

**FIRST COAST SERVICE OPTIONS
MAC – PART B
CODING GUIDELINES**

LCD Database ID Number

L33840

Contractor Name

First Coast Service Options, Inc.

Contractor Number

09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

LCD Title

Chiropractic Services

Coding Guidelines

The date of initial treatment or date of exacerbation or reinjury of the existing condition must be entered in Item 14 of FORM CMS 1500. This serves as affirmation by the chiropractor that all documentation requirements are being maintained on file by the chiropractor.

If an x-ray is used to determine the level of subluxation, put the date of the x-ray in Item 19 on the CMS 1500 form.

Procedure codes **98940- 98942** do not represent add-on codes wherein more than one is required to report additional regions. For example, to report CMT of five spinal regions you report only code **98942** as this code includes all five regions.

Effective for services rendered on or after 10/01/2004:

- When providing active/corrective treatment for acute or chronic subluxation, an AT (Acute Treatment) modifier **must** be placed on the claim when billing procedure codes 98940, 98941, or 98942. Claims for medically necessary services must contain the AT modifier to reflect such services provided or the claim will be denied. However, the presence of the AT modifier may not in all instances indicate that the service is reasonable and necessary. As always, contractors may deny if appropriate after medical review.
- When providing maintenance therapy, no modifier is required when billing procedure codes 98940, 98941, or 98942. The AT modifier **must not** be placed on the claim when maintenance therapy has been provided. Claims without the AT modifier will be considered as maintenance therapy and denied.

Reasons for Denials

When performed for indications other than those listed in the "Indications and Limitations of Coverage and/or Medical Necessity" section of this policy.

Chiropractic Services

Services would not be considered medically reasonable and necessary in the absence of pain or symptomatology resulting from a subluxation of the spine.

Medicare's coverage for Chiropractic services is limited to manual manipulation of the spine. Any other diagnostic or therapeutic services(s) furnished by a chiropractor or under his or her order will be denied.

All claims submitted for chiropractic manipulative treatment by specialties other than specialty 35 (Chiropractor) will be denied.

Procedure code **98943** is a non-covered service.

Other Comments

Chiropractic or physician consultation should be utilized for the review process, if there is a question as to the validity of medical necessity of the claim.

The following terms are used in this policy:

Ankylosis: immobility and consolidation of a joint due to disease, injury or surgical procedure.

Arthritis: rheumatism in which the inflammatory lesions are confined to the joints.

Arthrosis: a joint or articulation; a disease of a joint.

Atlanto: occipital - region of the spine pertaining to the occiput and the first cervical segment.

Axis: second cervical segment of the spine.

Chronic: persisting over a long period of time: designating a disease showing little change or of slow progression; opposite of acute.

"C" curve: the normal cervical lordosis.

Dorsal: refers to mid-back/thoracic region.

Flexion: bending.

Intervertebral disc: layers of fibrocartilage between the bodies of adjacent vertebrae, consisting of a fibrous ring enclosing a pulpy center.

Kyphosis: "hunchback"; abnormal increase in convexity in the curvature of the thoracic spine.

Lordosis: "sway back"; anterior concavity in the curvature of the lumbar and cervical spine as viewed from the side.

Manipulation: (adjustment) - skillful treatment or procedure involving the use of hands.

Paralysis: loss of motor function.

Paresis: weakness or incomplete paralysis.

Radicular pain: pain resulting from nerve root irritation.

Rotation: the process of turning around an axis.

Chiropractic Services

Scoliosis: an appreciable lateral deviation in the normally straight vertical line of the spine.

Spondylitis: inflammation of the vertebrae.

Subluxation: an incomplete dislocation, off-centering, misalignment fixation or abnormal spacing of the vertebrae anatomically.

Vertebrae: any of the 33 bones of the spinal column, comprising the 7 cervical, 12 thoracic, 5 lumbar, 5 sacral and 4 coccygeal vertebrae.

Revision History

Date	Revision
10/01/2015	This "Coding Guideline" replaces all previous "Coding Guidelines" to comply with ICD-10-CM based on Change Request 8112. The effective date of this "Coding Guideline" is based on date of service.

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