## 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.

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*Proprietary Information of Excellus Health Plan, Inc.*

A nonprofit independent licensee of the BlueCross BlueShield Association
Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract. 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

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-  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-M41.9 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 Sacroilitis, 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)
M47.891-M47.9 Other and unspecified spondylosis (code range)
M48.00-M48.38 Other spondylopathies (code range)
M48.8x1-M49.89 Other specified spondylopathies (code range)
M50.00-M50.93 Cervical disc disorder (code range)
M51.04-M51.9 Thoracic, thoracolumbar and lumbosacral intervertebral disc disorders (code range)
M53.0-M53.1 Cervicocranial and cervicobrachial syndrome (code range)
M53.2x7- M53.2x8 Spinal instabilities (code range)
M53.3 Sacrocccygeal disorders, not elsewhere classified
M53.81-M53.88 Other specified dorsopathies (code range)
M54.03-M54.9 Dorsalgias (code range)
M60.80 Other myositis, unspecified site
M60.851-M60.9 Myositis (code range)
M62.40-M62.49 Contracture of muscle (code range)
M62.30-M62.838 Muscle spasm (code range)
M62.9 Disorder of muscle, unspecified
M63.80 Disorders of muscle in diseases classified elsewhere, unspecified site
M63.51-M63.89 Disorders of muscle in diseases classified elsewhere (code range)
M67.88 Other specified disorders of synovium and tendon, other site
M70.80 Other soft tissue disorders related to use, overuse and pressure of unspecified site
M70.851-M70.90 Other soft tissue disorders related to use (code range)
M70.951-M70.99 Unspecified soft tissue disorder related to use (code range)
M79.0 Rheumatism, unspecified
M79.1 Myalgia
M79.2 Neuralgia and neuritis, unspecified
M79.604-M79.606 Pain in leg (code range)
M79.609 Pain in unspecified limb
M79.651-M79.676 Pain in limb, foot and toes (code range)
M79.7 Fibromyalgia
M79.89-M79.9 Soft tissue disorders (code range)
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

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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-S13.29xxA Dislocation and sprain of joints and ligaments at neck level (code range)
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.


**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=20&s=41&DocType=All&bc=AgIAAAAAAAAA&

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&s=New+York+-+Entire+State&KeyWord=chiropractic&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABAACAA AAA%3d%3d&.