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Educational Resources to Assist Chiropractors with Medicare Billing

Note: CMS revised this article on May 7, 2019, to update sources of information regarding chiropractic services with additional references added to the Additional Information section of this article. We deleted several resource references that are no longer available. All other information remains the same.

Provider Types Affected

This Special Edition (SE) MLN Matters® article is 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 and includes updated information.

Provider Action Needed

The Centers for Medicare & Medicaid Services (CMS) is providing this article to help chiropractic billers find the correct resources for proper billing. This article is 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 Medicare pays for active/corrective chiropractic services.

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Background

In 2018, the Comprehensive Error Testing Program (CERT) that measures improper payments in the Medicare Fee-for-Service program reported a 41 percent error rate for Chiropractic services. Most of those errors were due to insufficient documentation or documentation errors. This article provides a detailed list of informational and 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](#). 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](#). 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](#). This section explains that a physician must have legal authority to practice medicine by the State in which he or she performs such services 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 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](#), 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 Medicare pays 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

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- 240.1.5: Treatment Parameters

The chiropractic LCDs from 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 L36617)
- CGS Administrators, LLC (LCD L37254)
- Noridian Healthcare Solutions, LLC (Jurisdiction F) (LCD L34009)
- Noridian Healthcare Solutions, LLC (Jurisdiction E) (LCD L34242)
- Novitas Solutions, Inc (LCD L35424).

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
- 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. This section explains the claims processing edits related to payment for a chiropractor's services. The Medicare Claims Processing Manual, Chapter 26 Completing and Processing Form CMS-1500 Data Set, includes [Section 10.4](#) This section includes specific instructions for chiropractic services for items 14, 17, and 19.

Access the **NCCI Policy Manual for Medicare Services** at https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/NCCI_Policy

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[Manual.zip](#). Chapter XI, Medicine, Evaluation and Management Services (CPT Codes 90000-99999), includes information on chiropractic manipulative treatment.

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 Medicare pays a chiropractor using the MPFS.

Advance Beneficiary Notice (ABN) Information

The Medicare Benefit Policy Manual, Chapter 15 Covered Medical and Other Health Services, includes reference to ABNs in Section [240.1.3](#).

The Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, includes [Section 20.9.1.1](#). This section outlines the modifiers to use when a chiropractor notifies a beneficiary that Medicare may not cover the item or service.

The Medicare Claims Processing Manual, [Chapter 30](#) 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>.

Additional Information

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

A new Medicare Learning Network Educational Tool, Medicare Documentation Job Aid For Doctors of Chiropractic, is available at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/MLN1232664.html>.

The CERT 2018 Medicare Fee-For-Service Supplemental Improper Payment Data report is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/Downloads/2018MedicareFFSSupplementalImproperPaymentData.pdf>.

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.

You may also want to review the following:

- Article MM3449, Revised Requirements for Chiropractic Billing of Active/Corrective Treatment and Maintenance Therapy, Full Replacement of CR3063 is available at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm3449.pdf>.

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- MLN Matters article SE0749 (Addressing Misinformation Regarding Chiropractic Services and Medicare) at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/se0749.pdf>
- MLN Matters article SE0416 (Referral of Patients for X-rays by Chiropractors) at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/se0416.pdf>
- MLN Matters article SE1305 (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)) at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1305.pdf> that states “Chiropractors are not eligible to order or refer supplies or services for Medicare beneficiaries. All services ordered or referred by a chiropractor will be denied.”
- The Chiropractic Services article in the April 2013 issue of the Medicare Quarterly Provider Compliance Newsletter at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedQtrlyComp-Newsletter-ICN908625.pdf>
- The Medicare Benefits Policy Manual, Chapter 13, Section 110.1 at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c13.pdf> has information on chiropractic services in a rural health clinic or a federally qualified health center.

Document History

Date of Change	Description
May 7, 2019	We revised the article to update sources of information regarding chiropractic services with additional references added to the Additional Information section of this article. We deleted several resource references that are no longer available.
April 7, 2017	We revised the article 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, that section does not include chiropractic treatment
June 21, 2016	We revised the article 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 posted.

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