Related Change Request (CR) #: NA
Related CR Release Date: N/A
Effective Date: April 1, 2005
Implementation Date: April 4, 2005

MMA- Expansion of Coverage for Chiropractic Services Demonstration

Provider Types Affected
Chiropractors who practice in the States of Maine and New Mexico, Scott County, Iowa, 26 counties in Illinois (including Cook, DeKalb, DuPage, Grundy, Kane, Kendall, McHenry, Will, Boone, Bureau, Carroll, Henry, JoDaviess, Kankakee, Lake, LaSalle, Lee, Marshall, Mercer, Ogle, Putnam, Rock Island, Stark, Stephenson, Whiteside, and Winnebago counties), and 17 counties in central Virginia (including Pittsylvania, Campbell, Appomattox, Nelson, Buckingham, Fluvanna, Louisa, Caroline, Hanover, New Kent, Henrico, Richmond City, Danville City, Goochland, Cumberland, Powhatan, and Amelia counties)

Provider Action Needed

STOP – Impact to You
Under a two-year demonstration project beginning April 1, 2005, doctors of chiropractic will be able to bill Medicare carriers for the Part B medical, radiology, clinical lab, and therapy services that you provide for your Medicare fee-for-service patients. These services must be billed separately from current services that are covered under Medicare. You must include a demonstration code for all demonstration claims.

CAUTION – What You Need to Know
Beginning April 1, 2005, CMS is conducting a demonstration to evaluate the feasibility and advisability of expanding the coverage of diagnostic and other chiropractic services under Medicare. This demonstration is required by Section 651 of the Medicare Modernization Act of 2003 (MMA). There is no requirement to enroll in the demonstration in order to bill for the additional demonstration services.

GO – What You Need to Do
If you are a doctor of chiropractic providing services in the geographic areas of this demonstration, make certain that your billing offices are aware of this demonstration and the expanded coverage of chiropractic services that it allows.
Background

Section 651 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) requires that the Centers for Medicare & Medicaid Services (CMS) conduct a two-year Demonstration of Coverage of Chiropractic Services Under Medicare. Specifically, MMA requires CMS to expand coverage for your services to include “care for neuromusculoskeletal conditions typical among eligible beneficiaries and diagnostic and other services that a chiropractor is legally authorized to perform by the State or jurisdiction in which such treatment is provided.”

This means that, under this demonstration, chiropractors will be allowed to bill Medicare Part B for medical, radiology, clinical lab, and certain therapy services related to the treatment of neuromusculoskeletal conditions that you are legally permitted to provide according to your state practice acts, and as allowed within Medicare rules. The diagnostic services that chiropractors will be allowed to perform and bill Medicare for include plain x-rays, EMGs and nerve conduction studies, and clinical lab tests. Chiropractors can order MRIs and CT scans under the demonstration; however they cannot be paid to perform or interpret them. In addition, chiropractors participating in this demonstration will be able to order x-rays and clinical lab services.

The clinical lab services that chiropractors can perform are listed in the clinical lab fee schedule which can be found at:

http://www.cms.hhs.gov/providers/pufdownload/#labfee

Any chiropractor performing clinical lab tests, and any labs that chiropractors order tests from, must comply with the Clinical Laboratory Improvement Amendments (CLIA) program and the site must be CLIA certified. You will be required to include your practice site’s CLIA certification number on the claim form in block 23 on the CMS 1500 form. To submit electronic claims report the CLIA number in: X12N 837 (HIPAA version) loop 2300, REF02. REF01=X4. Medicare will verify that you are eligible to perform the laboratory service. Chiropractors are also subject to clinical laboratory state practice requirements. Chiropractors must also comply with the Stark requirements regarding limitations on physician self-referrals. Information regarding these requirements can be found in Medlearn Matters article number MM 3036, which may be found at:


Under this demonstration, doctors of chiropractic will also be allowed to bill Medicare for CPT code 98943—extraspinal manipulation. The fee amounts for 98943 per geographic area can be found in Table 1 on page 5 of this article. Coverage will also be expanded to include other ancillary services chiropractors are legally allowed to provide and Medicare currently covers. These procedures include electrotherapy, ultrasound, TENS therapy, and other services that are medically necessary for the treatment of neuromusculoskeletal conditions. Chiropractors will be allowed to provide physical therapy services and to refer patients for therapy under this demonstration.

Chiropractors will also be reimbursed for Evaluation and Management (E&M) services delivered for neuromusculoskeletal conditions. Under the demonstration, chiropractors will be allowed to bill Medicare for both an E&M visit and for treatment the first time you assess a patient, as well as for current patients in such instances as when there is a new condition, exacerbation or recurrence of the current condition, or for a reassessment midway through treatment. Chiropractors should not
bill for an E&M service every time they treat a patient. Chiropractors billing Medicare under this demonstration must follow the same documentation guidelines that physicians follow for E&M services. For example, chiropractic manipulation codes include a brief pre-manipulation patient assessment. Additional E&M services may be reported separately using the modifier “-25” if, and only if, the patient's condition requires a significant separately identifiable E&M service. When manipulation and E&M codes are billed for the same visit, it is necessary to attach a “-25” modifier to the E&M code. These guidelines can be found at:

http://www.cms.hhs.gov/medlearn/emdoc.asp

Additional E&M guidance can also be found in the Medicare Claims Processing Manual, publication 100-04, Chapter 12, Section 30. This manual may be accessed at:

http://www.cms.hhs.gov/manuals/104_claims/clm104index.asp

Services provided under this demonstration must be related to acute or active treatment, not maintenance or prevention of neuromusculoskeletal conditions. You must place an AT modifier next to every CPT code on all claims when providing active/corrective treatment to treat acute or chronic subluxation.

You should be aware that while under this demonstration, chiropractors will be subject to the same coverage and payment rules that physicians and physical therapists must follow, such as: 1) rules that apply to physicians regarding billing for the delivery of E&M services and treatment in the same visit; 2) coinsurance or deductible rules; and 3) rules regarding the delivery of physical therapy services, including identifying these services using the GP modifier, and certifying the plan of care every 30 days. These requirements can be found in the Medicare Benefit Policy Manual 100-2 in Chapter 15, Sections 220 and 230 and the Medicare Claims Processing Manual 100-4 in Chapter 5, Section 20 and other manual sections.

The Medicare Benefit Policy Manual may be found at:


Chiropractors must also follow physician requirements for "incident to" services. Information regarding these requirements can be found in a Medlearn Matters article at:


In addition, chiropractors must follow physician rules for providing therapy services under the incident to provision of the physician regulation. When a physical therapy service is provided incident to the service of a chiropractor, the person who furnishes the service must meet the standards and conditions that apply to physical therapists, except that a license is not required. This means that unless chiropractic students, chiropractic assistants, or sports trainers have graduated from a physical therapy curriculum approved by: 1) the American Physical Therapy Association, or 2) The Committee on Allied Health Education and Accreditation of the American Medical Association, or 3) the Council on Medical Education of the American Medical Association and the American Physical Therapy Association they cannot provide therapy services incident to a chiropractor. The only exception is that certain persons trained prior to January 1, 1966 may be grandfathered (see 42 CFR 484.4).
Finally, you should check your local Medicare carrier website for information on local coverage decisions regarding demonstration services.

Other physician approval is not required for your services under this demonstration. Only chiropractors can bill Medicare under this demonstration.

The demonstration will be conducted in four geographic areas—two rural and two urban. One rural and one urban geographic area will be located in a designated Health Professional Shortage Area (HPSA). These areas are the states of Maine and New Mexico, Scott County, Iowa, 26 counties in Illinois (including Cook, DeKalb, DuPage, Grundy, Kane, Kendall, McHenry, Will, Boone, Bureau, Carroll, Henry, JoDaviess, Kankakee, Lake, LaSalle, Lee, Marshall, Mercer, Ogle, Putnam, Rock Island, Stark, Stephenson, Whiteside, and Winnebago counties), and 17 counties in central Virginia (including Pittsylvania, Campbell, Appomattox, Nelson, Buckingham, Fluvanna, Louisa, Caroline, Hanover, New Kent, Henrico, Richmond City, Danville City, Goochland, Cumberland, Powhatan, and Amelia counties). Zip codes are provided in Table 2 for Illinois, Table 3 for Virginia, and Table 4 for Iowa.

The demonstration applies to Part B services delivered to all Medicare fee-for-service beneficiaries. The demonstration also applies to Medicare Advantage enrollees of plans who choose to participate in the demonstration; however, the Medicare Advantage requirements are not in this article and these requirements will be addressed separately.

Also, while you will only be able to participate if you provide services in the four designated geographic areas, your Medicare patients are not required to live in these areas to receive demonstration services. In addition, chiropractors practicing within the demonstration areas may refer patients to providers that are not located in the demonstration areas. For example, a chiropractor may refer a patient to a radiologist outside of the demonstration area for an MRI.

Chiropractors must apply demonstration code 45 to all demonstration claims. On the ASCX12837 electronic format, you should report the demonstration number in the 2300/REF loop. The reference identification qualifier is P4 (project code) and the reference identification is 45. If you are using form 1500, the demonstration number should be inserted on line 19.

You will be required to submit claims for demonstration services separately from claims for CPT codes 98940, 98941, and 98942. For example, if you submit claims for CPT codes 98940 through 98942 with demonstration services and the demonstration code 45, the non-demonstration services will be rejected and you will have to resubmit the non-demonstration services. The demonstration services will be paid. If you submit a claim for CPT codes 98940 through 98942 with demonstration services and the demonstration code 45 is not included, the demonstration services will be rejected and you should resubmit them as a separate claim. The non-demonstration services will be paid in this instance.

Chiropractors should also be aware that they will be subject to the current version of the National Correct Coding Edits (CCI) which can be found at:

http://www.cms.hhs.gov/physicians/cciedits

Other points of interest to you are as follows:

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• CPT codes currently exist for the services that you will provide under this demonstration (See Tables 5 and 6). Your Medicare carrier will develop edits to recognize chiropractors in these four geographic areas and allow you to be reimbursed for your authorized medical, radiology, clinical lab, and therapy services. Information regarding fees for demonstration services (except 98943 which is found in Table 1) can be found at: http://www.cms.hhs.gov/physicians/mpfsapp/step0.asp

• Current Medicare coverage for chiropractic services (codes 98940, 98941, and 98942) remains unchanged. You will continue to be paid 100% of the fee schedule for these three codes.

• If you practice in an area that is also classified as a HPSA area, you will be eligible for HPSA bonus payments. Chiropractors are not eligible for incentive payments for Physician Scarcity Area payments.

• You should not bill using any of the osteopathic manipulation codes since these codes are valued specifically for the manipulation services done by osteopaths.

• You must always place a GP modifier on claims for Physical Therapy services, except for 64550. Chiropractors should place a modifier on claims for 64550, except in cases where it is not part of a therapy plan of care. See Pub. 100-04, chapter 5 section 20 for billing therapy codes. This publication may be found at: http://www.cms.hhs.gov/manuals/104_claims/clm104index.asp

• The primary diagnosis at the claim detail must be one of the ICD-9-CM diagnosis codes listed in Table 6 for coverage under this demonstration.

Additional Information
Should you have additional questions, contact your carrier’s provider customer toll free line. That number may be found at:

http://www.cms.hhs.gov/medlearn/tollnums.asp

Additional information regarding the demonstration can also be found on the CMS website at:

http://www.cms.hhs.gov/researchers/demos/eccs/default.asp

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<td>Total evaluation of body, excluding hands</td>
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<td>Total evaluation of body, including hands</td>
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<td>95851</td>
<td>Range of motion measurements and report; each extremity or each trunk section</td>
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<td>Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study</td>
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<td>Motor, with F-wave study</td>
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<td>73500</td>
<td>x-ray hip unilateral 1 view</td>
</tr>
<tr>
<td>73510</td>
<td>x-ray hip unilateral 2+ views</td>
</tr>
<tr>
<td>73520</td>
<td>x-ray hip bilateral 2+ views</td>
</tr>
<tr>
<td>73550</td>
<td>x-ray femur 2 views</td>
</tr>
<tr>
<td>73560</td>
<td>x-ray knee 1-2 views</td>
</tr>
<tr>
<td>73562</td>
<td>x-ray knee 3 views</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>73564</td>
<td>x-ray knee 4+ views</td>
</tr>
<tr>
<td>73565</td>
<td>x-ray bilateral knees standing</td>
</tr>
<tr>
<td>73590</td>
<td>x-ray tibia fibula 2 views</td>
</tr>
<tr>
<td>73600</td>
<td>x-ray ankle 2 views</td>
</tr>
<tr>
<td>73610</td>
<td>x-ray ankle 3+ views</td>
</tr>
<tr>
<td>73620</td>
<td>x-ray foot, two views</td>
</tr>
<tr>
<td>73630</td>
<td>x-ray foot, 3+ views</td>
</tr>
<tr>
<td>73650</td>
<td>x-ray heel 2+ views</td>
</tr>
<tr>
<td>73660</td>
<td>x-ray toe--2 or more views</td>
</tr>
<tr>
<td>71100</td>
<td>xray ribs, unilateral; 2 views</td>
</tr>
<tr>
<td>71110</td>
<td>x-ray ribs, bilateral 3 views</td>
</tr>
<tr>
<td>71120</td>
<td>x-ray sternum, 2+ views</td>
</tr>
<tr>
<td>71130</td>
<td>x-ray, sternum+sc joint</td>
</tr>
</tbody>
</table>
### TABLE 6 – Diagnosis (ICD-9) Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Specific Codes Within the Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>307</td>
<td>Special symptoms</td>
<td>307.81</td>
</tr>
<tr>
<td>138</td>
<td>Late effects of poliomyelitis</td>
<td></td>
</tr>
<tr>
<td>340</td>
<td>Multiple sclerosis</td>
<td></td>
</tr>
<tr>
<td>346</td>
<td>Migraine</td>
<td>346.0, 346.1, 346.2, 346.8, 346.9</td>
</tr>
<tr>
<td>350</td>
<td>Trigeminal neuralgia</td>
<td>350.1, 350.2</td>
</tr>
<tr>
<td>352</td>
<td>disorder cranial nerve</td>
<td>352.4</td>
</tr>
<tr>
<td>353</td>
<td>disorder, nerve root and plexus</td>
<td>353.0, 353.1, 353.2, 353.4, 353.6</td>
</tr>
<tr>
<td>354</td>
<td>Mononeuritis, upper limb and multiple</td>
<td>354.0, 354.1, 354.2, 354.3, 354.4, 354.8, 354.9</td>
</tr>
<tr>
<td>356</td>
<td>Neuropathy, hereditary and idiopathic</td>
<td>356.1, 356.4, 356.8, 356.9</td>
</tr>
<tr>
<td>358</td>
<td>disorders myoneural</td>
<td>358.00, 358.01</td>
</tr>
<tr>
<td>715</td>
<td>Arthritis, osteoarthritis*</td>
<td>715.0x, 715.1x, 715.2x, 715.3x, 715.8x, 715.9x</td>
</tr>
<tr>
<td>716</td>
<td>Arthropathies, NEC/NOS*</td>
<td>716.1x, 716.2x, 716.3x, 716.4x, 716.5x, 716.6x, 716.8x, 716.9x</td>
</tr>
<tr>
<td>717</td>
<td>derangement, knee internal</td>
<td>717.0-3, 717.40-43, 717.49, 717.5-7, 717.81-84, 717.85, 717.89, 717.9</td>
</tr>
<tr>
<td>718</td>
<td>derangement, other joint*</td>
<td>718.0x, 718.1x, 718.6x, 718.8x, 718.9x, 718.48</td>
</tr>
<tr>
<td>719</td>
<td>disorder, joint NEC/NOS*</td>
<td>719.0x, 719.1x, 719.2x, 719.3x, 719.4x, 719.5x, 719.6x, 719.7x, 719.8x, 719.9x</td>
</tr>
<tr>
<td>720</td>
<td>Spondilitis, ankylosing and other inflammatory spondylopathies</td>
<td>720.0, 720.1, 720.2, 720.81, 720.89, 720.9</td>
</tr>
<tr>
<td>721</td>
<td>Spondylosis and allied disorders</td>
<td>721.0, 721.1, 721.2, 721.3, 721.4, 721.5, 721.6, 721.7, 721.8, 721.90, 721.91</td>
</tr>
<tr>
<td>723</td>
<td>disorder cervical spine</td>
<td></td>
</tr>
<tr>
<td>724</td>
<td>disorders, back NEC/NOS</td>
<td>724.00-03, 724.1-6, 724.70, 724.71, 724.79, 724.8, 724.9</td>
</tr>
<tr>
<td>725</td>
<td>Polymyalgia rheumatica</td>
<td></td>
</tr>
<tr>
<td>726</td>
<td>enthesopathies, peripheral and allied syndromes</td>
<td>726.0, 726.10-.12, .19, 726.2, 726.30-.32, .39, 726.4, .5, 726.60-.65, .69, 726.70-.73,.79, 726.8, .90, .91</td>
</tr>
</tbody>
</table>

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<th>Description</th>
<th>Specific Codes Within the Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>727</td>
<td>disorders, synovium tendon and bursa</td>
<td>727.00-.06, 727.09-.1, .2, .3, 727.40-.43, 727.49, 727.50-.51, 727.59, 727.60-.69, 727.81-.83, 727.89-.9</td>
</tr>
<tr>
<td>728</td>
<td>disorders, muscle, ligament and fascia</td>
<td>728.10-.12, 728.2, .3, .4, .5, .6, 728.71, 728.79, 728.81, 728.83, 728.85, 728.87, 728.89, 728.9</td>
</tr>
<tr>
<td>733</td>
<td>Other disorders of bone and cartilage</td>
<td>733.6, 733.92</td>
</tr>
<tr>
<td>735</td>
<td>deformity, toe acquired</td>
<td>735.0, 735.1, 735.2, 735.4, 735.5, 735.8, 735.9</td>
</tr>
<tr>
<td>736</td>
<td>Deformity, limbs acquired</td>
<td>736.00-.07, 736.09-.1, 736.20-.22, 736.29-.32, 736.39, 736.41-.42, 736.6-.70-.76, 736.79, 736.81, 736.89</td>
</tr>
<tr>
<td>737</td>
<td>Curvature spine</td>
<td>737.0, 737.10, 737.11, 737.12, 737.19, 737.20-.22, 737.29, 737.30-34, 737.40-43, 737.8, 737.9</td>
</tr>
<tr>
<td>738</td>
<td>deformity, acquired</td>
<td>738.2-9</td>
</tr>
<tr>
<td>739</td>
<td>Lesions, nonallopathic NEC</td>
<td>739.0-9</td>
</tr>
<tr>
<td>754</td>
<td>Congenital musculoskeletal deformities</td>
<td>754.1, 754.2, 754.40-.44, 754.50-53, 754.59, 754.60-.62, 754.69, 754.70, 754.71, 754.79</td>
</tr>
<tr>
<td>756</td>
<td>other congenital musculoskeletal abnormalities</td>
<td>756.10-15, 756.17, 756.19, 756.2, 756.3, 756.4, 756.82, 756.83, 756.89</td>
</tr>
<tr>
<td>840</td>
<td>Sprains and strains of shoulder and upper arm</td>
<td>840.1-9</td>
</tr>
<tr>
<td>841</td>
<td>Sprains and strains of elbow and forearm</td>
<td>841.0-.3,</td>
</tr>
<tr>
<td>842</td>
<td>Sprains and strains of wrist and hand</td>
<td>842.00-.02, 842.09-.13, 842.19</td>
</tr>
<tr>
<td>843</td>
<td>Sprains and strains of hip and thigh</td>
<td>843.0, 843.1, 843.8, 843.9</td>
</tr>
<tr>
<td>844</td>
<td>Sprains and strains of knee and leg</td>
<td>844.0-844.3, 844.8, 844.9</td>
</tr>
<tr>
<td>845</td>
<td>Sprains and strains of ankle and foot</td>
<td>845.00-.03, 845.09-.13, 845.19</td>
</tr>
<tr>
<td>846</td>
<td>Sprains and strains of the sacroiliac region</td>
<td>846.0-.3, 846.8, 846.9</td>
</tr>
<tr>
<td>847</td>
<td>Sprains and strains of back NEC/NOS</td>
<td>847.0-4, 847.9</td>
</tr>
<tr>
<td>848</td>
<td>Sprains and strains, ill-defined, NEC</td>
<td>848.3, 848.40-.42, 848.49, 848.8, 848.9</td>
</tr>
<tr>
<td>905</td>
<td>Late effects, musculoskeletal and connective tissues injuries</td>
<td>905.1-9</td>
</tr>
<tr>
<td>907</td>
<td>Late effects, injuries to the nervous system</td>
<td>907, 907.1-5, 907.9</td>
</tr>
<tr>
<td>922</td>
<td>Contusion, trunk</td>
<td>922.1, 922.31, 922.33, 922.33, 922.8</td>
</tr>
<tr>
<td>923</td>
<td>Contusion, upper limb</td>
<td>923.00-.03, 923.09-.11, 923.20-.21, 923.3, 923.8, 923.9</td>
</tr>
<tr>
<td>924</td>
<td>Contusion, lower limb</td>
<td>924.00, 924.01, 924.10-.11, 924.20-.21, 924.3-5,</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td></td>
<td></td>
<td>924.8, 924.9</td>
</tr>
<tr>
<td>955</td>
<td>Injury, peripheral nerve(s) of shoulder girdle and upper limb</td>
<td>955.0-9</td>
</tr>
<tr>
<td>956</td>
<td>Injury, peripheral nerve(s) of pelvic girdle and lower limb</td>
<td>956.0-5, 956.8, 956.9</td>
</tr>
<tr>
<td>958</td>
<td>Certain traumatic complications</td>
<td>958.6</td>
</tr>
<tr>
<td>784</td>
<td>Symptoms involving head and neck</td>
<td>784</td>
</tr>
</tbody>
</table>

* = "x" specifies anatomic site, and any value would be appropriate