

Chiropractic Services

Provider Manual



Iowa Department
of Human Services



Iowa
Department
of Human
Services

Provider
Chiropractic Services

Page
1

Date
April 1, 2014

TABLE OF CONTENTS

[Chapter I. General Program Policies](#)

[Chapter II. Member Eligibility](#)

[Chapter III. Provider-Specific Policies](#)

[Chapter IV. Billing Iowa Medicaid](#)

[Appendix](#)

III. Provider-Specific Policies





TABLE OF CONTENTS

	<u>Page</u>
CHAPTER III. PROVIDER-SPECIFIC POLICIES	1
A. CHIROPRACTORS ELIGIBLE TO PARTICIPATE	1
B. DESCRIPTION	1
C. INDICATIONS AND LIMITATIONS OF COVERAGE	1
D. INTERPRETER SERVICES.....	3
1. Documentation of the Service.....	4
2. Qualifications	4
E. DOCUMENTING X-RAY	4
F. PROCEDURE CODES AND NOMENCLATURE	5
1. Covered CPT Codes.....	6
2. Primary Diagnosis Codes.....	7
G. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS	23
1. Claim/Fiscal Record.....	23
2. Documentation Requirements.....	24



CHAPTER III. PROVIDER-SPECIFIC POLICIES

A. CHIROPRACTORS ELIGIBLE TO PARTICIPATE

All chiropractors licensed to practice in Iowa and certified eligible to participate in the Medicare program are eligible to participate in the Medicaid program. Chiropractors in other states are also eligible to participate, providing they are similarly qualified.

B. DESCRIPTION

Generally speaking, payment will be made for the same chiropractic procedures payable under Title XVIII of the Social Security Act (i.e., Medicare Part B). However, coverage under the Iowa Medicaid program is limited to provisions under 441 Iowa Administrative Code (IAC) Chapter 78.8(249A).

Chiropractic manipulative therapy (CMT) which is eligible for reimbursement is specifically limited by Medicaid to the manual manipulation (i.e., by use of the hands) of the spine for the purpose of correcting a subluxation demonstrated by x-ray. For the purpose of Medicaid, subluxation means an incomplete dislocation, off-centering, misalignment, fixation, or abnormal spacing of the vertebrae. The chiropractic preferred definition of subluxation is the alteration of the normal dynamics, anatomical or physiological relationship of contiguous articular structures.

No other diagnostic or therapeutic service furnished by a chiropractor or under the chiropractor's order is covered under the Medicaid program.

Manual devices (those devices that are hand-held with the thrust of the force of the device being controlled manually) may be used by the chiropractor in performing manipulation of the spine. However, no additional payment is allowed for the use of the device or for the device itself.

C. INDICATIONS AND LIMITATIONS OF COVERAGE

The patient must have a significant health problem in the form of a neuromusculoskeletal condition necessitating treatments. The manual manipulative services rendered must have a direct therapeutic relationship to the patient's condition. The mere statement or diagnosis of "pain" is not sufficient to support medical necessity for the treatments.



Spinal axis aches, strains, sprains, nerve pains, and functional mechanical disabilities of the spine are considered to be reasonable and necessary therapeutic grounds for CMT. The level of spinal subluxation must bear a direct causal relationship to the patient's symptoms and the symptoms must be directly related to the level of the subluxation that has been diagnosed.

Symptoms are usually related directly to specific anatomic spine areas. Occasionally, symptoms are more generalized and associated with several adjacent anatomic sites of subluxation. In such cases, the symptoms involving body structures should relate to the areas of subluxation in the documentation.

Medicaid covers four categories of conditions:

- ◆ **Acute.** A patient's condition is considered to be acute when the patient is being treated for a new injury that is substantiated by x-ray date, first date of treatment and diagnosis that are reasonably proximate.

The result of chiropractic treatment is expected to be an improvement in, arrest or retardation of the patient's acute condition. This result should be obtained within a reasonable and generally predictable period of time.

Some patients with acute conditions may require several weeks of treatment, while others require a much shorter duration of treatment. Initially, services may be more frequent, but Medicaid would expect to see a decrease in frequency as a result of the improvement in the patient's condition.

- ◆ **Chronic.** A patient's condition is considered chronic when it is not expected to completely resolve but where continued therapy can be expected to result in some functional improvement. Once the functional status has remained stable (unchanged for four weeks) for a given condition, further manipulation treatment is considered maintenance therapy and is not covered.
- ◆ **Exacerbation.** An exacerbation is a temporary marked deterioration of the patient's pre-existing condition documented in the clinical record due to flare-up of the condition being treated. This must be documented in the patient's clinical record, including the date of occurrence, nature of the onset, or other pertinent factors that will support the reasonableness and necessity of treatments for this condition.
- ◆ **Recurrence.** A recurrence is a return of symptoms of a previously treated condition that has been quiescent for 30 or more days. This may require the reinstatement of therapy.



Medicaid limits the coverage of chiropractic services to the hands-on manual manipulation of the spine for symptomatology associated with spinal subluxation.

Maintenance therapy (such as therapy that is performed to stabilize a chronic condition or to prevent deterioration) is not a Medicaid benefit. Once the maximum therapeutic benefit has been achieved for a given condition, ongoing maintenance therapy is not considered to be reasonable and necessary under the Medicaid program.

Coverage will be denied if there is not a reasonable expectation that the continuation of treatment would result in improvement of the patient's condition. Continued repetitive treatment without a clearly defined clinical end point is considered maintenance therapy and is not covered.

Medicaid does not cover the use of chiropractic manipulative treatment to prevent disease, promote health, prolong and enhance the quality of life, or to treat most other spinal disease or other pathological disorders. Examples of these include, but are not limited to:

- ◆ Rheumatoid arthritis,
- ◆ Muscular dystrophy,
- ◆ Multiple sclerosis,
- ◆ Pneumonia, and
- ◆ Emphysema.

D. INTERPRETER SERVICES

Interpretative services may be covered, whether done orally or through sign language. Interpreters must provide only interpretation services for the agency. The services must facilitate access to Medicaid covered services.

In order for interpretation services to be covered by Iowa Medicaid, the services must meet the following criteria:

- ◆ Provided by interpreters who provide only interpretive services
- ◆ Interpreters may be employed or contracted by the billing provider
- ◆ The interpretive services must facilitate access to Medicaid covered services

Providers may only bill for these services if offered in conjunction with an otherwise Medicaid covered service. Medical staff that are bilingual are not reimbursed for the interpretation but only for their medical services.



1. Documentation of the Service

The billing provider must document in the member's record the:

- ◆ Interpreter's name or company,
- ◆ Date and time of the interpretation,
- ◆ Service duration (time in and time out), and
- ◆ Cost of providing the service.

2. Qualifications

It is the responsibility of the billing provider to determine the interpreter's competency. Sign language interpreters should be licensed pursuant to 645 IAC 361. Oral interpreters should be guided by the standards developed by the [National Council on Interpreting in Health Care](#).

Following is the instruction for billing interpretive services when that service is provided by an outside commercial translation service:

- ◆ Bill code T1013
 - For telephonic interpretive services use modifier "UC" to indicate that the payment should be made at a per-minute unit.
 - The lack of the UC modifier will indicate that the charge is being made for the 15 minute face-to-face unit.
- ◆ Enter the number of minutes actually used for the provision of the service. The 15 minute unit should be rounded up if the service is provided for 8 minutes or more.

NOTE: Because the same code is being used but a conditional modifier may be necessary, any claim where the UC modifier is **NOT** used and the units exceed 24 will be paid at 24 units.

E. DOCUMENTING X-RAY

An x-ray must document the primary region of spinal subluxation. **EXCEPTION:** No x-ray is required for pregnant women and children aged 18 and under.

The documenting x-ray must be taken at a time reasonably near the initiation of treatment, i.e., no more than 12 months before or three months after the initiation of treatment.



In certain cases of chronic subluxation, an older x-ray may be accepted, provided the patient's health record indicates the condition has existed longer than 12 months and there are reasonable grounds for concluding that the condition is progressing. X-rays need not be repeated unless there is a new condition.

The x-ray films must be labeled with the patient's name and date the x-ray was taken, and must be marked right or left. The provider shall make the x-ray available to Medicaid when requested and have a written report, including interpretation and diagnosis, present in the patient's clinical record.

Medicaid has not approved use of magnetic resonance (MRI) or videofluoroscopy to determine the diagnosis of subluxation for chiropractic manipulations. Only diagnostic x-rays can be used to support the diagnosis.

Chiropractors are authorized to order a documenting x-ray whether or not the chiropractor owns or possesses x-ray equipment. Any x-rays so ordered are payable to the x-ray provider.

Chiropractors who provide x-rays are reimbursed at the physician fee schedule rate. Payable x-rays are limited to those Current Procedural Terminology (CPT) procedure codes that are appropriate to determine the presence of a subluxation of the spine. These codes are: 72010, 72020, 72040, 72050, 72052, 72070, 72080, 72100, 72170, and 72190.

Consistent with CPT, chiropractors may bill the professional, technical, or professional and technical components for x-rays, as appropriate.

Payment for documenting x-rays is limited to one per condition. No payment will be made for subsequent x-rays, absent a new condition. A claim for a documenting x-ray related to the onset of a new condition is payable only if the x-ray is taken no more than 12 months before or three months after the initiation of treatment for the new condition.

F. PROCEDURE CODES AND NOMENCLATURE

Medicaid recognizes Medicare's National Level II Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes. However, all HCPCS and CPT codes are not covered. The specific CPT codes that are covered for chiropractors under Iowa Medicaid are listed in the following section. It is noted that Iowa Medicaid does not cover any HCPCS codes for chiropractors.



Click [here](#) to view the fee schedule for Chiropractic Services. Providers who do not have Internet access can obtain a copy of the provider-specific fee schedule upon request from the IME.

It is the provider's responsibility to select the procedure code that best describes the item of service that was dispensed. A claim submitted without a procedure code and a corresponding diagnosis code will be denied. Please use the applicable diagnosis code based upon the date of service. Below is a chart illustrating the ICD-9 and ICD-10 diagnostic codes based on region and category.

1. Covered CPT Codes

Covered procedures for chiropractic manipulative treatment are:

- 98940 Spinal, one or two regions
- 98941 Spinal, three or four regions
- 98942 Spinal, five regions

If services are provided as the result of a Care for Kids (EPSDT) examination, use modifier Z1.

Generally, Medicaid limits chiropractic manipulative treatment to one code per day per patient. You are not required to bill excluded services.

Any treatments beyond the utilization guidelines listed must be submitted with documentation to support the medical necessity. If documentation is not submitted, the claim will be denied for lack of information. The claim may be resubmitted with documentation for reconsideration:

- ◆ Category I diagnoses generally require short term treatment (12 manipulations per 12-month period).
- ◆ Category II diagnoses generally require moderate term treatment (18 manipulations per 12-month period).
- ◆ Category III diagnoses generally require longer term treatment (24 manipulations per 12-month period).
- ◆ The utilization guideline for diagnostic combinations between categories is 28 manipulations per 12-month period.



2. Primary Diagnosis Codes

Region	ICD-9	ICD-10	Description
Head	739.0	M9900	Segmental and somatic dysfunction of head region
Cervical	739.1	M9901	Segmental and somatic dysfunction of cervical region
		S13100A	Subluxation of unspecified cervical vertebrae, initial encounter
		S13100D	Subluxation of unspecified cervical vertebrae, subsequent encounter
		S13110A	Subluxation of C0/C1 cervical vertebrae, initial encounter
		S13110D	Subluxation of C0/C1 cervical vertebrae, subsequent encounter
		S13120A	Subluxation of C1/C2 cervical vertebrae, initial encounter
		S13120D	Subluxation of C1/C2 cervical vertebrae, subsequent encounter
		S13130A	Subluxation of C2/C3 cervical vertebrae, initial encounter
		S13130D	Subluxation of C2/C3 cervical vertebrae, subsequent encounter
		S13140A	Subluxation of C3/C4 cervical vertebrae, initial encounter
		S13140D	Subluxation of C3/C4 cervical vertebrae, subsequent encounter
		S13150A	Subluxation of C4/C5 cervical vertebrae, initial encounter
		S13150D	Subluxation of C4/C5 cervical vertebrae, subsequent encounter
		S13160A	Subluxation of C5/C6 cervical vertebrae, initial encounter
		S13160D	Subluxation of C5/C6 cervical vertebrae, subsequent encounter
		S13170A	Subluxation of C6/C7 cervical vertebrae, initial encounter
		S13170D	Subluxation of C6/C7 cervical vertebrae, subsequent encounter
		S13180A	Subluxation of C7/T1 cervical vertebrae, initial encounter
		S13180D	Subluxation of C7/T1 cervical vertebrae, subsequent encounter



Region	ICD-9	ICD-10	Description
Thoracic	739.2	M9902	Segmental and somatic dysfunction of thoracic region
		S23100A	Subluxation of unspecified thoracic vertebra, initial encounter
		S23100D	Subluxation of unspecified thoracic vertebra, subsequent encounter
		S23110A	Subluxation of T1/T2 thoracic vertebra, initial encounter
		S23110D	Subluxation of T1/T2 thoracic vertebra, subsequent encounter
		S23120A	Subluxation of T2/T3 thoracic vertebra, initial encounter
		S23120D	Subluxation of T2/T3 thoracic vertebra, subsequent encounter
		S23122A	Subluxation of T3/T4 thoracic vertebra, initial encounter
		S23122D	Subluxation of T3/T4 thoracic vertebra, subsequent encounter
		S23130A	Subluxation of T4/T5 thoracic vertebra, initial encounter
		S23130D	Subluxation of T4/T5 thoracic vertebra, subsequent encounter
		S23132A	Subluxation of T5/T6 thoracic vertebra, initial encounter
		S23132D	Subluxation of T5/T6 thoracic vertebra, subsequent encounter
		S23140A	Subluxation of T6/T7 thoracic vertebra, initial encounter
		S23140D	Subluxation of T6/T7 thoracic vertebra, subsequent encounter
		S23142A	Subluxation of T7/T8 thoracic vertebra, initial encounter
		S23142D	Subluxation of T7/T8 thoracic vertebra, subsequent encounter
		S23150A	Subluxation of T8/T9 thoracic vertebra, initial encounter
		S23150D	Subluxation of T8/T9 thoracic vertebra, subsequent encounter
		S23152A	Subluxation of T9/T10 thoracic vertebra, initial encounter
		S23152D	Subluxation of T9/T10 thoracic vertebra, subsequent encounter



Region	ICD-9	ICD-10	Description
		S23160A	Subluxation of T10/T11 thoracic vertebra, initial encounter
		S23160D	Subluxation of T10/T11 thoracic vertebra, subsequent encounter
		S23162A	Subluxation of T11/T12 thoracic vertebra, initial encounter
		S23162D	Subluxation of T11/T12 thoracic vertebra, subsequent encounter
		S23170A	Subluxation of T12/L1 thoracic vertebra, initial encounter
		S23170D	Subluxation of T12/L1 thoracic vertebra, subsequent encounter
Lumbar	739.3	M9903	Segmental and somatic dysfunction of lumbar region
		S33100A	Subluxation of unspecified lumbar vertebra, initial encounter
		S33110A	Subluxation of L1/L2 lumbar vertebra, initial encounter
		S33110D	Subluxation of L1/L2 lumbar vertebra, subsequent encounter
		S33120A	Subluxation of L2/L3 lumbar vertebra, initial encounter
		S33120D	Subluxation of L2/L3 lumbar vertebra, subsequent encounter
		S33130A	Subluxation of L3/L4 lumbar vertebra, initial encounter
		S33130D	Subluxation of L3/L4 lumbar vertebra, subsequent encounter
		S33140A	Subluxation of L4/L5 lumbar vertebra, initial encounter
		S33140D	Subluxation of L4/L5 lumbar vertebra, subsequent encounter
		S33100D	Subluxation of unspecified lumbar vertebra, subsequent encounter
Sacral	739.4	M9904	Segmental and somatic dysfunction of sacral region
Pelvic	739.5	M9905	Segmental and somatic dysfunction of pelvic region



Category I

ICD-9	Description	ICD-10	Description
307.8	Tension headache	G441	Vascular headache, not elsewhere classified
721.0	Cervical spondylosis without myelopathy	G44209	Tension-type headache, unspecified, not intractable
721.2	Thoracic spondylosis without myelopathy	M4721	Other spondylosis with radiculopathy, occipito-atlanto-axial region
721.3	Lumbosacral spondylosis without myelopathy	M4722	Other spondylosis with radiculopathy, cervical region
723.1	Cervicalgia	M4723	Other spondylosis with radiculopathy, cervicothoracic region
724.1	Pain in thoracic spine	M4724	Other spondylosis with radiculopathy, thoracic region
724.2	Lumbago	M4725	Other spondylosis with radiculopathy, thoracolumbar region
724.5	Backache, unspecified	M4726	Other spondylosis with radiculopathy, lumbar region
784.0	Headache	M4727	Other spondylosis with radiculopathy, lumbosacral region
		M4728	Other spondylosis w radiculopathy, sacral and sacrococcygeal region
		M47811	Spondylosis w/o myelopathy or radiculopathy, occipito-atlanto-axial region
		M47812	Spondylosis w/o myelopathy or radiculopathy, cervical region
		M47813	Spondylosis w/o myelopathy or radiculopathy, cervicothoracic region
		M47814	Spondylosis w/o myelopathy or radiculopathy, thoracic region
		M47815	Spondylosis w/o myelopathy or radiculopathy, thoracolumbar region
		M47816	Spondylosis w/o myelopathy or radiculopathy, lumbar region
		M47817	Spondylosis w/o myelopathy or radiculopathy, lumbosacral region
		M47818	Spondylosis w/o myelopathy or radiculopathy, sacral/sacrococcygeal region
		M47891	Other spondylosis, occipito-atlanto-axial region
		M47892	Other spondylosis, cervical region



Iowa
Department
of Human
Services

Provider and Chapter

Chiropractic Services

Chapter III. Provider-Specific Policies

Page

11

Date

October 1, 2015

ICD-10	Description
M47893	Other spondylosis, cervicothoracic region
M47894	Other spondylosis, thoracic region
M47895	Other spondylosis, thoracolumbar region
M47896	Other spondylosis, lumbar region
M47897	Other spondylosis, lumbosacral region
M47898	Other spondylosis, sacral and sacro-coccygeal region
M542	Cervicalgia
M545	Low back pain
M546	Pain in thoracic spine
M5481	Occipital neuralgia
M5489	Other dorsalgia
M549	Dorsalgia, unspecified
R51	Headache



Category II

ICD-9	Description	ICD-10	Description
353.0	Brachial plexus lesions	G540	Brachial plexus disorders
353.1	Lumbosacral plexus lesions	G541	Lumbosacral plexus disorders
353.2	Cervical root lesions, NEC	G542	Cervical root disorders, not elsewhere classified
353.3	Thoracic root lesions, NEC	G543	Thoracic root disorders, not elsewhere classified
353.4	Lumbosacral root lesions, NEC	G544	Lumbosacral root disorders, not elsewhere classified
353.8	Other nerve root and plexus disorders	G548	Other nerve root and plexus disorders
719.48	Pain in joint (other specified sites, must specify site)	G549	Nerve root and plexus disorder, unspecified
720.1	Spinal enthesopathy	G55	Nerve root and plexus compressions in diseases classd elsewhere
722.91	Calcification of intervertebral cartilage or disc, cervical region	M4300	Spondylolysis, site unspecified
722.92	Calcification of intervertebral cartilage or disc, thoracic region	M4301	Spondylolysis, occipito-atlanto-axial region
722.93	Calcification of intervertebral cartilage or disc, lumbar region	M4302	Spondylolysis, cervical region
723.0	Spinal stenosis in cervical region	M4303	Spondylolysis, cervicothoracic region
723.2	Cervicocranial syndrome	M4304	Spondylolysis, thoracic region
723.3	Cervicobrachial syndrome	M4305	Spondylolysis, thoracolumbar region
723.4	Brachial neuritis or radiculitis, NOC	M4306	Spondylolysis, lumbar region
723.5	Torticollis, unspecified	M4307	Spondylolysis, lumbosacral region
724.01	Spinal stenosis, thoracic region	M4308	Spondylolysis, sacral and sacrococcygeal region
724.02	Spinal stenosis, lumbar region	M4309	Spondylolysis, multiple sites in spine
724.4	Thoracic or lumbosacral neuritis or radiculitis	M4310	Spondylolisthesis, site unspecified



ICD-9	Description	ICD-10	Description
724.6	Disorders of sacrum, ankylosis	M4311	Spondylolisthesis, occipito-atlanto-axial region
724.79	Disorders of coccyx, coccygodynia	M4312	Spondylolisthesis, cervical region
724.8	Other symptoms referable to back, facet syndrome	M4313	Spondylolisthesis, cervicothoracic region
729.1	Myalgia and myositis, unspecified	M4314	Spondylolisthesis, thoracic region
729.4	Fascitis, unspecified	M4315	Spondylolisthesis, thoracolumbar region
738.4	Acquired spondylolisthesis	M4316	Spondylolisthesis, lumbar region
756.12	Spondylolisthesis	M4317	Spondylolisthesis, lumbosacral region
846	Sprains and strains of sacroiliac region, lumbosacral (joint; ligament)	M4318	Spondylolisthesis, sacral and sacrococcygeal region
846.1	Sprains and strains of sacroiliac region, sacroiliac ligament	M4319	Spondylolisthesis, multiple sites in spine
846.2	Sprains and strains of sacroiliac region, sacrospinous (ligament)	M4320	Fusion of spine, site unspecified
846.3	Sprains and strains of sacroiliac region, sacrotuberous (ligament)	M4321	Fusion of spine, occipito-atlanto-axial region
846.8	Sprains and strains of sacroiliac region, other specified sites of sacroiliac region	M4322	Fusion of spine, cervical region
847	Sprains and strains, neck	M4323	Fusion of spine, cervicothoracic region
847.1	Sprains and strains, thoracic	M4324	Fusion of spine, thoracic region
847.2	Sprains and strains, lumbar	M4325	Fusion of spine, thoracolumbar region
847.3	Sprains and strains, sacrum	M4326	Fusion of spine, lumbar region
847.4	Sprains and strains, coccyx	M4327	Fusion of spine, lumbosacral region



ICD-10	Description
M4328	Fusion of spine, sacral and sacrococcygeal region
M436	Torticollis
M4600	Spinal enthesopathy, site unspecified
M4601	Spinal enthesopathy, occipito-atlanto-axial region
M4602	Spinal enthesopathy, cervical region
M4603	Spinal enthesopathy, cervicothoracic region
M4604	Spinal enthesopathy, thoracic region
M4605	Spinal enthesopathy, thoracolumbar region
M4606	Spinal enthesopathy, lumbar region
M4607	Spinal enthesopathy, lumbosacral region
M4608	Spinal enthesopathy, sacral and sacrococcygeal region
M4609	Spinal enthesopathy, multiple sites in spine
M4641	Discitis, unspecified, occipito-atlanto-axial region
M464	Discitis, unspecified, cervical region
M4643	Discitis, unspecified, cervicothoracic region
M4644	Discitis, unspecified, thoracic region
M4645	Discitis, unspecified, thoracolumbar region
M4646	Discitis, unspecified, lumbar region
M4647	Discitis, unspecified, lumbosacral region
M4800	Spinal stenosis, site unspecified
M4801	Spinal stenosis, occipito-atlanto-axial region
M4802	Spinal stenosis, cervical region
M4803	Spinal stenosis, cervicothoracic region



ICD-10	Description
M4804	Spinal stenosis, thoracic region
M4805	Spinal stenosis, thoracolumbar region
M4806	Spinal stenosis, lumbar region
M4807	Spinal stenosis, lumbosacral region
M4808	Spinal stenosis, sacral and sacrococcygeal region
M4834	Traumatic spondylopathy, thoracic region
M5010	Cervical disc disorder w radiculopathy, unspecified cervical region
M5011	Cervical disc disorder w radiculopathy, occipito-atlanto-axial region
M5012	Cervical disc disorder w radiculopathy, mid-cervical region
M5013	Cervical disc disorder w radiculopathy, cervicothoracic region
M5080	Other cervical disc disorders, unspecified cervical region
M5081	Other cervical disc disorders, occipito-atlanto-axial region
M5082	Other cervical disc disorders, mid-cervical region
M5083	Other cervical disc disorders, cervicothoracic region
M5090	Cervical disc disorder, unspecified, unspecified cervical region
M5091	Cervical disc disorder, unspecified, occipito-atlanto-axial region
M5092	Cervical disc disorder, unspecified, mid-cervical region
M5093	Cervical disc disorder, unspecified, cervicothoracic region
M5114	Intervertebral disc disorders w radiculopathy, thoracic region
M5115	Intervertebral disc disorders w radiculopathy, thoracolumbar region



ICD-10	Description
M5116	Intervertebral disc disorders w radiculopathy, lumbar region
M5117	Intervertebral disc disorders w radiculopathy, lumbosacral region
M5184	Other intervertebral disc disorders, thoracic region
M5185	Other intervertebral disc disorders, thoracolumbar region
M5186	Other intervertebral disc disorders, lumbar region
M5187	Other intervertebral disc disorders, lumbosacral region
M530	Cervicocranial syndrome
M531	Cervicobrachial syndrome
M532X1	Spinal instabilities, occipito-atlanto-axial region
M532X2	Spinal instabilities, cervical region
M532X3	Spinal instabilities, cervicothoracic region
M532X4	Spinal instabilities, thoracic region
M532X5	Spinal instabilities, thoracolumbar region
M532X6	Spinal instabilities, lumbar region
M532X7	Spinal instabilities, lumbosacral region
M532X8	Spinal instabilities, sacral and sacrococcygeal region
M532X9	Spinal instabilities, site unspecified
M533	Sacrococcygeal disorders, not elsewhere classified
M5380	Other specified dorsopathies, site unspecified
M5384	Other specified dorsopathies, thoracic region
M5385	Other specified dorsopathies, thoracolumbar region
M5386	Other specified dorsopathies, lumbar region



ICD-10	Description
M5387	Other specified dorsopathies, lumbosacral region
M5388	Other dorsopathies, sacral and sacrococcygeal region
M539	Dorsopathy, unspecified
M5410	Radiculopathy, site unspecified
M5411	Radiculopathy, occipito-atlanto-axial region
M5412	Radiculopathy, cervical region
M5413	Radiculopathy, cervicothoracic region
M5414	Radiculopathy, thoracic region
M5415	Radiculopathy, thoracolumbar region
M5416	Radiculopathy, lumbar region
M5417	Radiculopathy, lumbosacral region
M5418	Radiculopathy, sacral and sacrococcygeal region
M6080	Other myositis, unspecified site
M60811	Other myositis, right shoulder
M60812	Other myositis, left shoulder
M60819	Other myositis, unspecified shoulder
M60821	Other myositis, right upper arm
M60822	Other myositis, left upper arm
M60829	Other myositis, unspecified upper arm
M60831	Other myositis, right forearm
M60832	Other myositis, left forearm
M60839	Other myositis, unspecified forearm
M60841	Other myositis, right hand
M60842	Other myositis, left hand



ICD-10	Description
M60849	Other myositis, unspecified hand
M60851	Other myositis, right thigh
M60852	Other myositis, left thigh
M60859	Other myositis, unspecified thigh
M60861	Other myositis, right lower leg
M60862	Other myositis, right lower leg
M60869	Other myositis, unspecified lower leg
M60871	Other myositis, right ankle and foot
M60872	Other myositis, left ankle and foot
M60879	Other myositis, unspecified ankle and foot
M6088	Other myositis, other site
M6089	Other myositis, multiple sites
M609	Myositis, unspecified
M62830	Muscle spasm of back
M729	Fibroblastic disorder, unspecified
M791	Myalgia
M792	Neuralgia and neuritis, unspecified
M797	Fibromyalgia
M9920	Subluxation stenosis of neural canal of head region
M9921	Subluxation stenosis of neural canal of cervical region
M9922	Subluxation stenosis of neural canal of thoracic region
M9923	Subluxation stenosis of neural canal of lumbar region
M9930	Osseous stenosis of neural canal of head region
M9931	Osseous stenosis of neural canal of cervical region



ICD-10	Description
M9932	Osseous stenosis of neural canal of thoracic region
M9933	Osseous stenosis of neural canal of lumbar region
M9940	Connective tissue stenosis of neural canal of head region
M9941	Connective tissue stenosis of neural canal of cervical region
M9942	Connective tissue stenosis of neural canal of thoracic region
M9943	Connective tissue stenosis of neural canal of lumbar region
M9950	Intervertebral disc stenosis of neural canal of head region
M9951	Intervertebral disc stenosis of neural canal of cervical region
M9952	Intervertebral disc stenosis of neural canal of thoracic region
M9953	Intervertebral disc stenosis of neural canal of lumbar region
M9960	Osseous and subluxation stenosis of Intervertebral foramina of head region
M9961	Osseous and subluxation stenosis of Intervertebral foramina of cervical region
M9962	Osseous and subluxation stenosis of intervertebral foramina of thoracic region
M9963	Osseous and subluxation stenosis of intervertebral foramina of lumbar region
M9970	Connective tissue and disc stenosis of intervertebral foramina of head region
M9971	Connective tissue and disc stenosis of intervertebral foramina of cervical region
M9972	Connective tissue and disc stenosis of intervertebral foramina of thoracic region
M9973	Connective tissue and disc stenosis of intervertebral foramina of lumbar region



ICD-10	Description
Q762	Congenital spondylolisthesis
S134XXA	Sprain of ligaments of cervical spine, initial encounter
S134XXD	Sprain of ligaments of cervical spine, subsequent encounter
S138XXA	Sprain of joints and ligaments of other parts of neck, initial encounter
S138XXD	Sprain of joints and ligaments of other parts of neck, subsequent encounter
S161XXA	Strain of muscle, fascia and tendon at neck level, initial
S161XXD	Strain of muscle, fascia and tendon at neck level, subsequent
S233XXA	Sprain of ligaments of thoracic spine, initial encounter
S233XXD	Sprain of ligaments of thoracic spine, subsequent encounter
S238XXA	Sprain of other specified parts of thorax, initial encounter
S238XXD	Sprain of other specified parts of thorax, subs encounter
S335XXA	Sprain of ligaments of lumbar spine, initial encounter
S335XXD	Sprain of ligaments of lumbar spine, subsequent encounter
S336XXA	Sprain of sacroiliac joint, initial encounter
S336XXD	Sprain of sacroiliac joint, subsequent encounter



Category III

ICD-9	Description	ICD-10	Description
721.7	Traumatic spondylopathy	M4830	Traumatic spondylopathy, site unspecified
722.0	Displacement of cervical intervertebral disc without myelopathy	M4831	Traumatic spondylopathy, occipito-atlanto-axial region
722.1	Displacement of lumbar intervertebral disc without myelopathy	M4832	Traumatic spondylopathy, cervical region
722.11	Displacement of thoracic intervertebral disc without myelopathy	M4833	Traumatic spondylopathy, cervicothoracic region
722.4	Degeneration of cervical intervertebral disc	M4835	Traumatic spondylopathy, thoracolumbar region
722.51	Degeneration of thoracic or thoracolumbar intervertebral disc	M4836	Traumatic spondylopathy, lumbar region
722.52	Degeneration of lumbar or lumbosacral intervertebral disc	M4837	Traumatic spondylopathy, lumbosacral region
722.81	Post laminectomy syndrome, cervical region	M4838	Traumatic spondylopathy, sacral and sacrococcygeal region
722.82	Post laminectomy syndrome, thoracic region	M5020	Other cervical disc displacement, unspecified cervical region
722.83	Post laminectomy syndrome, lumbar region	M5021	Other cervical disc displacement, occipito-atlanto-axial region
724.3	Sciatica	M5022	Other cervical disc displacement, mid-cervical region



ICD-10	Description
M5023	Other cervical disc displacement, cervicothoracic region
M5030	Other cervical disc degeneration, unspecified cervical region
M5031	Other cervical disc degeneration, occipito-atlanto-axial region
M5032	Other cervical disc degeneration, mid-cervical region
M5033	Other cervical disc degeneration, cervicothoracic region
M5124	Other intervertebral disc displacement, thoracic region
M5125	Other intervertebral disc displacement, thoracolumbar region
M5126	Other intervertebral disc displacement, lumbar region
M5127	Other intervertebral disc displacement, lumbosacral region
M5134	Other intervertebral disc degeneration, thoracic region
M5135	Other intervertebral disc degeneration, thoracolumbar region
M5136	Other intervertebral disc degeneration, lumbar region
M5137	Other intervertebral disc degeneration, lumbosacral region
M5430	Sciatica, unspecified side
M5431	Sciatica, right side
M5432	Sciatica, left side
M5440	Lumbago with sciatica, unspecified side
M5441	Lumbago with sciatica, right side
M5442	Lumbago with sciatica, left side
M961	Postlaminectomy syndrome, not elsewhere classified

 Iowa Department of Human Services	Provider and Chapter	Page
	Chiropractic Services Chapter III. Provider-Specific Policies	23
		Date
		October 1, 2015

G. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for Chiropractic Services are billed on federal form CMS-1500, *Health Insurance Claim Form*.

Click [here](#) to view a sample of the CMS-1500.

Click [here](#) to view billing instructions for the CMS-1500.

Refer to [Chapter IV. Billing Iowa Medicaid](#) for claim form instructions, all billing procedures, and a guide to reading the Iowa Medicaid Remittance Advice statement.

The Billing Manual can be located online at:
<https://dhs.iowa.gov/sites/default/files/All-IV.pdf>.

1. Claim/Fiscal Record

All information reported on the CMS-1500 must be supported by the documentation in the clinical record.

Chiropractic claims require two diagnoses for each subluxation, a subluxation diagnosis (non-allopathic, codes 739.0-739.5) and a secondary diagnosis from one of the three categories, this diagnosis being the cause of the subluxation.

The chiropractor may bill for manipulations of up to five separate regions (a subluxation in each region); this diagnostic requirement may lead to five different subluxation diagnoses and five different neuromusculoskeletal diagnoses. Select up to two subluxation diagnoses (739.0-739.5) and two corresponding Category I, II or III diagnoses codes.

When billing for CMT for more than one region, the chiropractor may have more than one x-ray. The x-ray date and initiation of treatment date that corresponds with the claim form must be entered.

Even though the claim form will only contain the diagnoses, x-ray date or initiation date for one or two regions treated, if CMT for more than two regions is being billed, the clinical record MUST document the reasons for treating the other regions.



2. Documentation Requirements

Generally speaking, chiropractors must follow all applicable provisions regarding maintenance of records by providers of service, as found under 441 IAC 79.3(249A).

The following information must be documented in the patient's clinical record on the initial visit:

- ◆ History. Describe the chief complaint, including the symptoms present that caused the patient to seek chiropractic treatment.
- ◆ Present illness. This may include any of the following as appropriate:
 - Mechanism of trauma
 - Quality and character of problem or symptoms
 - Intensity of symptoms
 - Frequency of symptoms occurring
 - Location and radiation of symptoms
 - Onset of symptoms
 - Duration of symptoms
 - Aggravating or relieving factors of symptoms
 - Prior interventions, treatments, including medications
 - Secondary complaints
- ◆ Family history, if pertinent.
- ◆ Past health history. This may include any of the following as appropriate:
 - General health statement
 - Prior illnesses
 - Surgical history
 - Prior injuries or traumas
 - Past hospitalizations as appropriate
 - Medications
- ◆ Physical examination. Musculoskeletal, neurologic or other findings documenting the diagnosis must be present.



- ◆ Diagnosis. This may include any of the following as appropriate:
 - The spinal region of subluxation, and
 - Either a Category I, II or III diagnosis
 - Treatment plan. Include the following:
 - Therapeutic modalities to effect cure or relief (patient education and exercise training)
 - The level of care that is recommended (the duration and frequency of visits)
 - Specific goals that are to be achieved with treatment
 - The quantitative measures that will be used to evaluate the effectiveness of treatment
- ◆ Initial treatment date. The following information must be documented on subsequent visits.
 - A subjective record of the patient's complaint
 - Physical findings to support manipulation in a region or segment being treated
 - Assessment of change in patient condition as appropriate
 - Record of specific regions manipulated

Failure to document that the chiropractic spinal manipulation is reasonable and necessary may result in claim denials. Documentation must be legible and made available to Medicaid upon request. Failure to do so may result in claim denials.