

**PROVIDER MANUAL FOR**  
**CHIROPRACTIC**  
**SERVICES**



**Published By:**

**Medical Services**  
**North Dakota Department of Human Services**  
**600 E Boulevard Ave Dept 325**  
**Bismarck, ND 58505**

**September 2013**



## TABLE OF CONTENTS

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KEY CONTACTS .....	1
CHIROPRACTIC SERVICES CLINICAL POLICY .....	2
North Dakota Medicaid Covered Services .....	2
Non-Covered Services .....	2
Payment Limitations and Billing Procedures .....	2
MEDICAL NECESSITY FOR TREATMENT .....	3
Services that are Not Medically Necessary .....	3
Subluxation .....	4
Maintenance Therapy .....	6
Chiropractic Limitations .....	6
Diagnostic Imaging Services & Limitations .....	6
Demonstrated by Physical Exam .....	7
CODING GUIDELINES .....	8
Symptoms Associated with Subluxation .....	8
DOCUMENTATION REQUIREMENTS .....	10
Documentation Requirements: Initial Visit .....	10
Documentation Requirements: Subsequent Visits .....	11
UTILIZATION REVIEW .....	12
PROGRAM INTEGRITY .....	13



## KEY CONTACTS

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Hours for Key Contacts are 8:00 a.m. to 5:00 p.m. Monday through Friday (Central Time).

### **Mailing Address:**

Medical Services  
ND Dept. of Human Services  
600 E Boulevard Ave-Dept 325  
Bismarck ND 58505-0250

### **Provider Enrollment**

(800) 755-2604  
(701) 328-4033

Send written inquiries to the address above, Attn: Provider Enrollment.

Or e-mail inquiries to:  
[dhsenrollment@nd.gov](mailto:dhsenrollment@nd.gov)

### **Provider Relations**

For questions about recipient eligibility, payments, denials or general claims questions:

(800) 755-2604  
(701) 328-4043

Send written inquiries to the address above, Attn: Provider Relations.

### **Claims**

Send paper claims to the address above, Attn: Claims Processing

### **Service Limits Prior Authorization**

For prior authorization, you may fill & print the form located at <http://www.nd.gov/eforms/Doc/sfn00481.pdf> . It may be mailed to the address above, or faxed to: (701) 328-1544.

### **Technical Services Center**

Providers who have questions or changes regarding electronic funds transfer should call the number below and ask for Provider Enrollment:

(800) 755-2604  
(701) 328-4033

### **HIPAA/EDI Electronic Data Interchange**

For questions regarding electronic claims submissions:

(701) 328-2325

### **Provider Information Website**

<http://www.nd.gov/dhs/>

- Updates for Providers
- Provider manuals
- Fee schedules
- Forms
- Provider enrollment
- Newsletters
- Links to other website



## **CHIROPRACTIC SERVICES CLINICAL POLICY**

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Chiropractic care is a service provided by a doctor of chiropractic, licensed under North Dakota law and enrolled as a North Dakota Medicaid Provider.

### **NORTH DAKOTA MEDICAID COVERED SERVICES**

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Coverage extends only to treatment by means of:

- Manual manipulation of the spine for treatment of subluxations (incomplete or partial dislocation) demonstrated by x-rays or exam; *and*
- Determined to be medically necessary.

### **NON-COVERED SERVICES**

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An excluded service from North Dakota Medicaid coverage is any service other than manual manipulation for treatment of subluxation of the spine. North Dakota Medicaid does not cover the following services performed by a chiropractor:

- Examinations and consultations
- Laboratory services
- Vitamins or nutritional counseling
- Acupressure or Acupuncture
- Massage
- Treatment for a neurogenic or congenital condition that is not related to a diagnosis of subluxation
- Medical supplies or equipment supplied or prescribed by a chiropractor
- X-rays, other than those needed to support a diagnosis of subluxation
- Exercise counseling, activities of daily living counseling
- Physiotherapy modalities, including but not limited to ultrasound, diathermy, electrical muscle stimulation, interferential current, Russian stimulation, and application of cold/hot packs

### **PAYMENT LIMITATIONS AND BILLING PROCEDURES**

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Payment for manual manipulation of the spine is limited to one manipulation per day and may not exceed 12 manipulations per calendar year. Effective for dates of service on or after January 1, 2005, North Dakota Medicaid will allow reimbursement to chiropractors for Evaluation and Management (E/M) office and other outpatient Services

– New Patient (99201-99203). These E/M services may be billed in addition to the chiropractic manipulative treatment (98940-98942) ONLY when the patient has not received any professional (face-to-face) services from the chiropractor, or another chiropractor of the same group practice, within the past three years.

Payment for x-rays may not exceed two (2) per year and are limited to radiological examinations of the full spine; the cervical, thoracic, lumbar, and lumbosacral areas of the spine.

Chiropractic services are billed on paper using the CMS-1500 form, or electronically using the standard 837-P HIPAA transaction.

## **MEDICAL NECESSITY FOR TREATMENT**

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Chiropractic services are considered medically necessary when ***all*** of the following criteria are met:

- The member has a neuromusculoskeletal condition and the manipulative services rendered must have a direct therapeutic relationship to the patient's condition; ***and***
- The medical necessity for treatment is clearly documented; ***and***
- The patient must have a subluxation of the spine as demonstrated by X-ray or physical exam; ***and***
- Improvement is documented within the initial two weeks of chiropractic care.

## **SERVICES THAT ARE NOT MEDICALLY NECESSARY**

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- If no improvement is documented within the initial two weeks, additional chiropractic treatment is considered not medically necessary unless the chiropractic treatment is modified.
- If no improvement is documented within 30 days despite modification of chiropractic treatment, continued chiropractic treatment is considered *not* medically necessary.
- Once the maximum therapeutic benefit has been achieved, continuing chiropractic care is considered *not* medically necessary.
- Chiropractic manipulation in asymptomatic persons or in persons without an identifiable clinical condition is considered *not* medically necessary.
- Chiropractic care in persons, whose condition is neither regressing nor improving, is considered *not* medically necessary.
- Manipulation of infants is considered experimental and investigational for non-neuromusculoskeletal indications.
- Chiropractic manipulation has no proven value for treatment of idiopathic scoliosis or for treatment of scoliosis beyond early adolescence, unless the

member is exhibiting pain or spasm, or some other medically necessary indications for chiropractic manipulation are present.

- Manipulation is considered experimental and investigational when it is rendered for non-neuromusculoskeletal conditions (e.g., attention-deficit hyperactivity disorder, Breech or other malpresentations, scoliosis, dysmenorrhea, otitis media, asthma and epilepsy; *this is not an all-inclusive list*) because its effectiveness for these indications is unproven and the paucity of evidence. Not medically necessary services considered experimental and investigational chiropractic procedures are as follows:

1. Active Release Technique
2. Active therapeutic movement (ATM2)
3. Applied Spinal Biomechanical Engineering
4. Atlas Orthogonal Technique
5. BioEnergetic Synchronization Technique
6. Biogeometric Integration
7. Blair Technique
8. Chiropractic Biophysics Technique
9. Coccygeal Meningeal Stress Fixation Technique
10. Cranial Manipulation
11. Directional Non-force Technique
12. Koren Specific Technique
13. Manipulation for infant colic and Manipulation for Internal (non-neuromusculoskeletal) Disorders (Applied Kinesiology)
14. Manipulation Under Anesthesia
15. Moire Contourographic Analysis
16. Network Technique
17. Neural Organizational Technique
18. Neuro Emotional Technique
19. Sacro-Occipital Technique
20. Spinal Adjusting Devices (ProAdjuster, PulStarFRAS)
21. Upledger Technique and Craniosacral Therapy
22. Webster Technique (for breech babies)
23. Whitcomb Technique
24. Computerized radiographic mensuration analysis for assessing spinal mal-alignment
25. Neurocalometer/Nervoscope
26. Para-spinal Electromyography (EMG)/Surface Scanning EMG
27. Spinoscopy
28. Thermography

## **SUBLUXATION**

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### **Definition**

Subluxation is defined as a motion segment, in which alignment, movement integrity, and/or physiological function of the spine are altered although contact between joint

surfaces remains intact. A subluxation may be demonstrated by an x-ray or by a physical examination.

**Location of Subluxation**

The precise level of subluxation must be specified in the medical record to substantiate the medical necessity for the manipulation of the spine. This designation is made in relation to the part of the spine in which the subluxation is identified:

Area of Spine	Names of Vertebrae	Number of Vertebrae	Short Form or Other Name
Neck	Occiput		Occ, C0
	Cervical	7	C1 thru C7
	Atlas		C1
	Axis		C2
Back	Dorsal or	12	D1 thru D12
	Thoracic		T1 thru T12
	Costovertebral		R1 thru R12
	Costotransverse		R1 thru R12
Low Back	Lumbar	5	L1 thru L5
Pelvis	Ilii, R and L		I, Si
Sacral	Sacrum, Coccyx		S, SC

There are two ways in which the level of subluxation may be specified:

- The exact bones may be listed, for example: C5, 6 etc.
- The area may suffice if it implies only certain bones such as: occipito-atlantal (occiput and C1 (atlas), lumbo-sacral (L5 and Sacrum) and sacro-iliac (sacrum and ilium).

The following are examples of acceptable terms for the nature of the abnormalities:

- Off-centered
- Misalignment
- Malpositioning
- Spacing-abnormal, altered, decreased, increased
- Incomplete dislocation
- Rotation
- Listhesis- antero, postero, retro, lateral, spondylo
- Motion- limited, lost, restricted, flexion, extension, hyper mobility, hypo mobility, aberrant

Other terms may be used, if they are understood clearly to refer to bone or joint space or position (or motion) changes of vertebral elements.

## **MAINTENANCE THERAPY**

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- Chiropractic maintenance therapy is **not** considered to be medically reasonable or necessary under the North Dakota Medicaid program, and is therefore not payable.
- Maintenance therapy is defined as a treatment plan that seeks to prevent disease, promotes health, and prolong and enhance the quality of life; or therapy that is performed to maintain or prevent deterioration of a chronic condition.
- When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy.

## **CHIROPRACTIC LIMITATIONS**

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- Chiropractic manipulative services for ND recipients are limited to a maximum of *12 chiropractic manipulations per calendar year* and manual manipulation to the spine is limited to one manipulation per day. *Prior authorization is required for visits exceeding this limit.* Authorization in excess of the above limits may be granted by the Medicaid Utilization Review staff when medically necessary.
- The chiropractic manipulative services rendered must have a direct therapeutic relation to the patient's condition and the services must provide reasonable expectation of recovery or improvement of function.
- The need for a service should be based upon the reasonableness and necessity of each individual patient encounter, and not based on a specific "covered" number. In other words, each treatment billed to North Dakota Medicaid is subject to the same requirement to be reasonable and necessary under general program rules.
- North Dakota Medicaid may apply stricter guidelines to numbers of treatments that we believe may indicate that the services are no longer reasonable and necessary.

## **DIAGNOSTIC IMAGING SERVICES & LIMITATIONS**

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- Diagnostic imaging services for ND recipients are limited to a maximum of two chiropractic x-rays per calendar year and are limited to radiological examinations of the full spine; cervical, thoracic, lumbar, and lumbosacral areas of the spine.
- An x-ray is not required to demonstrate subluxation. An x-ray may, however, be used for this purpose if the chiropractor so chooses. If the chiropractor chooses to use an x-ray to demonstrate subluxation, then the documenting x-ray must

have been taken at a time reasonably proximate to the initiation of a course of treatment. An x-ray is considered reasonably proximate if it was taken no more than 12 months prior to or 3 months following the initiation of a course of chiropractic treatment.

- Diagnostic imaging must be related to the purpose of the diagnostic visit to confirm the existence of a neuromusculoskeletal condition requiring treatment. The imaging services must be performed and developed in the chiropractor's office, and read by the treating chiropractor.

## **DEMONSTRATED BY PHYSICAL EXAM**

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To demonstrate a subluxation based on physical examination, **two of the four** criteria mentioned below are required, **one** of which **must be** asymmetry/misalignment **or** range of motion abnormality:

- Pain/tenderness evaluated in terms of location, quality, and intensity;
- Asymmetry/misalignment identified on a sectional or segmental level;
- Range of motion abnormality (changes in active, passive and accessory joint movements resulting in an increase or decrease of sectional or segmental mobility); and
- Tissue, tone changes in the characteristics of contiguous, or associated soft tissues, including skin, fascia, muscle, and ligament.

The history recorded in the patient record should include the following:

- Symptoms causing patient to seek treatment;
- Family history, if relevant;
- Past health history (general health, prior illness, injuries, hospitalizations, medications, surgical history);
- Mechanism of trauma;
- Quality and character of symptoms/problem;
- Onset, duration, intensity, frequency, location and radiation of symptoms;
- Aggravating or relieving factors; and
- Prior interventions, treatments, medications and secondary complaints.



## CODING GUIDELINES

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**Two diagnostic codes** must be listed on the prior authorization and claim to support medical necessity:

- The level of subluxation must be specified on the claim and must be listed as the **primary diagnosis**.
- The associated neuromusculoskeletal condition necessitating the treatment must also be listed as the **secondary diagnosis**.

### SYMPTOMS ASSOCIATED WITH SUBLUXATION

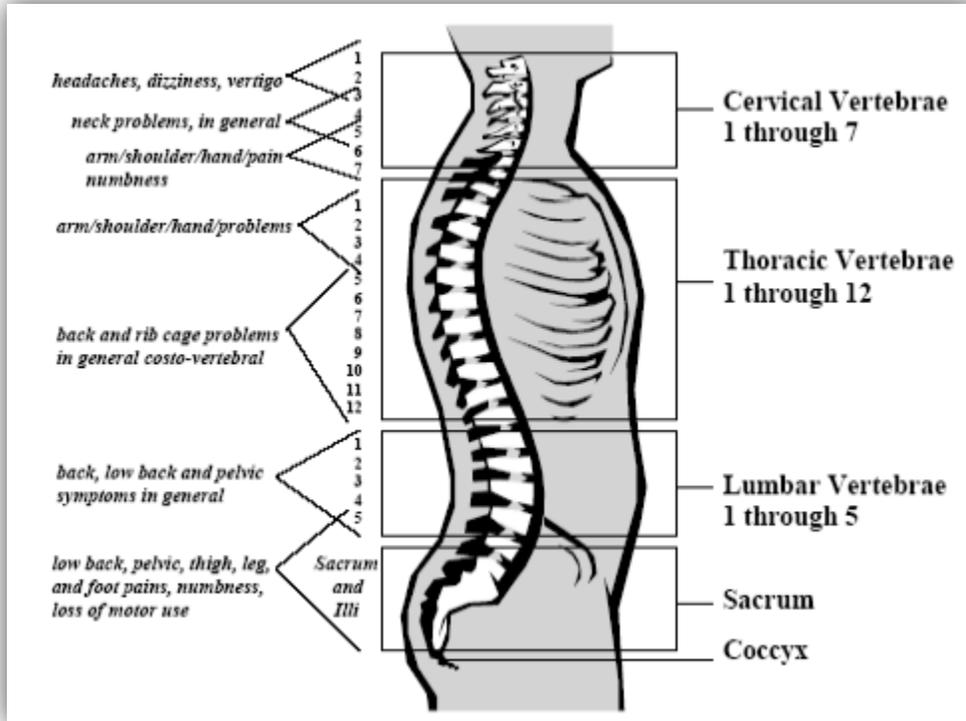
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A secondary diagnosis consisting of symptoms necessitating the patient to seek treatment must be indicated. These symptoms must have a direct relationship to the level of subluxation stated in the primary diagnosis. As stated under documentation requirements, these symptoms should refer to the spine (spondylo or vertebral), muscle (myo), bone (osseo or osteo), rib (costo or costal), joint (arthro) and be reported as pain (algia), inflammation (itis), or as signs such as swelling spasticity, etc. Vertebral pinching of spinal nerves may cause headaches, arm, shoulder and hand problems as well as leg and foot pains and numbness. Rib and rib/chest pains are also recognized symptoms, but in general, other symptoms must relate to the spine as such. A statement on a claim that there is "pain" is insufficient. The location of the pain must be described and whether that particular vertebra is listed as capable of producing pain in that area. Spinal Axis, aches, strains, sprains, nerve pains, and functional mechanical disabilities of the spine are considered to provide therapeutic grounds for chiropractic manipulative treatment. There may be secondary or complicating conditions such as spinal ankylosis, curvature, or other chronic deformities that determine the reasonableness and necessity of the number of visits North Dakota Medicaid will cover for chiropractic care.

Some other disease and pathological disorders do not provide the therapeutic grounds for chiropractic manipulative treatment. Examples of these are rheumatoid arthritis, muscular dystrophy, multiple sclerosis, pneumonia and emphysema.

Consistency in the pattern and frequency or in the use of diagnosis codes will be monitored. Continued repetitive treatment without a clearly defined clinical end point is considered maintenance therapy and is not covered. 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. While another joint problem anywhere in the spine is obviously able to produce symptoms at that immediate place, other areas of the

body and the vertebrae related to them follow the general scheme shown in the chart below. Please note that while these areas of the spine and the related body structures, as well as the symptoms listed, are generalized, they can serve as a useful guide.





## **DOCUMENTATION REQUIREMENTS**

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The following documentation requirements apply whether the subluxation is demonstrated by an x-ray or physical examination:

- The need for the specific treatment must be clearly documented in the patient record;
- The date of occurrence, nature of the onset, or other pertinent factors that will support the necessity of chiropractic treatments must be documented in the patient's record;
- Failure to completely document the necessity of the chiropractic manual spinal manipulation(s) may result in denial of prior authorizations and/or claim(s);
- Documentation must be legible and made available to North Dakota Medicaid upon request;
- North Dakota Medicaid limits reimbursement to no more than one treatment per day;
- The patient's record must document a specific level of subluxation (which may be demonstrated by an x-ray or by physical examination). The claim will document the area of subluxation by codes coded to the highest level of specificity. The practitioner's documentation should record the precise level of subluxation.

### **DOCUMENTATION REQUIREMENTS: INITIAL VISIT**

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The following documentation requirements apply whether the subluxation is demonstrated by x-ray or by physical examination:

1. History as stated above.
2. Description of the present illness including:
  - Mechanism of trauma;
  - Quality and character of symptoms/problem;
  - Onset, duration, intensity, frequency, location, and radiation of symptoms;
  - Aggravating or relieving factors;
  - Prior interventions, treatments, medications, secondary complaints; and
  - Symptoms causing patient to seek treatment. These symptoms must bear a direct relationship to the level of subluxation. These symptoms should refer to the spine (spondylo or vertebral), muscle (myo), bone (osseo or osteo), rib (costo or costal) and joint (arthro) and be reported as pain (algia),

inflammation (itis), or as signs such as swelling, spasticity, etc. Vertebral pinching of spinal nerves may cause headaches, arm, shoulder, and hand problems as well as leg and foot pains and numbness. Rib and rib/chest pains are also recognized symptoms, but in general other symptoms must relate to the spine as such. The subluxation must be causal, i.e., the symptoms must be related to the level of the subluxation that has been cited. A statement on a claim that there is “pain” is insufficient. The location of pain must be described and whether the particular vertebra listed is capable of producing pain in the area determined.

3. Evaluation of musculoskeletal/nervous system through physical examination.
4. Diagnosis: The primary diagnosis must be subluxation, including the level of subluxation, either so stated or identified by a term descriptive of subluxation. Such terms may refer either to the condition of the spinal joint involved or to the direction of position assumed by the particular bone named.
5. Treatment Plan: The treatment plan should include the following:
  - Recommended level of care (duration and frequency of visits);
  - Specific treatment goals; and
  - Objective measures to evaluate treatment effectiveness.
6. Date of the initial treatment.

#### **DOCUMENTATION REQUIREMENTS: SUBSEQUENT VISITS**

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The following documentation requirements apply whether the subluxation is demonstrated by x-ray or by physical examination:

1. History
  - Review of chief complaint;
  - Changes since last visit;
  - System review, if relevant.
2. Physical exam
  - Exam of the area of spine involved in diagnosis;
  - Assessment of change in patient condition since the last visit;
  - Evaluation of treatment effectiveness.
3. Documentation of treatment given on day of visit.



## UTILIZATION REVIEW

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Utilization review activities required by the North Dakota Medicaid are accomplished through a series of monitoring systems developed to ensure that services are reasonable, medically necessary, and of optimum quality and quantity. Members and providers are subject to utilization review. Utilization control procedures safeguard against the following situations:

- Unnecessary care and services
- Inappropriate services or poor quality of service monitored in accordance with NDMA guidelines
- Inappropriate payments

Utilization review activities ensure the efficient and cost-effective administration of North Dakota Medicaid by monitoring the following items:

- Billing and coding practices
- Diagnosis-related group (DRG) validations
- Documentation
- Medical necessity
- Misuse and overuse
- Other administrative findings
- Quality of care
- Reasonableness of prior authorization (PA)



## PROGRAM INTEGRITY

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The North Dakota Medicaid Surveillance/Utilization Review Section (SURS) is a federally mandated program that performs retrospective review of paid claims North Dakota Administrative Code (NDAC) 75-02-05-04. SURS is required to safeguard against unnecessary and inappropriate use of Medicaid services and against excess payments. If North Dakota Medicaid pays a claim and later discovers that the service was incorrectly billed or the claim was erroneously paid, North Dakota Medicaid is required by federal regulation to recover any overpayment.

The purpose underlying administrative remedies and sanctions in the Medicaid program is to ensure the proper and efficient utilization of Medicaid funds by those individuals providing medical and other health services and goods to recipients of medical assistance NDAC 75-02-05-01.

### *Resources:*

*Centers for Medicare & Medicaid Services, Chiropractic Billing Guide (April, 2013);*

*NHIC Corp.*

*North Dakota Administrative Code*

*Code of Federal Regulations*