

Chiropractic Services

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4041

Recent review date: 7/2024

Next review date: 11/2025

Policy contains: Chiropractic care; manipulative treatment.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered, on a case-by-case basis by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

Policy statement

Chiropractic manipulative treatment may be covered for AmeriHealth Caritas Louisiana members up to 21 years of age when medically necessary and provided as a result of a medical referral from the member's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) medical screening primary care physician.

Only chiropractic manipulation of up to four spinal regions will be approved for reimbursement.

Chiropractors are to bill for these services using the most current and appropriate Current Procedural Terminology (CPT) code for the service provided. Healthcare Common Procedure Coding System (HCPCS) modifier "AT" may be used to designate acute treatment.

Claims for chiropractic services pend to Medical Review and must be submitted hardcopy. The claim is to be accompanied by a written, dated, and signed referral statement from the EPSDT medical screening primary care provider and documentation substantiating the medical necessity of the services. The documentation should include, but is not limited to the following:

- Diagnosis and chief complaint;
- Relevant history;
- Subjective and objective diagnostic examination findings;

- Acuity and severity of the beneficiary's condition;
- Results of x-ray, lab and other diagnostic tests;
- Number of treatment sessions necessary to correct or alleviate the member's symptoms or problem;
- The level of care (relief, therapeutic, rehabilitative, supportive) planned;
- Procedures performed and results;
- Response to therapy; and
- Progress notes and beneficiary disposition.

References

Louisiana Department of Health. 2010. Professional Services Provider Manual. Chiropractic Services. Chapter 5, Section 5.1. Issued 09/08/2020.

Policy updates

Initial review date: 3/2/2021

11/2022: Policy references updated.

7/2024: Policy references updated.