

Chiropractic and/or Manipulative Services

Policy

Harvard Pilgrim reimburses only contracted chiropractors, allopathic and osteopathic providers for chiropractic and manipulative services for the treatment of orthopedic and neuromuscular conditions in compliance with appropriate statutes and regulations within the scope of the provider's state practice laws and when it is a covered benefit.

Policy Definition

Chiropractic Medicine is a system of therapies based upon the theory that disease is caused by abnormal function of the nervous system. The method of treatment usually involves manipulation of the spinal column and other body structures.

Allopathic Medicine treats disease by inducing effects opposite to those produced by the disease using a system of remedies or medications.

Osteopathic Medicine is a system of manipulation, using the hands to correct joint and tissue abnormalities.

Prerequisite(s)

HMO/POS/PPO

- None required for manipulation services
- A referral is required for office visits by specialists other than chiropractor

Open Access HMO and POS

For Open Access HMO and Open Access POS products, no referral is required to see a contracted specialist.

Benefit Limitations

Chiropractic and manipulative service reimbursement is determined by the member's benefit package. The member is responsible for payment beyond the benefit limit.

Maine

Maine state law mandates specific benefits that apply to all Maine residents. Maine HMO/POS members are entitled to chiropractic and manipulative services regardless of their benefit package. Within a 12-month period, Harvard Pilgrim will reimburse three levels of care for the treatment of an injury or the onset of pain (not applicable to Administrative Services Only — ASO benefit packages).

Weeks/Visits (whichever comes first)	Qualification
Weeks 1–3 or a total of 12 visits	After injury or onset of pain
Weeks 4–8 or a total of 24 visits	If recommended by the chiropractor and member's condition is improving
A total of 36 visits in a 12-month period	If pain recurs and subsequent treatment is necessary

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

- One manual spinal manipulation per day
- The initial diagnostic x-ray related to the purpose of the diagnostic visit²
- Supportive treatment modalities within the scope of standard chiropractic practice
- Significant, separately identifiable E/M service with global day service – same day
 - When a significant, separately identifiable E/M service (appended with a 25 modifier) is billed with a service that has a global period indicator as designated by CMS of 0, 10, 90 or YYY on the same day, the E&M service will be reimbursed at 50% of the contracted allowable. When the E&M RVU value is greater than the procedure, the reduction will be applied to the global procedure code. (Refer to Evaluation & Management).

Harvard Pilgrim Does *Not* Reimburse

HMO/POS/PPO

- Application of vaso-pneumatic devices
- Chiropractic care outside the scope of standard chiropractic service including, but not limited to:
 - Acupuncture treatment
 - Biofeedback training
 - Diagnostic testing, other than initial x-ray
 - Electrical stimulation (unattended) for other than wound care
 - Prescribed or dispensed medication
 - Surgery
 - Treatment of infectious diseases
- Decompression table and lumbar traction devices (including, but not limited to, spinal unloading and mechanical spinal traction devices)
- E&M services with a spinal manipulation unless it is a significant separately identifiable service
- Herbal medicine treatment
- Homeopathic treatment
- Hot or cold packs
- Infrared, ultraviolet and therapeutic activities that are provided one-on-one to improve functional performance
- Manual therapy techniques for less than 15 minutes when performed on the same area as spinal manipulation and for the same condition as the manipulation
- Massage therapy
- Paraffin baths and whirlpool
- Physical therapy evaluation and re-evaluation
- Thermography
- Treatment with crystals
- Vitamins, mineral and/or food supplements, other supplies

Member Cost-Sharing

Services are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

Provider Billing Guidelines and Documentation

Coding³

Code	Description	Comment
90901	Biofeedback training	Not reimbursed
97010	Hot or cold packs	Not reimbursed
97016	Application of vaso-pneumatic device	Not reimbursed
97018	Paraffin bath	Not reimbursed
97022	Whirlpool	Not reimbursed
97026	Infrared	Not reimbursed
97028	Ultraviolet	Not reimbursed
97124	Massage therapy	Not reimbursed
97161-97163	Physical therapy evaluation	Not reimbursed
97164	Physical therapy re-evaluation	Not reimbursed
97810, 97811, 97813, 97814	Acupuncture	Not reimbursed

PAYMENT POLICIES

Code	Description	Comment
G0283	Electrical wound stimulation (unattended) to one or more areas for indications other than wound care	Not reimbursed

Other Information

- Bill only one manipulation code per day with a count of one.
- Bill one date of service per line.
- Bill supportive treatment modalities with appropriate CPT code representing the services rendered.

Related Policies
Payment Policies

- Evaluation and Management

PUBLICATION HISTORY

04/01/02	original documentation
01/01/03	added coding information; clarified non-reimbursed services
01/01/04	added manipulative services, reformatted excluded modalities
07/01/04	added osteopathic providers and manipulative services to policy
01/31/05	clarification of First Seniority spinal services
04/30/05	annual coding review
01/31/06	annual update; added decompression table, electrical stimulation and PT eval to non-reimbursed services
10/31/06	annual review; added no coverage for thermography, manual therapy techniques
10/31/07	annual review; no changes
10/31/08	annual review, does not reimburse—inclusion of lumbar traction devices, E&M's with spinal manipulations
01/31/09	annual coding update
05/15/09	added denial for hot or cold packs
08/15/09	annual review; minor edit for clarity
09/15/10	annual review; edit to clarify more than initial x-ray is covered in NH
08/15/11	annual review; no changes
01/01/12	removed First Seniority Freedom information from header
09/15/12	annual review; no changes
09/15/13	annual review; no changes
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to Prerequisites
09/15/14	annual review; added reimbursement methodology for E/M billed with other services and lesser RVU value; administrative edits
09/15/15	annual review; no changes
09/15/16	annual review; no changes
01/15/17	annual coding update
09/15/17	annual review; administrative edits
01/01/18	updated Open Access Product referral information under Prerequisites
09/04/18	annual review; removed Maine PPO statement
09/03/19	annual review; no changes
09/01/20	annual review; updated Provider Billing Guidelines and Documentation section
09/01/21	annual review; no changes

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

²NH Chiro Mandate - Harvard Pilgrim will reimburse diagnostic x-rays in accordance with NH Chiro Mandate.

³The table may not include all provider claim codes related to chiropractic.