Chiropractic Services Professional Payment Policy

Applies to the following Tufts Health Plan products:

☒ Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
☐ Tufts Medicare Preferred HMO (a Medicare Advantage product)
☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting providers. For information on Tufts Medicare Preferred HMO and Tufts Health Plan SCO, click here.

In addition to the specific information contained here, providers must adhere to the policy information outlined in the professional payment policies for Commercial and Tufts Medicare Preferred HMO/Tufts Health Plan SCO products, located in the Provider Resource Center or on the Payment Policies page.

Note: Audit and disclaimer information is located at the end of this document.

POLICY
Tufts Health Plan covers medically necessary chiropractic services, as described below.

GENERAL BENEFIT INFORMATION
Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider website or by contacting Senior Products Provider Relations.

Age restrictions for spinal manipulation do not apply.

BILLING INSTRUCTIONS
Services Rendered by Contracting Chiropractors
Chiropractors should bill the CPT procedure code(s) listed in their provider agreement. Billing for services other than those identified will deny as noncontracted services and the member cannot be held responsible for payment.

New Patient Encounters
- 99202-99205: Office visit for initial evaluation and management (E&M) of a new patient

Established Patient Encounters
- 99212-99215: Office visit for E&M of an established patient

Chiropractic Manipulative Treatment (CMT)
During the course of a single visit, submit the following procedure codes with manipulation treatment, an initial evaluation or an established patient visit, when appropriate.
- 98940: CMT, spinal, one to two regions
- 98941: CMT, spinal, three to four regions
- 98942: CMT, spinal, five regions

Modalities
During the course of a single visit, submit the following procedure codes with manipulation treatment, an initial evaluation or an established patient visit, when appropriate.

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>97012</td>
<td>Mechanical traction</td>
</tr>
<tr>
<td>97014</td>
<td>Electrical stimulation (unattended)</td>
</tr>
<tr>
<td>97016</td>
<td>Vasopneumatic devices</td>
</tr>
<tr>
<td>97024</td>
<td>Diathermy (e.g. microwave)</td>
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</tbody>
</table>

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLink® when Tufts Health Plan is the primary administrator.
<table>
<thead>
<tr>
<th>Procedure Codes</th>
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</tr>
</thead>
<tbody>
<tr>
<td>97026</td>
<td>Infrared</td>
</tr>
<tr>
<td>97032</td>
<td>Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes</td>
</tr>
<tr>
<td>97033</td>
<td>Iontophoresis, each 15 minutes</td>
</tr>
<tr>
<td>97035</td>
<td>Ultrasound</td>
</tr>
<tr>
<td>97110</td>
<td>Therapeutic exercises, one or more areas, each 15 minutes</td>
</tr>
<tr>
<td>97124</td>
<td>Massage</td>
</tr>
<tr>
<td>97140</td>
<td>Myofascial release</td>
</tr>
</tbody>
</table>

**Note:** When billing modality procedure codes the appropriate therapy modifiers are required. Coverage of these modalities is limited to a small number of employer groups who have opted for this benefit.

**COMPENSATION/REIMBURSEMENT INFORMATION**
Chiropractors may be eligible for compensation of medically necessary x-rays taken in their office. Prior to initiating x-ray services, verify the member’s benefit specifics and refer to the provider’s Allied Health service agreement for contracted radiology codes.

**Chiropractic Manipulation and Evaluation and Management Services**
Most E&M services are included in chiropractic manipulation services. Tufts Health Plan considers compensation for the E&M service if the appropriate *modifier* is appended to the procedure code to indicate that the service is distinct and separately identifiable.

**Modalities**
Tufts Health Plan does not reimburse for hot and cold packs, as they are considered incidental to other payable services performed by the same provider on the same day or within the previous 12 months. Refer to the CMS Bundled Services policy for additional information.

**DOCUMENT HISTORY**
- June 2018: Template updates
- January 2017: Policy reviewed; template updates
- September 2015: Template conversion
- June 2015: Template updates
- November 2013: Added change in age restriction effective January 1, 2014; template updates.
- September 2013: Template conversion
- January 2013: Template updates
- November 2012: Policy reviewed; template updates.
- April 2012: Template updates
- March 2012: Updated CareLink disclaimer language
- October 2011: Reviewed document; template updates and changes for clarity
- July 2010: Reviewed document, minor changes made for clarity
- April 2010: Removed CPT procedure code 97010 and added CPT procedure code 97110
- December 2008: Added: Note: Effective January 1, 2008, upon employer group’s renewal, spinal manipulation for children age 12 and under is not covered.
- February 2008: Revised general benefit information with self-service channels information.
- October 2007: Removed Liberty by Tufts Health Plan information.

**AUDIT AND DISCLAIMER INFORMATION**
Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that an office/facility did not comply with this payment policy, Tufts Health Plan will expect the office/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan’s audit policies, refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when
applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna’s provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.