

Contractor Name

Wisconsin Physicians Service (WPS)

Contractor Number

00951, 00952, 00953, 00954

Contractor Type

Carrier

LCD Database ID Number

Wisconsin	L8469
Illinois	L10881
Michigan	L11054
Minnesota	L13241

LCD Version Number**LCD Title**

Chiropractic Services

Contractor's Determination Number

CHIRO-001

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CMS National Coverage Policy

Medicare Benefit Policy Manual (MBPM) §100-02-30.5 - Medicare Carrier Manual (MCM) B3-2020.26;
CMS Pub.100.2 Chapter. 15 §240 - 240.1.5;
CMS PUB 100.4 Chapter 12 § 220
MBPM Chapter 15 §240.1.1 - MCM B3-251

Primary Geographic Jurisdiction

Wisconsin, Illinois, Michigan, Minnesota

Oversight Region

Region V

CMS Consortium

Midwest

Original Determination Effective Date

03/15/2003

Revision Effective Date

09/01/2005

Indications and Limitations of Coverage and/or Medical Necessity

Implementation of the chiropractic benefit requires an appreciation of the differences between chiropractic theory and experience and traditional medicine due to fundamental differences regarding etiology and theories of the pathogenesis of disease. Judgments about the reasonableness of chiropractic treatment must be based on the application of chiropractic principles.

- A. *The term "physician" under Part B includes a chiropractor who meets specified qualifying requirements, but only for treatment by means of manual manipulation of the spine to correct a subluxation. Medicare covers limited chiropractic services when performed by a chiropractor licensed by the state or jurisdiction in which he/she resides.*

Reimbursement is based on the physician fee schedule and payment is made to the beneficiary or, on assignment, to the chiropractor.

- B. **Manual Manipulation.** --Coverage of chiropractic service is specifically limited to treatment by means of manual manipulation, i.e., by use of hands. Additionally, manual devices (i.e., those that are hand-held with the thrust of the force of the device being controlled manually) may be used by chiropractors in performing manual manipulation of the spine. However, no additional payment is available for use of the device, nor does Medicare recognize an extra charge for the device itself.

The word "correction" may be used in lieu of "treatment". Also, a number of different terms composed of the following words may be used to describe manual manipulation as defined above:

- Spine or spinal adjustment by manual means;
- Spine or spinal manipulation;
- Manual adjustment; and
- Vertebral manipulation or adjustment.

Any case in which the term(s) used to describe the service performed suggests that it may not have been treatment by means of manual manipulation, the claim will be referred for professional review and interpretation

C. **Utilization Guidelines**

1. *Subluxation.*--Subluxation is defined as a motion segment, in which alignment, movement integrity, and/or physiological function of the spine are altered although contact between joint surfaces remains intact.
2. *Documentation of Subluxation.*--A subluxation may be demonstrated by an x-ray or by physical examination, as described below.
 - a. *Demonstrated by X-Ray.*
 - *Effective for claims with dates of service on or after January 1, 2000, an x-ray is not required to demonstrate the subluxation.*
 - *A x-ray may be used to document subluxation. The x-ray must have been taken at a time reasonably proximate to the initiation of a course of treatment. Unless more specific x-ray evidence is warranted, an x-ray is considered reasonably proximate if it was taken no more than 12 months prior to or 3 months following the initiation of a course of chiropractic treatment. In certain cases of chronic subluxation (e.g., scoliosis), an older x-ray may be accepted provided the beneficiary's health record indicates the condition has existed longer than 12 months and there is a reasonable basis for concluding that the condition is permanent. A previous CT scan and/or MRI is acceptable evidence if a subluxation of the spine is demonstrated.*

b. *Demonstrated by Physical Examination Evaluation of musculoskeletal/ nervous system to identify (PART = Pain, Asymmetry Range of motion and tissue tone changes):*

- *Pain/tenderness evaluated in terms of location, quality, and intensity*

P.A.R.T. Information:

Pain – Most primary neuromusculoskeletal disorders manifest primarily by a painful response. Pain and tenderness findings may be identified through one or more of the following: observation, percussion, palpation, provocation, etc. Furthermore pain intensity may be assessed using one or more of the following: visual analog scales, algometers, pain questionnaires, etc.

- *Asymmetry/misalignment identified on a sectional or segmental level;*

P.A.R.T. Information

Asymmetry/misalignment – Asymmetry/misalignment may be identified on a sectional or segmental level through one or more of the following: observation (posture and gait analysis), static palpation for misalignment of vertebral segments, diagnostic imaging, etc.

- *Range of motion abnormality (changes in active, passive, and accessory joint movements resulting in an increase or a decrease of sectional or segmental mobility); and*

P.A.R.T. Information

Range of motion abnormality – Range of motion abnormalities may be identified through one or more of the following: motion, palpation, observation, stress diagnostic imaging, range of motion measurements, etc.

- *Tissue, tone changes in the characteristics of contiguous, or associated soft tissues, including skin, fascia, muscle, and ligament.*

P.A.R.T. Information

Tissue/Tone texture may be identified through one or more of the following procedures: observation, palpation, use of instruments, tests for length and strength etc.

To demonstrate a subluxation based on physical examination, two of the four criteria mentioned under the above physical examination list are required, one of which must be asymmetry/misalignment or range of motion abnormality.

The history recorded in the patient record should include the following:

- *Symptoms causing patient to seek treatment;*

- *Family history if relevant;*
- *Past health history (general health, prior illness, injuries, or hospitalizations; medications; surgical history);*
- *Mechanism of trauma;*
- *Quality and character of symptoms/problem;*
- *Onset, duration, intensity, frequency, location and radiation of symptoms;*
- *Aggravating or relieving factors; and*
- *Prior interventions, treatments, medications, secondary complaints.*

D. Documentation Requirements: Initial Visit - the following documentation requirements apply whether the subluxation is demonstrated by x-ray or by physical examination:

1. *History as stated above.*
2. *Description of the present illness including:*
 - *Mechanism of trauma;*
 - *Quality and character of symptoms/problem;*
 - *Onset, duration, intensity, frequency, location, and radiation of symptoms;*
 - *Aggravating or relieving factors;*
 - *Prior interventions, treatments, medications, secondary complaints; and*
 - *Symptoms causing patient to seek treatment.*

These symptoms must bear a direct relationship to the level of subluxation. The symptoms should refer to the spine (spondyle or vertebral), muscle (myo), bone (osseo or osteo), rib (costo or costal) and joint (arthro) and be reported as pain (algia), inflammation (itis), or as signs such as swelling, spasticity, etc. Vertebral pinching of spinal nerves may cause headaches, arm, shoulder, and hand problems as well as leg and foot pains and numbness. Rib and rib/chest pains are also recognized symptoms, but in general other symptoms must relate to the spine as such. The subluxation must be causal, i.e., the symptoms must be related to the level of the subluxation that has been cited. A statement on a claim that there is "pain" is insufficient. The location of pain must be described and whether the particular vertebra listed is capable of producing pain in the area determined.

3. *Evaluation of musculoskeletal/nervous system through physical examination.*
4. *Diagnosis: The primary diagnosis must be subluxation, including the level of subluxation, either so stated or identified by a term descriptive of subluxation. Such terms may refer either to the condition of the spinal joint involved or to the direction of position assumed by the particular bone named.*
5. *Treatment Plan: The treatment plan should include the following:*
 - *Recommended level of care (duration and frequency of visits);*
 - *Specific treatment goals; and*
 - *Objective measures to evaluate treatment effectiveness.*
6. *Date of the initial treatment.*

E. Documentation Requirements: Subsequent Visits - the following documentation requirements apply whether the subluxation is demonstrated by x-ray or by physical examination:

1. *History*
 - *Review of chief complaint;*
 - *Changes since last visit;*
 - *System review if relevant.*
2. *Physical exam*
 - *Exam of area of spine involved in diagnosis;*

- Assessment of change in patient condition since last visit;
 - Evaluation of treatment effectiveness.
3. Documentation of treatment given on day of visit.

F. Necessity for Treatment.

1. The patient must have a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment, and the manipulative services rendered must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function. The patient must have a subluxation of the spine as demonstrated by x-ray or physical exam, as described above.

Most spinal joint problems may be categorized as follows:

- **Acute subluxation:** A patient's condition is considered acute when the patient is being treated for a new injury, identified by x-ray or physical exam as specified above. The result of chiropractic manipulation is expected to be an improvement in, or arrest of progression, of the patient's condition.
- **Chronic subluxation-**A patient's condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment (as is the case with an acute condition), but where the continued therapy can be expected to result in some functional improvement. Once the clinical status has remained stable for a given condition, without expectation of additional objective clinical improvements, further manipulative treatment is considered maintenance therapy and is not covered

2. **Maintenance Therapy**

Under the Medicare program, Chiropractic maintenance therapy is not considered to be medically reasonable or necessary, and is therefore not payable. Maintenance therapy is defined as a treatment plan that seeks to prevent disease, promote 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. For information on how to indicate on a claim a treatment is or is not maintenance, see §240.1.3

Maintenance therapy includes services that seek to prevent disease, promote health and prolong and enhance the quality of life, or 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**.

3. **Contraindications--**Dynamic thrust is the therapeutic force or maneuver delivered by the physician during manipulation in the anatomic region of involvement. A relative contraindication is a condition that adds significant risk of injury to the patient from dynamic thrust, but does not rule out the use of dynamic thrust. The doctor should discuss this risk with the patient and record this in the chart.

- a. The following are **relative contraindications** to dynamic thrust:
- Articular hyper mobility and circumstances where the stability of the joint is uncertain;
 - Severe demineralization of bone;

- *Benign bone tumors (spine);*
 - *Bleeding disorders and anticoagulant therapy; and*
 - *Radiculopathy with progressive neurological signs.*
- b. *Dynamic thrust is **absolutely contraindicated** near the site of demonstrated subluxation and proposed manipulation in the following:*
- *Acute arthropathies characterized by acute inflammation and ligamentous laxity and anatomic subluxation or dislocation; including acute rheumatoid arthritis and ankylosing spondylitis;*
 - *Acute fractures and dislocations or healed fractures and dislocations with signs of instability;*
 - *An unstable os odontoideum;*
 - *Malignancies that involve the vertebral column;*
 - *Infection of bones or joints of the vertebral column;*
 - *Signs and symptoms of myelopathy or cauda equina syndrome;*
 - *For cervical spinal manipulations, vertebrobasilar insufficiency syndrome; and*
 - *A significant major artery aneurysm near the proposed manipulation.*

G. **Location of Subluxation.** --*The precise level of the subluxation must be specified by the chiropractor to substantiate a claim for manipulation of the spine. This designation is made in relation to the part of the spine in which the subluxation is identified:*

<i>Area of Spine</i>	<i>Names of Vertebrae</i>	<i>Number of Vertebrae</i>	<i>Short Form or Other Name</i>	<i>Subluxation ICD-9 code</i>
<i>Neck</i>	<i>Occiput</i>	<i>7</i>	<i>Occ, CO</i>	<i>739.0</i>
	<i>Cervical</i>		<i>C1-C7</i>	<i>739.1</i>
	<i>Atlas</i>		<i>C1</i>	
	<i>Axis</i>		<i>C2</i>	
<i>Back</i>	<i>Dorsal or Thoracic</i>	<i>12</i>	<i>D1-D12</i>	<i>739.2</i>
	<i>Costovertebral</i>		<i>T1-T12</i>	
	<i>Costotransverse</i>		<i>R1-R12</i>	
			<i>R1-R12</i>	
<i>Low Back</i>	<i>Lumbar</i>	<i>5</i>	<i>L1-L5</i>	<i>739.3</i>
<i>Pelvis</i>	<i>Ilii r and l</i>		<i>I, Si</i>	<i>739.5</i>
<i>Sacral</i>	<i>Sacrum, Coccyx</i>		<i>S, SC</i>	<i>739.4</i>

In addition to the vertebrae and pelvic bones listed, the Ilii (R and L) are included with the sacrum as an area where a condition may occur which would be appropriate for chiropractic manipulative treatment.

There are two ways in which the level of the subluxation may be specified in patient's record.

- *The exact bones may be listed, for example: C 5, 6, etc.*
- *The area may suffice if it implies only certain bones such as: occipito-atlantal (occiput and C1 (atlas)), lumbo-sacral (L5 and Sacrum) sacro-iliac (sacrum and ilium).*

Following are some common examples of acceptable descriptive terms for the nature of the abnormalities:

Off-centered, Misalignment, Malpositioning, Spacing

- *abnormal*
- *altered*
- *decreased*

- *increased*

Incomplete dislocation, Rotation, Listhesis

- *antero*
- *postero*
- *retro*
- *lateral*
- *spondylo*

Motion

- *limited*
- *lost*
- *restricted*
- *flexion*
- *extension*
- *hyper mobility*
- *hypomotility*
- *aberrant*

Other terms may be used. If they are understood clearly to refer to bone or joint space or position (or motion) changes of vertebral elements, they are acceptable.

H. Treatment Parameters

1. *The chiropractor should be afforded the opportunity to effect improvement or arrest or retard deterioration of subluxation within a reasonable and generally predictable period of time. Acute subluxation (e.g., strains or sprains) problems may require as many as 3 months of treatment but some require very little treatment. In the first several days treatment may be quite frequent but decreasing in frequency with time or as improvement is obtained.*
2. *Chronic spinal joint condition (e.g., loss of joint mobility or other joint problems) implies, of joints have already "set" and fibrotic tissue has developed. This condition may require a longer treatment time, but not with higher frequency.*
3. *The mere statement or diagnosis of "pain" is not sufficient to support medical necessity for the treatments. The location of pain must be described and whether the particular vertebra listed is capable of producing pain in the area determined.*

The problem/complaint addressed and precise level of each subluxation treated must be specified in the medical record. The need for an extensive, prolonged course of treatment should be consistent with the reported diagnosis and must be clearly documented in the medical record.

Coverage Topic
Chiropractic Services

CPT/HCPCS Codes

- | | |
|-------|---|
| 98940 | Chiropractic manipulative treatment (CMT); spinal, one to two regions |
| 98941 | Spinal, three to four regions |
| 98942 | Spinal, five regions |

Does the CPT 30% Rule Apply

No

ICD-9 Codes that Support Medical Necessity

Note: ICD-9-CM codes must be coded to the highest level of specificity

SHORT-TERM TREATMENT

(These conditions generally require short-term treatments.)

ICD-9 CM Symptom/Condition Codes (Secondary Diagnosis)	Code Description
307.81	Tension Headache
346.00	Classical migraine, without mention of intractable migraine
346.01	Classical migraine, with intractable migraine, so stated
346.10	Common migraine, without mention of intractable migraine
346.11	Common migraine, with intractable migraine, so stated
346.20	Variants of migraine, without mention of intractable migraine
346.21	Variants of migraine, with intractable migraine, so stated
346.80	Other forms of migraine, without mention of intractable migraine
346.81	Other forms of migraine, with intractable migraine, so stated
346.90	Migraine, unspecified, without mention of intractable migraine
346.91	Migraine, unspecified, with intractable migraine, so stated
355.1	Meralgia Paresthetica
721.0	Cervical Spondylosis without myelopathy
721.2	Thoracic Spondylosis without myelopathy
721.3	Lumbosacral spondylosis without myelopathy
721.90	Spondylosis of unspecified site without myelopathy
723.1	Cervicalgia
724.1	Pain in the thoracic spine
724.2	Lumbago
724.5	Backache, unspecified
728.85	Muscle spasm
784.0	Headache

Moderate-Term Treatment

ICD 9 CM Symptom/Condition Codes (Secondary Diagnosis)	Code Description
353.0	Brachial plexus lesions
353.1	Lumbosacral plexus lesions
353.2	Cervical root lesions
353.3	Thoracic root lesions
353.4	Lumbosacral root lesions
353.8	Other nerve root and plexus disorders
355.0	Lesion of the sciatic nerve

ICD 9 CM Symptom/Condition Codes (Secondary Diagnosis)	Code Description
355.2	Other lesions of femoral nerve
355.8	Mononeuritis of lower limb, unspecified
*719.01-719.09	Effusion of joint
*719.11-719.19	Hemarthrosis
*719.21-719.29	Villonodular synovitis
*719.31-719.39	Palindromic rheumatism
*719.41-719.49	Pain in joint
*719.51-719.59	Stiffness of joint, not elsewhere classified
*719.61-719.69	Other symptoms referable to joint
*719.7	Difficulty Walking
*719.81-719.89	Other specified disorders of joint
720.1	Spinal enthesopathy
722.91	Other and unspecified disc disorder, cervical region
722.92	Other and unspecified disc disorder, thoracic region
722.93	Other and unspecified disc disorder, lumbar region
723.2	Cervicocranial syndrome
723.3	Cervicobrachial syndrome
723.4	Brachial neuritis or radiculitis
723.5	Torticollis, unspecified
724.4	Thoracic or lumbosacral neuritis or radiculitis
724.6	Disorders of sacrum, ankylosis
724.79	Coccygodynia (disorder of coccyx)
724.8	Other symptoms referable to back, facet syndrome
729.1	Myalgia and myositis, unspecified
729.4	Fascitis, unspecified
738.4	Acquired spondylolisthesis
756.11	Spondylosis, lumbosacral region
846.0	Sprains and strains of lumbosacral (joint) (ligament)
846.1	Sprains and strains of sacroiliac ligament
846.2	Sprains and strains of sacrospinatus (ligament)
846.3	Sprains and strains of sacrotuberus (ligament)
846.8	Sprains and strains of sacroiliac region, other specified sites of sacroiliac region
847.0	Sprains and strains of neck
847.1	Sprains and strains of thoracic
847.2	Sprains and strains of lumbar
847.3	Sprains and strains of sacrum
847.4	Sprains and strains of coccyx

Long-Term Treatment

ICD 9 CM Symptom/Condition Codes (Secondary Diagnosis)	Code Description
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ICD 9 CM Symptom/Condition Codes (Secondary Diagnosis	Code Description
721.7	Traumatic Spondylopathy
722.0	Displacement of cervical intervertebral disc without myelopathy
722.10	Displacement of lumbar intervertebral disc without myelopathy
722.11	Displacement of thoracic intervertebral disc without myelopathy
722.4	Degeneration of cervical intervertebral disc
722.51	Degeneration of thoracolumbar intervertebral disc
722.52	Degeneration of lumbosacral intervertebral disc
722.81	Postlaminectomy syndrome, cervical region
722.82	Postlaminectomy syndrome, thoracic region
722.83	Postlaminectomy syndrome, lumbar region
723.0	Spinal stenosis in cervical region
724.01	Spinal stenosis, thoracic region
724.02	Spinal stenosis, lumbar region
724.3	Sciatica
756.12	Spondylolisthesis

Diagnoses that Supports Medical Necessity

Those diagnoses listed in this policy.

ICD-9 Codes that DO NOT Support Medical Necessity

Those ICD - codes not listed in this policy.

Diagnoses that DO NOT Support Medical Necessity

Those diagnoses not listed in this policy.

Documentation requirements

Documentation supporting the medical necessity of this item, such as ICD-9 codes, must be submitted with each claim. Claims submitted without ICD-9 codes will be denied as being not medically necessary. Documentation in the form of progress notes need not be submitted with each claim but be available upon request.

Claims submitted for Chiropractic manipulative treatment (CMT) CPT codes 98940, 98941, or 98942, for services rendered on or after October 1, 2004, must contain an AT modifier or they will be considered not medically necessary.

Utilization Guidelines

See C of the Section on Indications and Limitations of Coverage and/or Medical Necessity.

Once the maximum therapeutic benefit has been achieved for a given condition, ongoing maintenance therapy is not considered to be medically necessary under the Medicare program.

Sources of Information and Basis for Decision

Guidelines for Chiropractic Quality Assurance and Practice Parameters (1993);

Practice Guidelines for Straight Chiropractic (1992) Title XVIII of the Social Security Act, section 1862 (a) (1) and (7). CMS National Policy;
Monthly 05/08/98, JCuca;
PM B -01-58, CR 1820-Coding for Non-covered Services and Services Not Reasonable and Necessary;
CORR 02-03-133-Proper Use of GA, GY and GZ Modifiers;
PM AB 02-114, CR 2219-ABNs and DMEPOS Refund Requirements;
PM AB 02-168-Advance Beneficiary Notice and DMEPOS Refund Requirements (Corrections to PM AB 02-114);
Chapman-Smith D. Scope of Practice-The Chiropractic profession, NCMIC Toronto, Canada;
Harmony Printing Limited, 2000; 94-5;
Chapman-Smith D Long-Term Care-Justification and Reimbursement. The Chiropractic Report, Jan.1994; 8(1);2; Haldeman,s, et al, eds.
Guidelines for Chiropractic Quality Assurance and Practice Parameters. Gaiththersburg, Maryland; Aspen publishers, 1993;
Chapter 8; 115-127; Henderson DJ, et al,eds. Clinical Guidelines for Chiropractic Practice in Canada. Supplemnet to JCCA; 1994;
Glossary; 193-4.
BP-REV-23, CR 3449

Advisory Committee Meeting Notes

Meeting Date:

Wisconsin: 09/26/2002
Illinois: 09/04/2002
Michigan: 09/04/2002
Minnesota: 09/26/2002

Start Date of Comment Period

Wisconsin: 03/11/1994; 10/13/2000; 09/26/2002
Illinois: 12/29/1996; 10/04/2000; 09/26/2002
Michigan: 12/29/1996; 10/11/2000; 09/26/2002
Minnesota: 09/26/2002

End Date of Comment Period

11/09/2002

Start Date of Notice Period

(Published)

Wisconsin: Mailed to all Chiropractors in Wisconsin 06/22/1994; 06/01/1995; Article 08/01/1995; Article 09/01/1996; Special Mailing 12/01/1996; 09/01/1997; Article 12/01/1997; Article 03/01/1998; Article 05/01/1998; Article 10/01/1998; Article 12/01/1998; Article 06/01/1999; 12/01/1999; Article 01/01/2000; 01/01/2001; Article 02/01/2001; 02/01/2003; Article 08/01/2003, Article 09/01/03; 11/01/2004; *09/01/2005 Article;

Illinois: 05/01/1997; Article 01/200; 01/01/2001; Article 02/01/2001; 02/01/2003; Article 08/01/2003, Article 09/01/03; 11/01/2004; *09/01/2005 Article;

Michigan: 05/01/1997; Article 01/00; 01/01/2001; Article 02/01/2001; 02/01/2003; Article 08/01/2003, Article 09/01/03; 11/01/2004; *09/01/2005 Article;

Minnesota: 02/01/2003; Article 08/01/2003, Article 09/01/03; 11/01/2004; *09/01/2005 Article;

Revision History

- Wisconsin: *09/01/2005, seventeen, ICD-9 codes (719's) added to LCD; 11/01/2004, sixteen, converted to LCD, per CR 3449 changed information regarding maintenance therapy, and acute and chronic subluxation; 09/01/2003, fifteen, revised definition of 722.0 and 722.11, 08/01/2003, fourteen, revised definition of F. 1 Chronic condition and F. 2. Maintenance Therapy, 08/01/2003 06/27/2003, thirteen, revised section on Maintenance Therapy; 03/15/2003, twelve –Quadstate/revised; 02/01/2001, eleven; Dates of service on or after 04/01/2000, ten; Dates of service on or after 01/01/2000, nine; 01/01/1999, eight; 10/01/1998, seven; 11/01/1997, six; 04/01/1998, five; For claims with a date of service on or after 11/01/97, four; 01/01/1997, three; For claims with a date of service on or after 09/01/1996, two; For claims received on or After 09/01/1994, one
- Illinois: *09/01/2005, nine, ICD-9 codes (719's) added to LCD; 11/01/2004, eight, converted to LCD, per CR 3449 changed information regarding maintenance therapy, and acute and chronic subluxation; 09/01/2003, seven, revised definition of 722.0 and 722.11, 08/01/2003, six, revised definition of F. 1 Chronic condition and F. 2. Maintenance Therapy, 06/27/2003, five, revised section on Maintenance Therapy; 03/15/2003, four-Quadstate/revised; 02/01/2001, three; Dates of service on or after 04/01/2000, two; 06/01/1997, one
- Michigan: *09/01/2005, nine, ICD-9 codes (719's) added to LCD; 11/01/2004, eight, converted to LCD, per CR 3449 changed information regarding maintenance therapy, and acute and chronic subluxation; 09/01/2003, seven, revised definition of 722.0 and 722.11, 08/01/2003, six, revised definition of F. 1 Chronic condition and F. 2. Maintenance Therapy, 06/27/2003, five, revised section on Maintenance Therapy; 03/15/2003, four-Quadstate/revised; 02/01/2001, three; Dates of service on or after 04/01/2000, two; 06/01/1997, one
- Minnesota: *09/01/2005, six, ICD-9 codes (719's) added to LCD; 11/01/2004, five, converted to LCD, per CR 3449 changed information regarding maintenance therapy, and acute and chronic subluxation; 09/01/2003, four, revised definition of 722.0 and 722.11, 08/01/2003, three, revised definition of F. 1 Chronic condition and F. 2. Maintenance Therapy, 06/27/2003, one, revised section on Maintenance Therapy;

Last Reviewed On
11/01/2004

Notes:

See Coding and Billing Article CHIRO-001 - Chiropractic Services

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from chiropractic and other specialties.

* - An asterisk indicates a revision to that section of the policy.

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