POLICY STATEMENT:

I. Under every contract that provides coverage for physician services in a physician’s office and every policy which provides major medical or similar comprehensive-type coverage, the Health Plan considers chiropractic care as medically appropriate for the following conditions:
   A. Detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purpose of removing nerve interference, and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
   B. Detection or correction by manual or mechanical means of mechanical/myofascial extremity pain (e.g., bursitis, myofascial trigger points, sprains, strains).

Coverage is no more restrictive than applicable care or services under the same policy provided by other health professionals in the diagnosis, treatment, and management of the same or similar conditions, injuries, complaints, disorders or ailments. Anything that can be construed as impeding or preventing the provision or coverage of chiropractic care and services by duly licensed doctors of chiropractic, within the lawful scope of chiropractic practice, is not allowed.

II. Based upon our criteria and assessment of the peer-reviewed literature, chiropractic care is considered medically necessary when there is an expectation of or actual improvement in the patient’s condition.

Maintenance care begins when the therapeutic goals of a treatment plan have been achieved or when no additional functional progress is apparent or expected to occur. Maintenance care is considered not medically necessary.

Refer to Corporate Medical Policy #7.01.76 regarding Manipulation under Anesthesia.

POLICY GUIDELINES:

I. Coverage is limited to medically necessary services provided by a licensed doctor of chiropractic, within the scope of his or her license, in connection with the detection or correction of spinal misalignment or mechanical/myofascial extremity pain.

II. Contraindications include, but are not limited to, recent compression fracture, severe osteoporosis, inflammatory arthritis, infections, cauda equina, progressive neurological deficit, and visceral disease.

III. All chiropractic care is subject to retrospective utilization review for determining medical necessity. Coverage for services determined to be not medically necessary will be denied.

DESCRIPTION:

New York State Law mandates health insurance policies, plans and contracts that provide coverage for the diagnosis and treatment of conditions, complaints, ailments, disorders or injuries by any health care profession, that may be diagnosed and treated by a doctor of chiropractic, must provide access to and equivalent coverage for the diagnosis and treatment of those conditions, complaints, ailments disorders or injuries by a duly licensed doctor of chiropractic, within the lawful scope of chiropractic practice.
Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

**CPT:**
- 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
- 98943  Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions

**HCPCS:** No code(s)

**ICD9:**
- 307.81  Tension headache
- 346.01  Classical migraine, intractable
- 346.10  Common migraine
- 346.20  Variants of migraine
- 346.9   Migraine, unspecified
- 353.0-353.4  Nerve root and plexus disorders (code range)
- 715.0   Osteoarthritis, generalized
- 715.18  localized, primary, other specified sites
- 719.08  Effusion of joint, other specified sites
- 719.58  Stiffness of joint, not elsewhere classified, other specified sites
- 719.88  Intervertebral disc calcification
- 720.0-720.2  Ankylosing spondylitis and other inflammatory spondylopathies (code ranges)
- 720.8-720.9
- 721-721.9  Spondylosis and allied disorders (code range)
- 722-722.9  Intervertebral disc disorders (code range)
- 723.0-723.5  Other disorders of cervical region (code ranges)
- 723.7-723.9
- 724-724.79  Other and unspecified disorders of back (code range)
- 724.8   Other symptoms referable to back
- 724.9   Other unspecified back disorders
- 728.5   Hypermobility syndrome

*Proprietary Information of Excellus Health Plan, Inc.*
728.85  Spasm of muscle
728.9   Unspecified disorder of muscle, ligament and fascia
729.0-729.2, 729.5, 729.9, 729.90, 729.99  Rheumatism, unspecified and fibrositis (code range)
732.0-732.1, 732.8  Osteochondropathies (code range)
737.0-737.39, 737.8-737.9  Curvature of spine (code ranges)
738.2, 738.4-738.6  Acquired deformity of neck (code range)
739-739.5  Nonallopathic lesions, not elsewhere classified (code range)
754.2  Certain congenital musculoskeletal deformities of spine
756.10-756.16  Anomalies of spine (code range)
756.2  Cervical rib
756.3  Other anomalies of ribs and sternum
780.4  Dizziness and giddiness
782.0  Disturbance of skin sensation
784.0  Headache
839.0-839.08  Other, multiple and ill-defined dislocations; cervical vertebra, closed (code range)
839.2-839.21  Other multiple and ill-defined dislocation; thoracic and lumbar vertebra, closed (code range)
839.4-839.49  Other multiple and ill-defined dislocation; other vertebra, closed (code range)
846-846.9  Sprains and strains of sacroiliac region (code range)
847-847.9  Sprains and strains of other unspecified parts of back (code range)

**ICD10:**

G24.3  Spasmodic torticollis
G43.009  Migraine without aura, not intractable, without status migrainosus
G43.119  Migraine with aura, intractable, without status migrainosus
G43.809  Other migraine, not intractable, without status migrainosus
G43.C0  Periodic headache syndromes in child or adult, not intractable
G44.0-G44.8  Headache (code range)
G44.209  Tension-type headache, unspecified, not intractable
G54.0-G54.4  Nerve root and plexus disorders (code range)
G55  Nerve root and plexus compressions in diseases classified elsewhere
M08.1  Juvenile ankylosing spondylitis
M15.0  Primary generalized (osteo)arthritis
M15.9  Polyosteoarthritis, unspecified
M19.91  Primary osteoarthritis, unspecified site
M25.60  Stiffness of unspecified joint, not elsewhere classified
M25.78  Osteophyte, vertebrae
M35.7  Hypermobility syndrome
M40.00-M40.05  Postural kyphosis (code range)
M40.202-
M40.299  Other and unspecified kyphosis (code range)
M40.30-M40.37  Flatback syndrome (code range)
M40.40-M40.57  Lordosis (code range)
M41.00-M41.35  Scoliosis (code range)
M41.80  Scoliosis (code range)
M42.00-M42.19  Osteochondrosis of spine (code range)
M43.00-M43.19  Spondylolysis and spondylolisthesis (code range)
M43.27-M43.28  Fusion of spine (code range)
M43.6  Torticollis
M43.8x1-M43.9  Deforming dorsopathy (code range)
M45.0-M45.9  Ankylosing spondylitis of spine (code range)
M46.00-M46.09  Spinal enthesopathy (code range)
M46.1  Sacroiliitis, not elsewhere classified
M46.40-M46.49  Discitis (code range)
M46.50-M46.99  Spondylopathies (code range)
M47.011-
M47.019  Anterior spinal artery compression syndromes (code range)
M47.021-
M47.029  Vertebral artery compression syndromes (code range)
M47.10-M47.18  Other spondylosis with myelopathy (code range)
M47.20-M47.28  Other spondylosis with radiculopathy (code range)
M47.811-
M47.819  Spondylosis without myelopathy or radiculopathy (code range)
<table>
<thead>
<tr>
<th>Code Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M47.891-M47.9</td>
<td>Other and unspecified spondylosis (code range)</td>
</tr>
<tr>
<td>M48.00-M48.38</td>
<td>Other spondylopathies (code range)</td>
</tr>
<tr>
<td>M48.8x1-M49.89</td>
<td>Other specified spondylopathies (code range)</td>
</tr>
<tr>
<td>M50.00-M50.93</td>
<td>Cervical disc disorder (code range)</td>
</tr>
<tr>
<td>M51.04-M51.9</td>
<td>Thoracic, thoracolumbar and lumbosacral intervertebral disc disorders (code range)</td>
</tr>
<tr>
<td>M53.0-M53.1</td>
<td>Cervicocranial and cervicobrachial syndrome (code range)</td>
</tr>
<tr>
<td>M53.2x7-M53.2x8</td>
<td>Spinal instabilities (code range)</td>
</tr>
<tr>
<td>M53.3</td>
<td>Sacroccocygeal disorders, not elsewhere classified</td>
</tr>
<tr>
<td>M53.81-M53.88</td>
<td>Other specified dorsopathies (code range)</td>
</tr>
<tr>
<td>M54.03-M54.9</td>
<td>Dorsalgias (code range)</td>
</tr>
<tr>
<td>M60.80</td>
<td>Other myositis, unspecified site</td>
</tr>
<tr>
<td>M60.851-M60.90</td>
<td>Myositis (code range)</td>
</tr>
<tr>
<td>M62.40-M62.49</td>
<td>Contracture of muscle (code range)</td>
</tr>
<tr>
<td>M62.30-M62.838</td>
<td>Muscle spasm (code range)</td>
</tr>
<tr>
<td>M62.9</td>
<td>Disorder of muscle, unspecified</td>
</tr>
<tr>
<td>M63.80</td>
<td>Disorders of muscle in diseases classified elsewhere, unspecified site</td>
</tr>
<tr>
<td>M63.51-M63.89</td>
<td>Disorders of muscle in diseases classified elsewhere (code range)</td>
</tr>
<tr>
<td>M67.88</td>
<td>Other specified disorders of synovium and tendon, other site</td>
</tr>
<tr>
<td>M70.80</td>
<td>Other soft tissue disorders related to use, overuse and pressure of unspecified site</td>
</tr>
<tr>
<td>M70.851-M70.90</td>
<td>Other soft tissue disorders related to use (code range)</td>
</tr>
<tr>
<td>M70.951-M70.99</td>
<td>Unspecified soft tissue disorder related to use (code range)</td>
</tr>
<tr>
<td>M79.0</td>
<td>Rheumatism, unspecified</td>
</tr>
<tr>
<td>M79.1</td>
<td>Myalgia</td>
</tr>
<tr>
<td>M79.2</td>
<td>Neuralgia and neuritis, unspecified</td>
</tr>
<tr>
<td>M79.604-M79.606</td>
<td>Pain in leg (code range)</td>
</tr>
<tr>
<td>M79.609</td>
<td>Pain in unspecified limb</td>
</tr>
<tr>
<td>M79.651-M79.676</td>
<td>Pain in limb, foot and toes (code range)</td>
</tr>
<tr>
<td>M79.7</td>
<td>Fibromyalgia</td>
</tr>
<tr>
<td>M79.89-M79.9</td>
<td>Soft tissue disorders (code range)</td>
</tr>
</tbody>
</table>
M91.0-M91.92  Juvenile osteochondrosis (code range)
M93.1       Kienbock's disease of adults
M93.80      Other specified osteochondropathies of unspecified site
M93.851-M93.89  Other specified osteochondropathies (code range)
M95.3       Acquired deformity of neck
M95.5       Acquired deformity of pelvis
M96.1       Postlaminectomy syndrome, not elsewhere classified
M96.2       Postradiation kyphosis
M96.3       Postlaminectomy kyphosis
M96.4       Postsurgical lordosis
M96.5       Postradiation scoliosis
M99.00-M99.08  Segmental and somatic dysfunction (code range)
M99.10-M99.15  Subluxation complex (vertebral) (code range)
M99.20-M99.79  Stenosis of neural canal or intervertebral foramina (code range)
M99.81-M99.85  Other biomechanical lesions (code range)
M99.89      Other biomechanical lesions of abdomen and other regions
Q67.5       Congenital deformity of spine
Q76.1       Klippel-Feil syndrome
Q76.2       Congenital spondylolisthesis
Q76.3       Congenital scoliosis due to congenital bony malformation
Q76.425-Q76.9  Congenital malformation (code range)
Q77.2       Short rib syndrome
R20.0-R20.9  Disturbances of skin sensation (code range)
R42        Dizziness and giddiness
R51        Headache
S13.0xxA-     Dislocation and sprain of joints and ligaments at neck level (code range)
S13.29xxA
S13.4xxA/D/S  Sprain of ligaments of cervical spine, initial/subsequent/sequela encounter
S13.8xxA/D/S  Sprain of joints and ligaments of other parts of neck, initial/subsequent/sequela encounter
S13.9xxA/D/S  Sprain of joints and ligaments of unspecified parts of neck, initial/subsequent/sequela encounter
S14.2XXD Injury of nerve root of cervical spine, subsequent encounter
S16.1xxA/D/S Strain of muscle, fascia and tendon at neck level, initial/subsequent/sequela encounter
S23.0xxA/D/S - S23.3xxA/D/S Dislocation and sprain of joints and ligaments of thorax (code range)
S23.8xxA/D/S - S23.9xxA/D/S Sprain of other specified or unspecified parts of thorax, initial encounter/subsequent/sequela (code range)
S24.2XXD Injury of nerve root of thoracic spine, subsequent encounter
S33.0xxA/D/S - S33.2xxA/D/S Dislocation and sprain of joints and ligaments of lumbar spine and pelvis, initial/subsequent/sequela (code range)
S33.39xA/D/S Dislocation of other parts of lumbar spine and pelvis, initial/subsequent/sequela encounter
S33.5xxA/D/S Sprain of ligaments of lumbar spine, initial encounter/subsequent/sequela
S33.6xxA/D/S Sprain of sacroiliac joint, initial/subsequent/sequela encounter
S33.8xxA/D/S Sprain of other parts of lumbar spine and pelvis, initial/subsequent/sequela encounter
S33.9xxA/D/S Sprain of unspecified parts of lumbar spine and pelvis, initial/subsequent/sequela encounter
S34.22XD Injury of nerve root of sacral spine, subsequent encounter

REFERENCES:


New York State Consolidated Insurance Law. Article 32 § 3216.


*Proprietary Information of Excellus Health Plan, Inc.*


*key article(s)

**KEY WORDS:**

Chiropractic care

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**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

There is currently a Local Coverage Determination (LCD) for Chiropractic services. Please refer to the following website for Medicare Members: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33613&ver=15&DocType=All&bc=AQIAAAAAAA%3d%3d&

There is also a Supplemental Instructions Article (SIA) which contains coding or other guidelines that complement the Local Coverage Determination (LCD) that can be found at: https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52853&ver=6&LCDId=33613&CoverageSelection=Both&ArticleType=All&PolicyType=Final&bc=New+York++Entire+State&KeyWord=chiropractic&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABAACAAA%3d%3d&.