

## CHIROPRACTIC SERVICES

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ND Medicaid covers chiropractic services provided by an enrolled Doctor of Chiropractic licensed under state law.

### COVERED SERVICES

ND Medicaid chiropractic coverage includes 20 manual manipulations (including use of activator or similar instrument) of the spine for treatment of subluxations (incomplete or partial dislocation) demonstrated by x-rays or exam. Limited Evaluation and Management (E/M) services and x-rays are also covered.

### COVERAGE LIMITATIONS

Manual manipulation of the spine is limited to one manipulation per day and may not exceed 20 manipulations per calendar year without a service authorization.

#### Spinal Manipulations

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

New Patient Evaluation and Management (E/M) services (99202 or 99203) are covered in addition to the chiropractic manipulative treatment (98940-98942) only when the patient has not received any professional (face-to-face) services from the chiropractor, or another chiropractor of the same group practice, within the past three years.

X-rays may not exceed two (2) per year per region. Full spine x-rays will count as 1 of the 2 allowed x-rays per region.

#### X-rays

72020 - Radiologic examination, spine, single view, specify level

72040 - Radiologic examination, spine, cervical; 2 or 3 views

72050 - Radiologic examination, spine, cervical; 4 or 5 views

72052 - Radiologic examination, spine, cervical; 6 or more views

72070 - Radiologic examination, spine; thoracic, 2 views

72072 - Radiologic examination, spine; thoracic, 3 views

72074 - Radiologic examination, spine; thoracic, minimum of 4 views

72080 - Radiologic examination, spine; thoracolumbar junction, minimum of 2 views

72100 - Radiologic examination, spine, lumbosacral; 2 or 3 views

72110 - Radiologic examination, spine, lumbosacral; minimum of 4 views

72114 - Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

72120 - Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views

72220 - Radiologic examination, sacrum and coccyx, minimum of 2 views

### **NONCOVERED SERVICES**

- Chiropractic maintenance therapy is not covered. Maintenance therapy is defined as a plan of care that seeks to prevent disease, promotes health, and prolong and enhance the quality of life; or therapy that is performed to 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.
- Any joint manipulation outside of the spine.

### **MEDICAL NECESSITY FOR TREATMENT**

Chiropractic services are considered medically necessary when all the following criteria are met:

- The member has a neuromusculoskeletal condition and the manipulative services performed have a direct therapeutic relationship to the condition; and
- The member has a subluxation of the spine as demonstrated by X-ray or physical exam.

### **SERVICES THAT ARE NOT MEDICALLY NECESSARY**

- Continued chiropractic treatment after the initial two weeks, if no improvement is documented, unless the chiropractic treatment is modified.
- Continued chiropractic treatment if no improvement is documented within 30 days even with a modification of chiropractic treatment.
- Continued chiropractic treatment once the maximum therapeutic benefit has been achieved.
- Chiropractic manipulation of a member who is asymptomatic or is without an identifiable clinical condition.
- Chiropractic care of a member, whose condition is neither regressing nor improving.
- Chiropractic manipulation for the treatment of idiopathic scoliosis or for treatment of scoliosis beyond early adolescence, unless the member is exhibiting pain or spasm, or some other medically necessary indications for chiropractic manipulation are present.

- Manipulation for non-neuromusculoskeletal conditions (e.g., attention-deficit hyperactivity disorder, breech or other malpresentations, scoliosis, dysmenorrhea, otitis media, asthma, epilepsy, etc.).

## **SERVICE AUTHORIZATIONS AND BILLING GUIDELINES**

Two diagnostic codes must be listed on the service authorization and claim to support medical necessity:

- The level of subluxation must be specified and must be listed as the primary diagnosis.
  - M99.00 - Segmental and somatic dysfunction of head region
  - M99.01 - Segmental and somatic dysfunction of the cervical region
  - M99.02 - Segmental and somatic dysfunction of the thoracic region
  - M99.03 - Segmental and somatic dysfunction of the lumbar region
  - M99.04 - Segmental and somatic dysfunction of the sacral region
  - M99.05 - Segmental and somatic dysfunction of the pelvic region
- The associated neuromusculoskeletal condition necessitating treatment must be listed as the secondary diagnosis.
- Chiropractic services must be submitted via an 837P transaction, or a CMS 1500 professional claim.