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MMA- Expansion of Coverage for Chiropractic Services Demonstration

Key Words

SE0514, MM3935, Chiropractors, Demonstration, Radiology, Clinical, Lab, Therapy, Coverage, Diagnostic, Neuromusculoskeletal, X-rays, EMGs, Nerve, MRIs, CT, CLIA, CPT, 98943, Extrapinal, Electrotherapy, Ultrasound, TENS, E&M, Modifier, LCDs, HPSA, NCDs

Provider Types Affected

Chiropractors who practice in:

- 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).

Key Points

- The effective date of this instruction is April 1, 2005.
- The implementation date is April 4, 2005.
- The MLN Matters article SE0514 was revised on March 27, 2006, to provide updated 2006 fee rates for CPT 98943 in Table 1 of MLN Matters special edition article SE0514, and an updated list of Current Procedural Terminology (CPT) procedure codes which providers can bill under for 2006 in Table 5.
- 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.

- 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.”*
- 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 they are legally permitted to provide according to their 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.
- 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.
- 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.
- Under this demonstration, doctors of chiropractic will also be allowed to bill Medicare for CPT code 98943 - extraspinal manipulation.
- The 2006 fee amounts for code 98943 per geographic area can be found in Table 1 of MLN Matters special edition article SE0514.
- 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.
- Under this demonstration chiropractors will be allowed to provide physical therapy services and to refer patients for therapy.
- Chiropractors will also be reimbursed for Evaluation and Management (E&M) services delivered for neuromusculoskeletal conditions.
- Chiropractors will be allowed to bill Medicare for both an E&M visit and for treatment the first time they 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.
- Services provided under this demonstration must be related to acute or active treatment, not maintenance or prevention of neuromusculoskeletal conditions.

- An AT modifier must be placed next to every CPT code on all claims when providing active/corrective treatment to treat acute or chronic subluxation.
- While under this demonstration, chiropractors will be subject to the same coverage and payment rules that physicians and physical therapists must follow, such as:
 - Rules that apply to physicians regarding billing for the delivery of E&M services and treatment in the same visit;
 - Coinsurance or deductible rules; and
 - 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.
- Chiropractors must follow carrier Local Coverage Decisions (LCDs), Laboratory National Coverage Determinations (NCDs), etc. that physicians must follow.
- Chiropractors must follow physician requirements for “incident to” services and 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.
- Unless chiropractic students, chiropractic assistants, or sports trainers have graduated from a physical therapy curriculum approved by the American Physical Therapy Association, or the Committee on Allied Health Education and Accreditation of the American Medical Association, or 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).
- Beginning January 1, 2006, financial limitation of therapy services (therapy caps) was implemented.
- There is an exception process which allows for overrides of these limitations.
- The exception process, which provides automatic coverage exceptions for certain conditions and permits manual exception requests for others went into effect March 13 and is retroactive to January 1, 2006.
- The dollar amount for the 2006 limitation on physical therapy services from January 1, 2006, through December 31, 2006, will be \$1,740.00. The limits do not apply to outpatient Part B therapy services in outpatient hospital or hospital emergency room settings.
- 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 of MLN Matters special edition article SE0514 for Illinois, Table 3 for Virginia, and Table 4 for Iowa.
- While chiropractors will only be able to participate if they provide services in the four designated geographic areas, their Medicare patients are not required to live in these areas to receive demonstration services.
- Chiropractors practicing within the demonstration areas may refer patients to providers that are not located in the demonstration areas.
- Chiropractors must apply demonstration code 45 to all demonstration claims.
- On the 837 professional transaction, chiropractors should report the demonstration number “45” in Loop 2300 REF02 (REF01=P4).
- If chiropractors are using the CMS-1500 claim form, the demonstration number should be inserted in Box 19 (reserved for local use), along with the word “demo” before the number 45.
- Chiropractors will be required to submit claims for demonstration services separately from claims for CPT codes 98940, 98941, and 98942.
- CPT codes currently exist for the services that chiropractors will provide under this demonstration. (See Tables 5 and 6 on pages 15 and 18 of MLN Matters Special Edition article SE0514.)
- Current Medicare coverage for chiropractic services (codes 98940, 98941, and 98942) remains unchanged and the fee schedule for these codes will continue to apply.
- Chiropractors that practice in an area that is also classified as a HPSA area, will be eligible for HPSA bonus payments.
- MLN Matters article MM3935 describes when a HPSA modifier is required.
- The primary diagnosis at the claim detail must be one of the ICD-9-CM diagnosis codes listed in Table 6 of MLN Matters special edition article SE0514 for coverage under this demonstration.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0514.pdf>

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/clinicallabfeesched> on the CMS website.

E&M guidance can be found in the *Medicare Claims Processing Manual*, Publication 100-04, Chapter 12, Section 30, at <http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf> on the CMS website.

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0441.pdf>

Medicare Claims Processing Manual (Publication 100-04), Chapter 5, Section 10.2, which is available at <http://www.cms.hhs.gov/manuals/downloads/clm104c05.pdf> on the CMS website.

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4364.pdf>

The current version of the National Correct Coding Edits (CCI) can be found at <http://www.cms.hhs.gov/NationalCorrectCodInitEd/> on the CMS website.

http://www.cms.hhs.gov/PhysicianFeeSched/01_Overview.asp#TopOfPage

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3935.pdf>