DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

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Educational Resources to Assist Chiropractors with Medicare Billing

Note: This article was revised on April 7, 2017, to correct a statement under the "Coverage, Documentation and Billing Section" on page 2. That section included a reference to "220.1.3: Certification and Recertification of Need for Treatment and Therapy Plans of Care." However, chiropractic treatment is not included in that section. All other information is unchanged.

Provider Types Affected

This Special Edition (SE) MLN Matters® article is intended for Chiropractors submitting claims to Medicare Administrative Contractors (MACs) for chiropractic services provided to Medicare beneficiaries.

This article is part of a series of SE articles prepared for Chiropractors by CMS in response to the request for educational materials at the September 24, 2015 Special Open Door Forum titled: *Improving Documentation of Chiropractic Services.*

Provider Action Needed

The Centers for Medicare & Medicaid Services (CMS) is providing this article in order to provide education for chiropractic billers on accessing the correct resources for proper billing. This article is intended to be a comprehensive resource for chiropractic documentation and billing.

Be aware of these policies along with any local coverage determinations (LCDs) for these services in your area that might limit circumstances under which active/corrective chiropractic services are paid.

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Background

In 2014, the Comprehensive Error Testing Program (CERT) that measures improper payments in the Medicare Fee-for-Service program reported a 54 percent error rate for Chiropractic services. The majority of those errors were due to insufficient documentation/documentation errors. This article provides a detailed list of informational/educational resources that can help chiropractors avoid these errors. Those resources are as follows:

Enrollment Information

The "Medicare General Information, Eligibility, and Entitlement Manual," Chapter 5, includes **Section 70.6**, "Chiropractors." This section outlines the definition of a chiropractor, licensure and authorization to practice, and minimum standards.

The "Medicare Benefit Policy Manual," Chapter 15, "Covered Medical and Other Health Services," includes **Section 40.4**, "Definition of Physician/Practitioner." This section explains that the opt out law does not define physician to include a chiropractor; therefore, a chiropractor may not opt out of Medicare and provide services under a private contract.

The "Medicare Program Integrity Manual," Chapter 15 "Medicare Enrollment," includes **Section 15.4.4.11**, "Physicians." This section explains that a physician must be legally authorized to practice medicine by the State in which he/she performs such services in order to enroll in the Medicare Program and to retain Medicare billing privileges. A chiropractor who meets Medicare qualifications may enroll in the Medicare Program.

Coverage, Documentation, and Billing

The other articles in this series of articles on chiropractic services are **SE1601**, which discusses Medicare's medical record documentation requirements for chiropractic services, and **SE1602**, which discusses the importance of using the AT modifier on claims for chiropractic services.

MLN Matters Article **MM3449** discusses Revised Requirements for Chiropractic Billing of Active/Corrective Treatment and Maintenance Therapy, Full Replacement of CR3063.

The "Medicare Benefit Policy Manual," **Chapter 15**, "Covered Medical and Other Health Services," includes the following sections explaining coverage for a chiropractor's services:

- 30.5: Chiropractor's Services;
- 240: Chiropractic Services – General; This section establishes that payment for chiropractic services is based on the Medicare Physician Fee Schedule (MPFS) and that payment is made to the beneficiary or, on assignment, to the chiropractor.
- 240.1.1: Manual Manipulation;
- 240.1.2: Subluxation May Be Demonstrated by X-Ray or Physician's Exam;
- 240.1.3: Necessity for Treatment;
- 240.1.4: Location of Subluxation; and

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- 240.1.5: Treatment Parameters.

The Chiropractic Local Coverage Determinations (LCDs) for MACs include ICD-10 Coding Information for ICD-10 Codes that support the medical necessity for Chiropractor services. Each contractor has an LCD for Chiropractors. There may be additional documentation information in your LCD. There are links to the chiropractic LCDs in the additional information section of this article. Some of those LCDs are as follows:

- National Government Services (LCD L33613);
- First Coast Options, Inc (LCD L33840);
- CGS Administrators, LLC (LCD L33982);
- Noridian Healthcare Solutions, LLC (Jurisdiction F) (LCD L34009);
- Noridian Healthcare Solutions, LLC (Jurisdiction E) (LCD 34242);
- Wisconsin Physicians Service Insurance Corporation (LCD L34585); and
- Novitas Solutions, Inc (LCD L35424).

The Fact Sheet "**Misinformation on Chiropractic Services**" is designed to provide education on Medicare regulations and policies on chiropractic services to Medicare providers. It includes information on the documentation needed to support a claim submitted to Medicare for medical services.

The MLN Matters® Article – SE (Special Edition) 1101 Revised "**Overview of Medicare Policy Regarding Chiropractic Services**" highlights Medicare policy regarding coverage of chiropractic services for Medicare beneficiaries.

The MLN Matters® Article – SE1305 Revised "**Full Implementation of Edits on the Ordering/Referring Providers in Medicare Part B, DME, and Part A Home Health Agency (HHA) Claims (Change Requests 6417, 6421, 6696, and 6856)**" explains that chiropractors are not eligible to order or refer supplies or services.

The "Medicare Claims Processing Manual," **Chapter 1** "General Billing Requirements" includes the following sections which apply to billing for a chiropractor's services:

- 30.3.12: Carrier Annual Participation Program;
- 30.3.12.1: Annual Open Participation Enrollment Process;
- 30.3.12.1.2: Annual Medicare Physician Fee Schedule File Information; and
- 80.3.2.1.3: A/B MAC (B) Specific Requirements for Certain Specialties/Services.

The "Medicare Claims Processing Manual," Chapter 12 "Physicians/Nonphysician Practitioners," includes **Section 220**, "Chiropractic Services." This section explains the documentation requirements when billing for a chiropractor's services. Also the claims processing edits related to payment for a chiropractor's services are explained.

The "Medicare Claims Processing Manual," Chapter 26 "Completing and Processing Form CMS-1500 Data Set," includes **Section 10.4**, "Items 14-33 – Provider of Service or Supplier

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Information." This section includes specific instructions for chiropractic services for items 14, 17, and 19.

The "**NCCI Policy Manual for Medicare Services**" under the Downloads section. Chapter XI, "Medicine, Evaluation and Management Services (CPT Codes 90000-99999)," includes information on chiropractic manipulative treatment.

More Resources: A chiropractor is eligible to receive incentive payments under the Physician Quality Reporting System (PQRS), Electronic Prescribing (eRx) Incentive Program, and Electronic Health Record (EHR) Incentive Program. Information on reporting these measures is available in the Physician and Other Enrolled Health Care Professionals pathway.

The "Medicare Claims Processing Manual, Chapter 23 "Fee Schedule Administration and Coding Requirements," includes **Section 30**, "Services Paid Under the Medicare Physician's Fee Schedule." This section explains that a chiropractor is paid under the MPFS.

The booklet **MLN Guided Pathways - Provider Specific Medicare Resources**, pages 25-28, contains many resources useful for chiropractic billing.

Advance Beneficiary Notice (ABN) Information

The "Medicare Benefit Policy Manual," Chapter 15 "Covered Medical and Other Health Services," includes reference to Advance Beneficiary Notices (ABNs) in Section **240.1.3**, "Necessity for Treatment."

The "Medicare Claims Processing Manual," Chapter 23 "Fee Schedule Administration and Coding Requirements," includes **Section 20.9.1.1,** "Instructions for Codes With Modifiers (Carriers Only)." This section outlines the modifiers that may be used when a chiropractor notifies a beneficiary the item or service may not be covered.

The "Medicare Claims Processing Manual," **Chapter 30**, "Financial Liability Protections," includes detailed instructions on completing the ABN and use of the GA modifier.

Information about the ABN, including downloadable forms is available at **https://www.cms.gov/MEDICARE/medicare-general-information/bni/abn.html** on the CMS website.

Additional Information

If you have any questions, please contact your MAC at their toll-free number. That number is available at **http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html** under - How Does It Work.

You may want to review the educational video on **Improving the Documentation of Chiropractic Services** which gives a thorough presentation on medical necessity and proper documentation.

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Document History

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June 21, 2016	The article was revised to add a reference and link to an educational video on Improving the Documentation of Chiropractic Services that gives a thorough presentation on medical necessity and proper documentation.
March 16, 2016	Initial article post

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