

CMS Manual System

Pub 100-19 Demonstrations

Transmittal 40

Department of Health &
Human Services (DHHS)

Centers for Medicare &
Medicaid Services (CMS)

Date: MARCH 10, 2006

Change Request 4377

**SUBJECT: Amendments to Section 651 Chiropractic Services Demonstration--
Changes to CPT 98943 rate published in CR 4225 Due to Passage of the Deficit
Reduction Act, and revisions to CPT codes for 2006**

I. SUMMARY OF CHANGES: This CR will implement changes to the 2006 fee rates for CPT 98943 which were included in CR 4225. This change to the fee rate for CPT 98943 is necessary due to passage of the Deficit Reduction Act. This CPT is only covered under the Expansion of Coverage for Chiropractic Services Demonstration. In addition, this CR includes updates to CPT codes for 2006 which replaces the covered CPT codes found in CR 3758.

NEW/REVISED MATERIAL

EFFECTIVE DATE: January 1, 2006

IMPLEMENTATION DATE: April 10, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED – *Only One Per Row.*

R/N/D	Chapter / Section / SubSection / Title
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III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Business Requirements

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-19	Transmittal: 40	Date: March 10, 2006	Change Request 4377
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SUBJECT: Amendments to Section 651 Expansion of Coverage for Chiropractic Services Demonstration—Changes to CPT 98943 Rate Published in CR 4225 Due to Passage of the Deficit Reduction Act of 2005, and revisions to covered CPT codes for 2006.

I. GENERAL INFORMATION

A. Background:

Section 651 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) required the Centers for Medicare and Medicaid Services (CMS) to conduct the Expansion of Coverage for Chiropractic Services Demonstration. The demonstration began on April 4, 2005 for a period of two years in four geographic areas. These areas are the state of New Mexico, the state of Maine, 26 northern counties in Illinois, Scott County in Iowa, and 17 central counties in Virginia. The purpose of the demonstration is to evaluate the feasibility and advisability of expanding coverage of chiropractic services under Medicare.

Congress recently passed the Deficit Reduction Act which, among other things, changes the update to the 2006 conversion factor for services paid under the Medicare Physician Fee Schedule (MPFS). Congress replaced the previously announced -4.4 percent reduction with a 0 percent increase for services paid under the MPFS. This change is effective January 1, 2006. One of the services that chiropractors are allowed to bill for under the chiropractic demonstration is CPT 98943 (chiropractic manipulative treatment, extraspinal, one or more regions). Since this service was not otherwise covered under Medicare, original fee rates for this CPT were included in CR 3758. CMS previously released CR 4225, which provided 2006 fee rates for CPT 98943 based on the previously announced -4.4 percent reduction.

In addition, as part of CR 3758, table 6 provided a listing of the procedure codes which chiropractors can bill for under the demonstration. In 2006, several of these codes have been deleted or modified under Medicare. The majority of these changes are detailed in CR 4226, Annual Update to the Therapy Code List. These CPT code changes were previously transmitted in JSM-06211.

B. Policy:

This CR changes the fee rates for CPT 98943 that were included in CR 4225 as a result of the passage of the Deficit Reduction Act based on a 0 percent increase for services paid under the MPFS. This instruction provides the new rates for CPT 98943 in Table 1 and gives guidance to contractors on reprocessing of those claims paid at the negative -4.4 percent rate.

This change request also updates the covered procedure codes which were previously included in Table 6 of CR 3758. Table 2 provides the updated list of CPT codes for 2006. Carriers should modify their current policies and edits to include these changes for the Chiropractic Demonstration as previously described in JSM-06211. Changes to the therapy codes are described in CR 4226. These changes include the replacement of code 97504 with 97760, and the replacement of 97703 with 97762. Notes were added

to codes 97039 and 97139 to indicate that the Medicare Physician Fee Schedule (MPFS) payment has changed to carrier pricing and they will no longer be paid using the relative values units previously listed in Addendum B. Also, 97020 was deleted for the microwave modality and combined with CPT code 97024. CPT code 97024 is appropriately used to bill for microwave treatment. In addition to the therapy codes, CPT code 95858 was deleted for 2006. Finally, this CR provides an updated e-mail address for the MSN message found in Table 3.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4377.1	Effective within 30 days of implementation of this CR, carrier(s) shall begin to process claims for CPT code 98943 based on the fee amounts found in Table 1.			X						
4377.2	Effective within 30 days of implementation of this CR, carrier(s) shall begin to automatically reprocess claims for CPT 98943 that were paid at the -4.4 percent update.			X						
4377.3	Carriers shall complete the reprocessing of claims for CPT 98943 that were paid at the -4.4 percent by July 1, 2006.			X						
4377.3.1	Carriers shall use the appropriate Medicare Summary Messages to beneficiaries and remittance advice messages to providers regarding adjustments on assigned or unassigned claims for CPT 98943.			X						
4377.3.2	Carriers shall reprocess claims for CPT 98943 based on the participation status that is in effect at the time of the adjustment.			X						
4377.3.3	Carriers shall aggregate the payments for the reprocessed claims, i.e., do not send separate payment for each reprocessed claim.			X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4377.3.4	Carriers shall follow their normal process in transmitting the reprocessed claims to Medigap insurers for Medigap eligibility file-based crossovers.			X						
4377.3.5	Carriers shall follow their normal process in transmitting the reprocessed claims to Medigap insurers for mandatory Medigap claims-based crossovers.			X						
4377.3.6	Carriers shall adjust if brought to their attention any claims originally paid at the -4.4 percent that cannot be handled through the normal mass adjustment process.			X						
4377.4	Carriers shall post the new 2006 fees for CPT 98943 on their web sites within one week after implementation of this CR.			X						
4377.5	Carriers shall inform their customer service representatives (CSRs) about the change to the 2006 CPT 98943 payment rates and that carriers will automatically adjust the claims that were paid at the -4.4 percent.			X						
4377.5.1	CSRs need to be prepared to answer questions/inquiries from chiropractors on these changes.			X						
4377.6	Carriers shall have hard copies of the new 2006 CPT 98943 rates to mail to those chiropractors who do not have ready Internet access.			X						
4377.6.1	Carriers shall not charge these providers for postage or other related costs.			X						
4377.7	Carriers may charge a reasonable fee for mailing hard copies of the new CPT 98943 rates to those providers who do have ready Internet access but want a hard copy for convenience.			X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4377.7.1	Requests from chiropractors for hard copies of the 2006 rates shall be handled as customer service matters and not Freedom of Information Act (FOIA) requests.			X						
4377.7.2	Requests from all other members of the public for this information should continue to be processed as FOIA requests.			X						
4377.8	Carriers shall change any policies or edits that are not consistent with the policies provided in this change request and further described in CR 4226, or list of codes provided in Table 2.			X						
4377.9	Carriers shall be aware that the new therapy list removes CY2005 HCPCS/CPT codes 97504 and 97703 and replaces them with HCPCS/CPT codes 97760 and 97762 for use in CY 2006.			X						
4377.10	Carriers shall be aware that HCPCS/CPT code 97020 has been deleted from the CY 2006 therapy code list.			X						
4377.11	Carriers shall be aware that HCPCS/CPT code 97020 for the microwave modality has been combined with 97024 for diathermy.			X						
4377.12	Carriers shall price covered services for HCPCS/CPT codes 97039 and 97139.			X						
4377.13	Carriers shall be aware that HCPCS/CPT code 95858 was deleted for CY 2006.			X						
4377.14	Carriers shall modify the website address for the MSN message originally provided in CR 3758 as provided in Table 3.			X						

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4377.14	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after this CR is released. You will receive notification of the article release via the established “medlearn matters” listserv. Contractors shall post this article, or a direct link to this article, on their web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.			X						

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: NA

X-Ref Requirement #	Instructions

B. Design Considerations: NA

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: NA

D. Contractor Financial Reporting /Workload Impact: NA

E. Dependencies: NA

F. Testing Considerations: NA

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: January 1, 2006</p> <p>Implementation Date: April 10, 2006</p> <p>Pre-Implementation Contact(s):</p> <p>Julie Jones, (410) 786-3039 Claudia Lamm, (410) 786-6342 Sidney Trieger, (410) 786-6613</p> <p>Post-Implementation Contact(s):</p> <p>Claudia Lamm, (410) 786-6342 Pauline Lapin, (410) 786-6883 Sidney Trieger, (410) 786-6613</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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Attachment

Table 1: CPT 98943 2006 Fee Schedule Amounts

State	CARR	LOC	NonFacility Fee	Facility Fee	Global Period	SOS
NM	00521	05	\$ 23.57	\$ 20.88	0	Same as 98940-98942
IA	00826	00	\$ 23.28	\$ 20.65	0	Same as 98940-98943
VA	00904	00	\$ 23.93	\$ 21.08	0	Same as 98940-98944
Dupage, Kane, Lake, Will, IL	00952	15	\$ 26.20	\$ 22.82	0	Same as 98940-98946
Cook, IL	00952	16	\$ 26.49	\$ 23.07	0	Same as 98940-98947
remaining IL	00952	99	\$ 23.54	\$ 20.90	0	Same as 98940-98948
Cumberland, York, ME	31142	03	\$ 24.61	\$ 21.54	0	Same as 98940-98949
remaining ME	31142	99	\$ 23.46	\$ 20.77	0	Same as 98940-98950

Table 2

Procedure Codes (CPT/HCPCS):

Chiropractic manipulation codes

98943 extraspinal manipulation

Evaluation and Management Codes

99201 New patient 10 minutes
99202 New patient 20 minutes
99203 New patient 30 minutes
99204 New patient 45 minutes
99205 New patient 60 minutes
99211 Established patient 5 minutes
99212 Established patient 10 minutes
99213 Established patient 15 minutes
99214 Established patient 25 minutes
99215 Established patient 40 minutes

Test Codes

95831 Muscle testing, manual w/ report; extremity or trunk
95832 Hand, with or without comparison with normal side
95833 Total evaluation of body, excluding hands
95834 Total evaluation of body, including hands
Range of motion measurements and report; each
95851 extremity or each trunk section
95852 Hand, with or without comparison with normal side
95857 Tensilon test for myasthenia gravis
Needle electromyography; one extremity with or without
95860 related paraspinal areas
95861 Two extremities with or without related paraspinal areas
Three extremities with or without related paraspinal
95863 areas
95864 Four extremities with or without related paraspinal areas
95867 Cranial nerve supplied muscles, unilateral
95868 Cranial nerve supplied muscles, bilateral
Nerve conduction, amplitude and latency/velocity study,
95900 each nerve; motor, without F-wave study
95903 Motor, with F-wave study
95904 Sensory

Therapy codes

64550 Application of surface (transcutaneous) neurostimulator
97012 traction, mechanical
97018 parafin bath
97024 Diathermy
97026 Infrared
97028 Ultraviolet
97032 electrical stimulation, constant attendance

97034 contrast baths

97035 Ultrasound

97039 unlisted modality

97110 therapeutic exercise

97112 neuromuscular reeducation

97113 aquatic therapy with exercise

97116 gait training

97124 Massage

97139 unlisted therapeutic procedure

97140 Manual therapy techniques

97150 therapeutic procedures, group

Therapeutic activities--dynamic activities to improve

97530 functional performance

physical performance test or measurement, with written

97750 report

Orthotics management and training, upper extremity(s),

97760 lower extremity(s) and/or trunk

97762 Checkout for orthotic/prosthetic use, established patient

97799 unlisted physical medicine/rehabilitation service

G0283 unattended electrical stimulation for other than wound care

X rays

72010 x-ray spine entire

72020 x-ray spine, 1 view

72040 xray spine cervical 2-3 views

72050 x-ray, spine cervical 4+ views

72052 x-ray spine cervical complete,

72069 x-ray spine standing for thoracolumbar

72070 x-ray spine thoracic 2 views

72072 x-ray spine thoracic 3 views

72074 x-ray, spine thoracic 4+ views

72080 x-ray spine thoracolumbar 2 views

72090 x-ray spine thoracolumbar supine and standing

72100 x-ray spine lumbosacral 2-3 views

72110 x-ray spine lumbosacral 4+ views

72114 x-ray spine lumbosacral complete

72120 x-ray spine lumbosacral bending only

72170 x-ray pelvis, 1-2 views

72190 x-ray pelvis complete

72200 x-ray sacroiliac joints, up to 3 views

72202 x-sacroiliac joints 3+ views

72220 x-ray sacrum and coccyx 2+ views

73000 x-ray clavicle complete

73010 x-ray scapula complete

73020 x-ray shoulder 1 view

73030 x-ray shoulder 2+ views

73050 x-ray acromioclavicular joint, bilateral

73060 x-ray humerus, 2+ views

73070 x-ray elbow 2 views

73080 x-ray elbow 3+ views

73090 x-ray forearm 2 views

73100 x-ray wrist, 2 views

73110 x-ray wrist, 3+ views

73120 x-ray hand 2 views

73130 x-ray hand 3+ views

73140 x-ray finger(s) 2+ views

73500 x-ray hip unilateral 1 view

73510 x-ray hip unilateral 2+ views

73520 x-ray hip bilateral 2+ views

73550 x-ray femur 2 views
73560 x-ray knee 1-2 views
73562 x-ray knee 3 views
73564 x-ray knee 4+ views
73565 x-ray bilateral knees standing

73590 x-ray tibia fibula 2 views

73600 x-ray ankle 2 views
73610 x-ray ankle 3+ views
73620 x-ray foot, two views
73630 x-ray foot, 3+ views
73650 x-ray heel 2+ views
73660 x-ray toe--2 or more views

71100 x-ray ribs, unilateral; 2 views

71110 x-ray ribs, bilateral 3 views

71120 x-ray sternum, 2+ views

71130 x-ray, sternum+sc joint

Table 3

MSN Message Text

English

Beginning April 1, 2005 through March 31, 2007, Medicare will cover additional chiropractic services. For more information, talk to your chiropractor, call 1-800-MEDICARE, or go to <http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=ascending&itemID=CMS024103>.

Spanish

Comenzando el 1 de abril de 2005 hasta el 31 de marzo de 2007, Medicare cubrirá más servicios quiroprácticos. Para más información, comuníquese con su quiropráctico, llame al 1-800-MEDICARE o visite el sitio de Internet <http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=ascending&itemID=CMS024103>.