

Section 2

Chiropractic Medicine

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1 General Information

This manual is designed to be used in conjunction with other sections of the Utah Medicaid Provider Manual, such as *Section I: General Information of the Utah Medicaid Provider Manual (Section I: General Information)*.

Chiropractic medicine, as described in this manual, is a benefit of the Utah Medicaid Program for Early Periodic Screening Diagnosis Treatment (EPSDT) eligible children age six and older and pregnant women.

Note: Effective November 1, 2008, non-pregnant adults are NOT eligible for chiropractic services.

1-1 General Policy

All chiropractic services are provided by a contracted sole source provider. Chiropractic providers must contact Chiropractic Health Plan (CHP) for details of participation. All inquiries, claims and requests for prior authorization (PA) must be submitted directly to CHP.

1-2 Fee-For-Service or Managed Care

This manual is not intended to provide guidance to providers for Medicaid fee-for-service members or members enrolled in a managed care plan (MCP). Refer to the provider manual, *Section I: General Information*, for information regarding MCPs and how to verify if a Medicaid member is enrolled in an MCP.

1-3 Definitions

Definitions of terms used in Medicaid programs are available in *Section I: General Information of the Utah Medicaid Provider Manual (Section I: General Information)*.

2 Provider Participation Requirements

A chiropractic physician must hold a current professional license in the State of Utah and be enrolled as a Medicaid provider with Chiropractic Health Plan (CHP) to be eligible for Medicaid reimbursement.

2-1 Provider Enrollment

Refer to provider manual, *Section I: General Information* for provider enrollment information.

3 Member Eligibility

A Medicaid member is required to present the Medicaid Identification Card before each service, and every provider must verify each member's eligibility each time and before services are rendered. For more information regarding verifying eligibility refer to provider manual, *Section I: General Information, Verifying Medicaid Eligibility*.

4 Program Coverage

Procedure Codes

Effective January 1, 2013, procedure codes, with accompanying criteria and limitations, have been removed from the provider manual and are now found on the Medicaid website Coverage and Reimbursement Lookup Tool at: <https://medicaid.utah.gov>.

4-1 Covered Services

Chiropractic services may be provided when medically necessary and include examination, diagnosis and manual manipulations to influence joint and neurophysiological function of the regions of the spine, including x-rays of the spine.

The table on the Following page, labeled *Covered ICD-9-CM Diagnosis Codes*, contains the exclusive list of covered ICD-9-CM diagnosis codes for chiropractic medicine which are reimbursed by Utah Medicaid. All chiropractic medicine services require prior authorization from Chiropractic Health Plan (CHP). (Chapter 6).

Evaluation

The initial encounter evaluation may include an examination, x-rays for diagnostic purposes only, initial reports, instruction, education support, and consulting. An evaluation may be performed once per episode of illness.

Subsequent Services and Therapy Sessions

Subsequent encounters may include records, assessment, monitoring of care, reports, and procedures related to spinal manipulation. A client may receive only one treatment per day.

Covered ICD-9-CM Diagnosis Codes

A chiropractic physician may receive reimbursement only for the following diagnosis codes:

714.0	Rheumatoid Arthritis	724.71	Disorder of coccyx, hypermobility
715.0	Osteoarthritis, Generalized	724.79	Other disorders of coccyx
715.00	Osteoarthritis, Unspecified	724.8	Other symptoms referable to back
716.1	Traumatic arthropathy	724.9	Other unspecified back disorder
716.9	Arthritis, chronic	728.85	Spasm of muscle
720.0	Ankylosing Spondylitis	733.01	Senile osteoporosis
721.0	Cervical Spondylosis without myelopathy	737	Curvature of spine
721.1	Cervical Spondylosis with myelopathy	737.0	Adolescent Postural kyphosis
721.2	Thoracic Spondylosis without myelopathy	737.10	Kyphosis, acquire postural
721.3	Lumbosacral Spondylosis without myelopathy	737.20	Lordosis, acquired postural
721.41	Spondylosis with myelopathy, thoracic	737.3	Kyphoscoliosis / scoliosis
721.42	Spondylosis with myelopathy, lumbar	737.42	Curvature of spine, lordosis
721.6	Ankylosing vertebral hyperostosis	737.43	Curvature of spine, scoliosis
721.7	Traumatic spondylopathy	756.10	Unspecified anomaly of spine
721.9	Spondylosis of unspecified site	756.11	Spondylolysis, lumbosacral
722	Intervertebral disc disorders	756.12	Spondylolisthesis
722.0	Displacement of cervical intervertebral with or without myelopathy	756.19	Other anomalies of spine
722.10	Lumbar intervertebral disc without myelopathy	839.01	Subluxation of cervical vertebra, first vertebra
722.11	Thoracic intervertebral disc without myelopathy	839.03	Subluxation of cervical vertebra, C 3
722.51	Degeneration of thoracic or thoracolumbar intervertebral disc	839.04	Subluxation of cervical vertebra, C 4
722.52	Degeneration of lumbar or lumbosacral intervertebral disc	839.05	Subluxation of cervical vertebra, C 5
722.6	Degeneration of intervertebral disc site, unspecified	839.06	Subluxation of cervical vertebra, C 6
722.71	Intervertebral disc disorder with myelopathy, cervical region	839.07	Subluxation of cervical vertebra, C 7
722.72	Intervertebral disc disorder with myelopathy, thoracic region	839.20	Lumbar subluxation
722.73	Intervertebral disc disorder with myelopathy, lumbar region	839.21	Thoracic subluxation
722.91	Cervical discitis	839.40	Unspecified spinal subluxation
722.92	Thoracic discitis	839.41	Subluxation coccyx vertebra region
722.93	Lumbar discitis	839.42	Subluxation sacrum / sacroiliac joint
723.0	Spinal stenosis in cervical region	839.8	Multiple subluxation, arm / hand / back
723.1	Cervicalgia	846.9	Traumatic sacroiliac sprain
723.5	Torticollis, unspecified	847.0	Sprain and strain, neck
724.01	Spinal stenosis, thoracic region	847.1	Sprain and strain, thoracic
724.02	Spinal stenosis, lumbar region	847.2	Sprain and strain, lumbar
724.1	Pain in thoracic spine	847.4	Sprain and strain, coccyx
724.4	Thoracic or lumbosacral neuritis or radiculitis	847.9	Traumatic thoraco-lumbar strain
724.6	Disorders of sacrum	848.3	Traumatic costovertebral strain / sprain
724.70	Unspecified disorder of coccyx	952.10	Thoraco spinal cord Injury, T1-6

5 Non-Covered Services and Limitations

Medicaid does not cover services not related to manual manipulation of the spine or services specifically prohibited by State Licensing.

Refer to the Coverage and Reimbursement Lookup Tool on the Medicaid website at: <https://medicaid.utah.gov> for additional non-covered services.

6 Billing

Specific CPT codes must be provided to indicate the specific services provided even when services are billed under the global encounter code.

Specific ICD-9-CM diagnosis codes must be provided when billing.

Refer to the provider manual, *Section I: General Information*, for detailed billing instructions.

6-1 Prior Authorization

All chiropractic medicine services, including the initial evaluation, require written prior authorization obtained from Chiropractic Health Plan (CHP). Do not send prior authorization requests to Utah Medicaid. Requests for prior authorization of chiropractic services made to Medicaid will be returned to the provider for submission to CHP.

Failure to obtain prior authorization can result in payment denial by Medicaid. Exceptions may be made, with appropriate documentation, if the service provided is emergent or the member is retro-eligible for the dates of service requested. Contact Chiropractic Health Plan for the prior authorization form and PA requirements and conditions. Services requested are justified with sufficient information for approval.

Services must be performed within the period of time specified by the prior authorization, otherwise payment will be denied. Submit written prior authorization requests to:

Chiropractic Health Plan
867 East 9400 South
Sandy, Utah 84094

7 References

Current Procedural Terminology, American Medical Association, current edition

ICD-9-CM Volumes 1, 2, 3; AAPC, OptumInsight, Inc., current edition

HCPCS Medicare Level II, AAPC, OptumInsight, Inc., current edition

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