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# Medicare Carriers Manual Part 3 - Claims Process

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
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CHANGE REQUEST 2717

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
2251.2 (Cont.) – 2251.3	2-103 – 2-104 (2 pp.)	2-103 – 2-104 (2 pp.)

NEW/REVISED MATERIAL--*EFFECTIVE DATE: June 27, 2003*  
*IMPLEMENTATION DATE: July 11, 2003*

Section 2251.3, Necessity for Treatment, this section has been amended to clarify Medicare requirements for treatment of Chiropractic therapy.

**DISCLAIMER:** The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

These instructions should be implemented within your current operating budget.

- o Prior interventions, treatments, medications, secondary complaints.

C. Documentation Requirements: Initial Visit.--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:
  - o Mechanism of trauma;
  - o Quality and character of symptoms/problem;
  - o Onset, duration, intensity, frequency, location, and radiation of symptoms;
  - o Aggravating or relieving factors;
  - o Prior interventions, treatments, medications, secondary complaints; and
  - o Symptoms causing patient to seek treatment.

These symptoms must bear a direct relationship to the level of subluxation. The symptoms should refer to the spine (spondyle 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:
  - o Recommended level of care (duration and frequency of visits);
  - o Specific treatment goals; and
  - o Objective measures to evaluate treatment effectiveness.
6. Date of the initial treatment.

D. Documentation Requirements: Subsequent Visits.--the following documentation requirements apply whether the subluxation is demonstrated by x-ray or by physical examination:

1. History
  - o Review of chief complaint;

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

2251.3 Necessity for Treatment.--

A. The patient must have a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment, and the manipulative services rendered must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function. The patient must have a subluxation of the spine as demonstrated by x-ray or physical exam, as described above.

Most spinal joint problems may be categorized as follows:

- o Acute subluxation: A patient's condition is considered acute when the patient is being treated for a new injury, identified by x-ray or physical exam as specified above. The result of chiropractic manipulation is expected to be an improvement in, arrest or retardation of the patient's condition.

- o Chronic subluxation: A patient's condition is considered chronic when it is not expected to completely resolve (as is the case with an acute condition), but where the continued therapy can be expected to result in some functional improvement. **Once the functional status has remained stable for a given condition, without expectation of additional functional improvement, further manipulative treatment is considered maintenance therapy and is not covered.**

B. **Maintenance Therapy.—Chiropractic maintenance therapy is not medically reasonable or necessary and is not payable under the Medicare program. Maintenance therapy include services that seek to prevent disease, promote health and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition.**

C. **Contraindications.—Dynamic thrust is the therapeutic force or maneuver delivered by the physician during manipulation in the anatomic region of involvement. A relative contraindication is a condition that adds significant risk of injury to the patient from dynamic thrust, but does not rule out the use of dynamic thrust. The doctor should discuss this risk with the patient and record this in the chart. The following are **relative contraindications** to dynamic thrust:**

- o Articular hyper mobility and circumstances where the stability of the joint is uncertain;
- o Severe demineralization of bone;
- o Benign bone tumors (spine);

