

Chiropractic Services

Reimbursement Policy ID: RPC.0052.2100

Recent review date: 10/2026

Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy provides an overview of reimbursement limitations for chiropractic services based on plan coverage.

Exceptions

N/A

Reimbursement Guidelines

The health plan provides no statutory coverage for chiropractic services for members aged 21 (twenty-one) years and older.

For the health plan members under the age of 21 (twenty-one) years, chiropractic services may be considered for reimbursement under the EPSDT program. Prior authorization may be required in order for services to be considered for reimbursement.

Refer to the Provider Resources page on the health plans website for additional information:
<https://www.amerihealthcaritasla.com/provider/index.aspx>

Definitions

N/A

Edit Sources

- I. Current Procedural Terminology (CPT).
- II. Healthcare Common Procedure Coding System (HCPCS).
- III. International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM), and associated publications and services.
- IV. Applicable Provider Handbook and associated publications:
- V. <https://www.amerihealthcaritasla.com/provider/resources/manual/index.aspx>

Attachments

N/A

Associated Policies

N/A

Policy History

10/2026	Reimbursement Policy Committee Approval
09/2026	Annual review <ul style="list-style-type: none">Removed the next review dateReplaced the plan name with “the health plan”
01/2026	Reimbursement Policy Committee Approval
12/2025	Annual review <ul style="list-style-type: none">No major changes
05/2025	Reimbursement Policy Committee Approval
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
04/2024	Revised preamble
10/2023	Reimbursement Policy Committee Approval