a subluxation which exceeds normalcy is a covered service. The existence of the subluxation must be demonstrated either by a diagnostic x-ray or by physical examination. Evidence must be retained as a part of the member's medical record that a subluxation exists. The manual manipulation must have a direct therapeutic relationship to the member's condition as documented in the medical record. The lack of documentation specifying the relationship between the member's condition and treatment shall result in the service being nonreimbursable.

At least two of the following criteria must exist and be documented to demonstrate a subluxation by physical examination. One of the two criteria must be asymmetry/misalignment or range of motion abnormality.

1. Pain/tenderness evaluated in terms of location, quality and intensity
2. Asymmetry/misalignment identified on a sectional or segmental level
3. Range of motion abnormality

4. Tissue, tone changes in the characteristics of contiguous or associated soft tissues, including skin, fascia, muscle and ligament

Covered chiropractic services must relate to the diagnosis and treatment of a significant health problem in the form of a neuromusculoskeletal condition necessitating manipulative treatment. The chiropractic procedures listed below are covered if the service is deemed medically necessary (see approved diagnosis codes below). Chiropractic services & spinal manipulation (98940-98943, 97140) require prior authorization for children under 4 years of age. (See below for ICD-10 codes for under 4 years of age.) The limit is one unit of service for each member for each date of service.

- a) Chiropractic manipulative treatment (CMT); spinal, one to two regions
- b) Chiropractic manipulative treatment (CMT); spinal, three to four regions
- c) Chiropractic manipulative treatment (CMT); spinal, five regions

Diagnostic x-rays to determine the existence of a subluxation are covered with certain limitations. Two units of service, as defined below will be covered during any six-month period unless otherwise stated. For purposes of this rule, the six-month period begins on the date the diagnostic x-ray is taken and ends one hundred eighty days from the date. The covered units of service are as follows:

- a) Spine, entire; survey study, anterior-posterior, and lateral. Only two units per one year (three hundred and sixty five days) period are covered.
- b) Spine, cervical; antero-posterior, and lateral
- c) Spine, cervical; antero-posterior, and lateral; minimum of four views
- d) Spine, cervical; antero-posterior, and lateral; complete, including oblique and flexion and/or extension studies
- e) Spine, thoracic; anterior-posterior, and lateral views
- f) Spine, thoracic; complete, including obliques; minimum of four views
- g) Spine, thoracolumbar; antero-posterior lateral views
- h) Spine, lumbosacral; antero-posterior, and lateral views
- i) Spine, lumbosacral; complete, with oblique views
- j) Spine, lumbosacral; complete, including bending views

Limitations of coverage:

1. Spinal axis aches, strains, sprains, nerve pains, and functional mechanical disabilities of the spine are considered to provide therapeutic grounds for chiropractic manipulative treatment. Most other diseases and disorders do not provide therapeutic grounds for chiropractic manipulative treatment. Examples of non-covered diagnoses are multiple sclerosis, rheumatoid arthritis, muscular dystrophy, sinus problems and pneumonia.
2. Repeat x-rays or other diagnostic tests in consumers with chronic, permanent conditions will not be considered medically necessary and are not a covered service.
3. If there is no reasonable expectation that the continuation of treatment would improve or arrest deterioration of the condition within a reasonable and generally predictable period of time, coverage will be denied.
4. Continued repetitive treatments without an achievable and clearly defined goal will be considered maintenance therapy and will not be considered covered services.
5. Once the maximum therapeutic benefit has been achieved for any given condition, ongoing therapy is considered maintenance therapy, which is not considered medically necessary.
6. When services are performed more frequently than generally accepted by peers, chiropractic manipulation will be considered excessive and will be denied as not medically necessary.
7. E&M codes cannot be billed on the same date of service as chiropractic services.
8. Physical therapy should not be done in a chiropractic setting. Physical therapy services for Paramount members should be performed by licensed physical therapists in a par facility.

There must be documentation to support each service billed. Documentation should exist in the member's medical record and must verify that the services billed were rendered and that the services were medically necessary. The following information should be documented in the member's medical record on the initial visit for a new condition:

- a) Member's history
- b) Member's chief complaint
- c) Subjective findings from physical examination including evaluations of the musculoskeletal and nervous

systems

- d) Objective findings including x-ray results, if given
- e) Diagnosis (see approved diagnosis codes below)
- f) Treatment plan which includes the following:
 - Goals
 - Plans for continued treatment including duration and frequency of visits
 - Objective measures that will be used to evaluate the effectiveness of treatment

The following information should be documented on periodic reassessments:

- a) Member's status on each visit date including how the patient's member's condition has changed since the last treatment
- b) Review of how the chief complaint has changed since the last visit
- c) Results of physical exam

On each visit, the treatment given on each visit date must be documented including the specific region(s) manipulated.

The following services are not covered:

- 1. Visits in excess of thirty dates of service per member per twelve-month period in an outpatient setting if the member is under the age of twenty- one
- 2. Visits in excess of fifteen dates of service per member per twelve-month period in an outpatient setting if the member is twenty-one years of age or older
- 3. Services unrelated to the treatment of the specific medical complaint, services unnecessary for the treatment of an ailment, and treatment of a preventative medicine nature
- 4. Manipulation is considered experimental and investigational when it is rendered for non-neuromusculoskeletal conditions (e.g., attention-deficit hyperactivity disorder, dysmenorrhea, epilepsy; and gastro-intestinal disorders, not an all-inclusive list) because its effectiveness for these indications is unproven.
- 5. Manipulation of infants is considered experimental and investigational for non-neuromusculoskeletal indications.
- 6. Chiropractic manipulation has no proven value for treatment of scoliosis.

Any service other than manual manipulation for treatment of subluxation of the spine and x-rays are not covered services. The following are examples of services (not an all-inclusive list) that, when performed or ordered by the chiropractor, are excluded from coverage:

- a) Maintenance therapy (therapy that is performed to treat a chronic, stable condition or to prevent deterioration)
- b) Laboratory test
- c) Evaluation and management services
- d) Physical therapy
- e) Traction
- f) Supplies
- g) Injections
- h) Drugs
- i) Diagnostic studies
- j) Orthopedic devices
- k) Equipment used for manipulation
- l) Any manipulation which the x-ray or other tests does not support the primary diagnosis

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

- Members may NOT be eligible for chiropractic care for any of the following indications, not limited to:
- Adjustments/manipulations in asymptomatic individuals or for those without an identifiable clinical condition; or
- Adjustments/manipulations in individuals whose condition is neither regressing nor improving; or
- Augmented soft tissue mobilization (ASTYM or ASTM technique); or

- Back school and other return-to-work/reintegration or vocational programs including work hardening; or
- Cold therapy devices/heating devices/combo heat and cold therapy devices (convenience items); or
- Cost of supplies (eg, theraband, electrodes) used in furnishing chiropractic care is included in the general services with which they are associated; or
- Graston technique; or
- Internal manipulation (ie, transvaginal, transrectal) for conditions including, but may not be limited to: chronic pelvic pain, vulvodynia, pudendal neuralgia or interstitial cystitis; or
- Kinesio taping; or
- Lifestyle enhancement care, such as exercises to promote overall fitness, flexibility, provide diversion or motivation; or
- Maintenance care consists of activities that generally are intended to preserve the individual's present level of function and/or prevent regression of that level of function; or
- Nonmusculoskeletal or nonneuromusculoskeletal conditions; or
- Treatments for sports related rehabilitation or other similar avocational activities such as, but not limited to: (Refers to continued treatment for sports related injuries in an effort to improve above and beyond normal ability to perform ADLs; it is not intended to return the individual to their previous (or improved) level of sports competition or capability.)
 - Baseball pitching/throwing
 - Cheerleading
 - Golfing
 - Martial arts of all types
 - Organized football, baseball, basketball, soccer, lacrosse, swimming, track and field, etc. at a college, high school, other school or community setting
 - Personal return to running rehabilitation
 - Professional and amateur tennis
 - Professional and amateur/hobby/academic dance
 - Weightlifting and similar activities.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES for Chiropractic Services:

98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
98943	Chiropractic manipulative treatment (CMT); extraspinal, one or more regions

ICD-10 codes may be covered with required prior authorization if selection criteria are met (under 4 years of age):

G24.3	Spasmodic torticollis
G54.0 - G55	Nerve root and plexus disorders
G71.0 - G72.9	Primary disorders of muscles and other myopathies
G80.0 - G80.9	Cerebral palsy
M05.00 - M08.99	Rheumatoid arthritis and other inflammatory polyarthropathies
M40.00 - M40.51 M42.00 - M54.9	Deforming dorsopathies, spondylitis and other dorsopathies [excluding scoliosis]
M91.10 - M94.9	Chondropathies
Q65.00 - Q68.8	Congenital musculoskeletal deformities

Q72.70 - Q72.73 Q74.1 - Q74.2	Congenital malformations of lower limb, including pelvic girdle
Q74.0 Q74.9 Q87.89	Congenital malformations of upper limb, including shoulder girdle
Q76.0 - Q76.49	Congenital malformations of spine
Q77.0 -Q77.1 Q77.4 - Q77.5 Q77.7 - Q77.9 Q78.9	Osteochondrodysplasia
S03.4xx+	Sprain of jaw
S13.0xx+ - S13.9xx+ S23.0xx+ - S23.9xx+ S33.0xx+ - S33.9xx+ S43.001+ - S43.92X+ S53.001+ - S53.499 S63.001+ - S63.92X+ S73.001+ - S73.199+ S83.001 - S83.92X+ S93.01X+ - S93.699+	Dislocation and sprains of joint and ligaments
S14.2xx+ - S14.9xx+ S24.2xx+ - S24.9XX+ S34.21x+ - S34.9XX+	Injury to nerve roots, spinal plexus and other nerves
S16.1xx+	Strain of muscle, fascia and tendon at neck level
S23.41x+ - S23.429+ S33.4xx+ S33.8xx+ - S33.9xx+	Sprain of other ribs, sternum, and pelvis
S39.002+ S39.012+ S39.092+	Injury or strain of muscle, fascia and tendon of lower back
S44.00x+ - S44.92x+	Injury of nerves at shoulder and upper arm level
S46.011+ - S46.019+ S46.111+ - S46.119+ S46.211+ - S46.219+ S46.311+ -	Injury of muscle, fascia and tendon at shoulder and upper arm level

S46.319+ S46.811+ - S46.819+ S46.911+ - S46.919+	
S74.00x+ - S74.92x+	Injury of nerves at hip and thigh level
S76.011+ - S76.019+ S76.111+ - S76.119+ S76.211+ - S76.219+ S76.311+ - S76.319+ S76.811+ - S76.819+ S76.911+ - S76.919+	Injury and strain of muscle, fascia and tendon at hip and thigh level
S84.00x+ - S84.92x+	Injury of nerves at lower leg level
S86.001+ - S86.019+ S86.111+ - S86.119+ S86.211+ - S86.219+ S86.311+ - S86.319+ S86.811+ - S86.819+ S86.911+ - S86.919+	Injury of muscle, fascia and tendon at lower leg level
S94.00x+ - S94.92x+	Injury of nerves at ankle and foot level
S96.001+ - S96.019+ S96.111+ - S96.119+ S96.211+ - S96.219+ S96.811+ - S96.819+ S96.911+ - S96.919+	Injury of muscle, fascia and tendon at ankle and foot level
ICD-10 codes covered if selection criteria are met for adults and children (4 years of age and older):	
G24.3	Spasmodic torticollis
G43.001 - G43.919	Migraine
G44.001 - G44.89	Tension and other headaches
G54.0 - G55	Nerve root and plexus disorders
G56.00 - G56.93	Mononeuritis of upper limb

G57.00 - G59	Mononeuritis of lower limb
G71.0 - G72.9	Muscular dystrophies and other myopathies
G80.0 - G80.9	Cerebral palsy
M05.00 - M08.99	Rheumatoid arthritis and other inflammatory polyarthropathies
M12.00 - M13.89	Other and unspecified arthropathies
M15.0 - M19.93	Osteoarthritis and allied disorders
M20.001 - M25.9	Other joint disorders
M26.601 - M26.69	Temporomandibular joint disorders
M35.3 M75.00 - M79.9	Rheumatism, shoulder lesions and enthesopathies [excludes back]
M40.00 - M40.51 M42.00 - M54.9	Deforming dorsopathies, spondylitis and other dorsopathies [excluding scoliosis]
M85.30 - M85.39	Osteitis condensans
M89.00 - M89.09	Algoneurodystrophy
M91.10 - M94.9	Osteochondropathies
M95.3	Acquired deformity of neck
M95.5	Acquired deformity of pelvis
M95.8	Other specified acquired deformities of musculoskeletal system
M95.9	Acquired deformities of musculoskeletal system, unspecified
M99.00 - M99.09	Segmental and somatic dysfunction [allowed by CMS]
M99.10 - M99.19	Subluxation complex (vertebral)
M99.83 - M99.84	Other acquired deformity of back or spine
Numerous options	Other, multiple, and ill-defined dislocations [including vertebra]
Q65.00 - Q68.8	Congenital musculoskeletal deformities
Q74.1 - Q74.2	Congenital malformations of lower limb, including pelvic girdle
Q74.0 Q74.9 Q87.89	Congenital malformations of upper limb, including shoulder girdle
Q76.0 - Q76.49	Congenital malformations of spine
Q77.0 - Q77.1 Q77.4 - Q77.5 Q77.7 - Q77.9 Q78.9	Osteochondrodysplasia
R51	Headache
S03.40x+ - S03.42x+	Sprain of jaw
S13.0xx+ - S13.9xx+ S23.0xx+ - S23.9xx+ S33.0xx+ - S33.9xx+ S43.001+ -	Dislocation and sprains of joints and ligaments

S43.92X+ S53.001+ - S53.499 S63.001+ - S63.92X+ S73.001+ - S73.199+ S83.001 - S83.92X+ S93.01X+ - S93.699+	
S14.2xx+ - S14.9xx+ S24.2xx+ - S24.9XX+ S34.21x+ - S34.9xx+	Injuries to nerve root(s), spinal plexus(es) and other nerves
S16.1xx+	Strain of muscle, fascia and tendon at neck level
S23.41x+ - S23.429+ S33.4xx+ S33.8xx+ - S33.9xx+	Sprain of other ribs, sternum, and pelvis
S39.002+ S39.012+ S39.092+	Injury or strain of muscle, fascia and tendon of lower back
S44.00x+ - S44.92x+	Injury of nerves at shoulder and upper arm level
S46.011+ - S46.019+ S46.111+ - S46.119+ S46.211+ - S46.219+ S46.311+ - S46.319+ S46.811+ - S46.819+ S46.911+ - S46.919+	Injury of muscle, fascia and tendon at shoulder and upper arm level
S74.00x+ - S74.92x+	Injury of nerves at hip and thigh level
S76.011+ - S76.019+ S76.111+ - S76.119+ S76.211+ - S76.219+ S76.311+ - S76.319+ S76.811+ - S76.819+ S76.911+ - S76.919+	Injury and strain of muscle, fascia and tendon at hip and thigh level
S84.00x+ -	Injury of nerves at lower leg level

S84.92x+	
S86.001+ - S86.019+ S86.111+ - S86.119+ S86.211+ - S86.219+ S86.311+ - S86.319+ S86.811+ - S86.819+ S86.911+ - S86.919+	Injury of muscle, fascia and tendon at lower leg level
S94.011+ - S94.019+ S94.111+ - S94.119+ S94.211+ - S94.219+ S94.311+ - S94.319+ S94.811+ - S94.819+ S94.911+ - S94.919+	Injury of nerves at ankle and foot level
S96.001+ - S96.019+ S96.111+ - S96.119+ S96.211+ - S96.219+ S96.811+ - S96.819+ S96.911+ - S96.919+	Injury of muscle, fascia and tendon at ankle and foot level
ICD-10 codes not covered for indications listed (not all-inclusive):	
F84.0 - F84.9	Pervasive developmental disorder
F90.0 - F90.9	Attention deficit hyperactivity disorder
G40.001 - G40.919	Epilepsy and recurrent seizures
J45.20 - J45.998	Asthma
K00.0 - K95.89	Diseases of the digestive system
M41.00 - M41.9	Scoliosis [and kyphoscoliosis], idiopathic; resolving infantile idiopathic scoliosis; and progressive infantile idiopathic scoliosis
N94.4 - N94.6	Dysmenorrhea
N95.1	Menopausal and female climacteric states [not covered for menopause-associated vasomotor symptoms]
O32.1xx0 - O32.1xx9	Maternal care for breech presentation
R10.83	Colic
R56.1	Post traumatic seizures
R56.9	Unspecified convulsions [seizure disorder NOS]

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 01/13/2015

01/13/15: Reviewed OAC 5160-8-11 and CMS L31862 guidelines. Policy created to reflect most current clinical evidence per Medical Policy Steering Committee.

06/14/16: Per the Medicare Tactical Team Meeting review and determination, code 98943 is non-covered for Elite per CMS guidelines. Removed codes 97010, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97110, 97112, 97113, 97116, 97124, 97140, 97530 from this policy and added to PG0158. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

10/11/16: Changed verbiage for prior authorization requirement from “children 0-3 years of age” to “children under 4 years of age” per administrative direction.

04/10/18: Removed ICD-9 diagnosis codes and replaced with ICD-10 codes. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

12/01/2020: Policy update, effective 1/1/2021, Elite/ProMedica Medicare Plan, a Prior Authorization is required for all chiropractic visits exceeding 30 per year. This policy includes all combination of procedure codes 98940, 98941, 98942 and 98943.

12/07/2020: Placed medical policy on the new Paramount Medical Policy Format.

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

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