Chapter 19

Chiropractic and Acupuncture Services

NOTE: *Please review the following detail for specific processes and expectations with South Country Health Alliance (South Country). South Country may vary from the MHCP Manual and Minnesota Department of Human Services Guidelines. For additional detail on this chapter, please go to the Minnesota Health Care Programs Provider Manual at* MHCP Provider Manual

Billing Information – Please review the South Country Provider Manual Chapter 4 Provider Billing for general billing processes and procedures.

Chiropractic:

Chiropractic services are medically necessary therapies that employ manipulation and specific adjustment of body structures, such as the spinal column, provided by a licensed Doctor of Chiropractic.

Eligible Providers

Chiropractors licensed under Minnesota law, or where applicable, licensed by the state in which he or she practices enrolled with Minnesota Health Care Programs (MHCP).

Eligible Members

Medical Assistance (MA) and MinnesotaCare members under 21 years old are eligible for chiropractic services. Members with Medicare coverage are eligible to receive chiropractic services under benefits and eligibility guidelines specific to Medicare.

Covered Services

- Manual manipulation of the spine for treatment of subluxation (incomplete or partial dislocation), determined to be medically necessary by the generally accepted chiropractic standards of care;
- Chiropractors performing manual manipulation of the spine may be reimbursed for such services when performed with handheld devices such as the “Activator”, but no additional payment shall be made when such a device is used;
- Evaluation and management services for new and established patients;
- X-rays that meet treatment guidelines to support a diagnosis of subluxation; and
- Acupuncture may be covered for pain and other specific conditions. See the detail that follows this section on acupuncture.

Benefit Limitations

Chiropractic services annual benefit limits include:

- One evaluation per calendar year to determine medical necessity or progress.
- 24 spinal manipulative treatments (no more than six per month).

Note: Authorization is required for units exceeding 24 per calendar year or 6 per month. Before limits are exceeded, please see the authorization process below.

Payment Limitations

South Country reserves the right to deny and recoup any payment made for chiropractic care if, upon review, documentation does not support medical necessity.

An office visit for manual manipulation of the spine is considered part of the service and cannot be billed separately to South Country or members.

An Evaluation and Management (E/M) service is allowed on the same date of service as a spinal manipulation only if the E/M service is significant and separately identifiable from the procedure that is performed. Use modifier 25 to indicate that the patient's condition required a significant, separately identifiable E/M service, above and beyond the usual pre- and post-procedure care associated with the service performed.

- Note: Do not use modifier 25 if the documentation shows that the amount of work performed is consistent with that normally performed with the procedure.
- Use the most appropriate chiropractic, E/M, or X-ray code for the service provided.

Reimbursement for X-rays is limited to radiological examinations needed to support a subluxation diagnosis, i.e.: full spine; the cervical, thoracic, lumbar, and lumbosacral areas of the spine; the pelvis; and the sacroiliac joints.

Authorization

Prior Authorization for medical necessity is required for any combination of procedure codes 98940, 98941 and 98942 if units are exceeding benefit threshold of 24 per calendar year or 6 per month. Submit the authorization request for only the number of units in excess of the benefit coverage allowed. Submit Medical Service Request Form #4497 to 1-888-633-4052.

Documenting subluxation

The diagnosis of subluxation may be demonstrated using x-ray or physical examination.

If submitting x-rays (or radiologic report) as documentation of the diagnosis, the x-ray must be no older than 12 months prior to the start of treatment.

Use physical examination of musculoskeletal or nervous system to identify the following:

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

Two of the above criteria are required to demonstrate subluxation based on physical examination. One of these criteria must be:

- Asymmetry or misalignment, or
- Range of motion abnormality.

This documentation must be provided to South Country if, upon monitoring the utilization trend, we find the need to do a review to determine medical need of the services provided.

Non-covered Services

The following list of non-covered services is not all-inclusive. Other services may be provided but are not covered.

- Nutritional supplements, vitamins, and/or counseling;
- Acupressure;
- Treatment of a neurogenic or congenital condition that is not related to a diagnosis of subluxation;
- Laboratory services;
- X-rays, other than those determined to be necessary to support a diagnosis of subluxation;
- Medical equipment or supplies that are either supplied or prescribed by the chiropractor;
- Diagnosis for acute and chronic pain; and
- Physiotherapy modalities including, but not limited to the following:
    - Ultrasound.
    - Diathermy.

Chiropractic services for members 21 years of age and older (Medical Assistance and MinnesotaCare members).

Billing Procedure

Chiropractic claims should be submitted electronically in 837P professional format. Submit the most applicable ICD diagnosis codes when billing for subluxation on claims.

Chiropractic Services

Procedure Code	Brief Description
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions
98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions
98942	Chiropractic manipulative treatment (CMT); spinal, five regions

For **Medical Assistance (PMAP), MinnesotaCare (MNCare), Minnesota Senior Care Plus (MSC+), and Special Need Basic Care (SNBC {SingleCare, SharedCare})**, providers must choose all applicable subluxation ICD diagnosis code(s) to identify the area(s) of subluxation. This guideline affects CPT codes 98940, 98941, and 98942. Listing all applicable diagnoses will confirm the medical necessity for the treatment provided. For example, if procedural code 98942 (five regions) is submitted with only four subluxation diagnoses codes, it would be denied. Effective 1/1/2026, chiropractic services will no longer be a covered benefit for adults aged 21 and older under Medical Assistance and MinnesotaCare.

For **Senior Care Complete (HMO D-SNP) and Ability Care (HMO D-SNP)**, South Country follows CMS guidelines for chiropractic. See Local Coverage Article: Chiropractic Services-Medical Policy Article (A57889).

Please refer to your provider contract with South Country for additional information on covered services, documentation and fee schedule.

Overview of South Country Guidelines for Chiropractic Treatment

Chiropractic treatment is an important component of the South Country care model but has very specific guidelines associated with it. These guidelines allow for chiropractic services to be

provided without the need for routine prior authorization. When the guidelines are not observed and care is provided outside of these parameters, the services are subject to utilization review which can reduce or exclude services from reimbursement. Some key areas to become familiar with are the South Country Clinical Treatment Guidelines for Chiropractic Services included within this chapter

Health Record Documentation Standards – A health care provider must maintain a record of all treatment provided to a patient. If the records are handwritten, they must be legible to others, not just the writer. They must express coherent ideas and describe the services provided to a unique patient. Documentation methods that require a key to interpret are discouraged.

Initial Chiropractic Visit

Document the following for the initial chiropractic visit:

- Date of initial treatment.
- History: include the following:
    - Symptoms causing patient to seek treatment;
    - Family history if relevant;
    - Past health history (general health, prior illness, injuries, or hospitalizations, medications, surgical history);
    - Mechanism of trauma;
    - Quality and character of symptoms or problem;
    - Onset, duration intensity, frequency, location and radiation of symptoms;
    - Aggravating or relieving factors; and
    - Prior interventions, treatment, medications, secondary complaints.
- Description of presenting condition or complaints, including:
    - Mechanism of trauma
    - Quality and character of symptoms or problem
    - Onset, duration, intensity, frequency, location, and radiation of symptoms
    - Aggravating or relieving factors
    - Prior interventions, treatment, medications, secondary complaints
    - Symptoms causing patient to seek treatment
- Evaluation of musculoskeletal or nervous system through physical examination.
- Diagnosis: subluxation must be the primary diagnosis.
- Treatment plan which includes:
    - Recommended level of care;
    - Specific treatment goals; and
    - Objective measures to evaluate effectiveness of treatment.

Subsequent Visits

Documentation required for subsequent visits include:

- History:

- Review of chief compliant;
- Changes since last visit; and
- System review, if relevant.

- Physical exam:
  - Exam of area of spine involved in diagnosis;
  - Assessment of change in patient condition since last visit;
  - Evaluation of treatment effectiveness; and
  - Documentation of treatment provided on day of visit.

30-day treatment plan – South Country treatment frequency standards are based on a 30-day treatment period that begins at the initial visit. Note that this time period is not a calendar month, but a distinct 30-day period that begins with the initial visit. A typical treatment plan for an adult allows for **up to 6 visits in a 30-day period**. If a patient presents on the 15th of the June for example, that 30-day period runs through the 14th of July.

Ongoing Care past the initial treatment period – Care that continues beyond the initial 30-day treatment period must be supported by daily patient notes and clinical exam findings that demonstrate progressive improvement. When improvement plateaus, or if the condition worsens, continued care beyond the initial 30-day treatment period is either considered to be maintenance care or contraindicated to medical necessity. In either case the care is not covered.

Decreased Intensity and Frequency of Care – Treatment guidelines describe effective care reflected by decreasing intensity of care in the level of adjustment as well as the frequency of care over the course of treatment. This results in an overall ratio of 1:1 for 98940 to 98941 adjustments network wide. A treatment course that remains high in frequency and intensity will be subject to review as it does not reflect a progressive improvement in the patient's condition.

X-Rays – While x-rays remain a valuable tool for diagnosing patient conditions, today's improved clinical exam techniques and practitioner diagnostic skills in this area allow most chiropractic patients to be safely treated without exposing them to the risk and expense of x-rays. X-rays are indicated in cases where **trauma** has occurred or the chiropractor has reason to suspect some **other pathology** is present, such as a tumor, fracture, infection, congenital anomaly or the patient has not responded as expected to an initial course of chiropractic care.

Treatment of Children/Infants – South Country has adopted conservative treatment guidelines for this group of patients. Chiropractic care within the initial 30-day treatment period should be limited to 4 visits for infants and toddlers (Birth through 4) and 5 visits for children 5 through 17. The South Country benefit covers spinal related conditions only. Treatment of childhood conditions such as colic, bed wetting, and ear infection must have clear subluxation levels documented. The treatment outcome expectation for these patients is for them to respond within the initial treatment period. If they do not, continued care is not indicated as South Country prefers these conditions be closely monitored by the member's primary care physician. Upon subsequent examination by the primary care physician, if continued chiropractic treatment is indicated a referral from the PCP will be necessary.

Daily notes with claims submission - Documentation may be requested and reviewed for medical appropriateness based on evidenced based standards of care and medical necessity criteria.

Case Management and Referral – South Country members may access complex case management if needed. Complex case managers can be a valuable resource to chiropractic providers when there is a need to bring other health care disciplines together to develop a multi-

disciplinary plan of care or assistance with the referral of a challenging patient. If you need assistance with a referral to Complex Case Management, contact South Country.

Quality Monitoring Standards – The South Country Quality Assurance Committee has established the following provider performance measures that your own clinic's performance will be measured against. These are based on actual network utilization data and community standards of care. Of particular emphasis to all new providers is that up-coding of the manual manipulation code is prohibited. Compensation for adjusting 3 or 4 areas of the spine (98941) requires that the patient presents with symptoms documented in those same areas.

South Country is accountable to assure the appropriate treatment and accurate billing of services provided to patients; therefore, these are monitored very closely. Billing for a higher level of treatment than the patient's condition or complaint warrants, or up-coding, is fraudulent and South Country is responsible to identify and report it when encountered.

South Country's Quality Assurance Council has established a Quality measure standard for the expected ratio of patient adjustments of 50% 98940 and 50% 98941 from practitioners in the South Country chiropractic network.

Providers need to become familiar with the Quality Monitoring Standards as your clinic's own performance will be measured against these as you provide services to South Country members.

Click here for detailed clinical guidelines.

Acupuncture Services:

Acupuncture services includes the practice of inserting acupuncture needles through the skin and the use of other biophysical methods of acupuncture point stimulation by a licensed provider.

Benefit Limitations

South Country allows up to 20 units of acupuncture services per calendar year.

97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-to-one contact with patient
97811	Without electrical stimulation, each additional 15 minutes of personal one-to-one contact with patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
97813	With electrical stimulation, initial 15 minutes of personal one-to-one contact with the patient
97814	With electrical stimulation, each additional 15 minutes of personal one-to-one contact with the patient, with re-insertion of needles(s) (List separately in addition to code for primary procedure)

Authorization

Prior Authorization for medical necessity is required if units exceed 20 per calendar year. Submit the Medical Services Request Form #4497 to 1-888-633-4052

Eligible Providers

The following licensed practitioners may provide acupuncture:

- Acupuncturists;
- Chiropractors (must comply with MBCE acupuncture registration requirements);

- Osteopaths; and
- Physicians.

Provider Enrollment Requirements

The following enrollment requirements apply for acupuncturists:

- To be eligible to enroll as an acupuncturist, a person must hold a license to engage in the practice of acupuncture from the Minnesota Department of Health.
- Acupuncturists practicing outside Minnesota must comply with the licensure requirements of the state in which they practice.

The following enrollment requirements apply for chiropractors interested in rendering acupuncture services:

- Must have complied with the Minnesota Board of Chiropractic Examiners (MBCE) acupuncture registration requirements;
- Current MHCP enrolled chiropractors must provide a copy of the MBCE acupuncture registration to MHCP Provider Enrollment; and
- Chiropractors practicing outside of Minnesota must comply with the acupuncture licensure and registration requirements in the state in which they practice.

Eligible Members

All South Country Health Alliance members are eligible for acupuncture services.

Covered Services

Acupuncture is covered only when provided by a licensed acupuncturist or by another Minnesota licensed practitioner for whom acupuncture is within the practitioner's scope of practice and who has specific acupuncture training or credentialing.

Before the start of acupuncture treatment, the acupuncture provider must document a brief history of the patient’s presenting problem. The medical record must also include the acupuncture provider’s documentation of a limited exam of the condition being treated or the affected body area. An acupuncturist cannot bill for evaluation and management codes for evaluation of the member.

Acupuncture is covered for the following conditions:

- Acute pain;
- Chronic pain;
- Chronic Lower Back Pain*;
- Depression;
- Anxiety;
- Schizophrenia;
- Post-traumatic stress disorder;
- Insomnia;
- Smoking cessation;
- Restless legs syndrome;

- Menstrual disorders; and
- Xerostomia (dry mouth) associated with:
    - Sjogren's syndrome.
    - Radiation therapy,
- Nausea and vomiting associated with:
    - Post-operative procedures.
    - Pregnancy.
    - Cancer care.

*Effective January 21, 2020, Acupuncture for chronic lower back pain is covered by Medicare. Providers will need to follow Medicare guidelines for Members with Medicare primary.

Items that fall within an acupuncturist scope of practice such as, breathing techniques, dietary guidelines and exercise based on Oriental principles are considered part of an acupuncturist's visit and are not reimbursed separately.

A comprehensive brief history and physical evaluation of the patient is required to be documented in the patient's medical records to document the cause or origin of the condition being treated. The comprehensive evaluation must be completed prior to the start of initial treatment. The provider must document the patient's medical history and exam related to the service provided.

South Country Health Alliance (South Country) does not cover maintenance treatment where symptoms are not regressing or not showing improvement. Acupuncture treatment is not considered medically necessary if the member does not show improvement in symptoms.

Non-covered Services

Acupuncture is not covered for the following conditions: (This is not an all-inclusive list)

- Weight loss;
- Drug or alcohol dependence;
- Infertility;
- Fatigue;
- Allergies or asthma;
- Acne;
- Nausea due to conditions other than surgery, pregnancy, or cancer care;
- High blood pressure;
- Cold or influenza; and
- Sexual dysfunction.

South Country does not cover the following services separately: (This is not an all-inclusive list.)

- Acupressure;
- Massage;
- Herbal supplements;
- Dietary guidelines;

- Breathing techniques;
- Use of heat; and
- Exercise.

Documentation

Documentation must include the following:

- The diagnosis for the cause/origin of the symptom being treated;
- Evidence that the patient is responding favorably to the acupuncture treatment and that further improvement is expected with additional treatment;
- The acupuncture technique being requested;
- A comprehensive history and physical evaluation of the patient;
- Plan of care for the acupuncture treatment;
- Other treatments the patient is receiving for the diagnosis, regardless of where or by whom they are being treated. Examples of other treatment may include opioids, physical therapy and medical cannabis; and
- When applicable, provide documentation that favorable outcomes from acupuncture treatments have reduced the patient's need for opioids or led to improved utilization of other treatment modalities.