

Chiropractic in-lieu of services

Effective August 1, 2022, Healthy Blue covers chiropractic in-lieu of services (ILOS) for enrollees age 21 and older. Chiropractic services to diagnose and treat neuromusculoskeletal conditions associated with the functional integrity of the spine are a medically appropriate and cost-effective substitute for services currently covered under the Louisiana Medicaid State Plan. Chiropractic ILOS are covered without the requirement of prior authorization for up to 18 treatment sessions annually.

Covered services

As part of this ILOS, chiropractic services for the purpose of diagnosing and treating neuromusculoskeletal conditions associated with the functional integrity of the spine are covered and considered medically necessary. The following requirements apply.

Evaluation and management services

The initial visit must include a treatment plan, including:

- Level of care (duration and frequency of visits).
- Treatment goals.
- Measures to assess the effectiveness of treatment (qualitative and/or quantitative).

Follow-up visits must include information on the enrollee's progress in the treatment plan, along with the measures used to assess effectiveness. The level of evaluation and management service shall be determined by using Current Procedural Terminology (CPT[®]) guidelines.

X-rays

X-rays may be used to assess the enrollee's condition. X-rays must be limited to the level(s) of suspected abnormality and the minimum number of views necessary to establish the diagnosis. Repeat X-rays are not considered medically necessary in the absence of a significant worsening of symptoms despite treatment, a change in the pattern of symptoms which may suggest an alternate diagnosis, or the development of new symptoms.

Spinal manipulation

Spinal manipulation of up to five regions is covered and considered medically necessary when included in the documented treatment plan.

Other treatments

Other treatments refer to chiropractic treatments other than spinal manipulation. On each date of service, a maximum of two other treatments are covered and must be tailored to the enrollee's condition and identified in the documented treatment plan.

- Mechanical traction
- Whirlpool therapy
- Ultrasound therapy
- Electrical stimulation
- Therapeutic exercises

<https://providers.healthyblue.com>

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LAHB-CD-014143-22 November 2022

- Neuromuscular reeducation
- Gait training
- Massage therapy
- Manual therapy
- Dry needling

Prior authorization and referral

Chiropractic ILOS are covered without the requirement of prior authorization for up to 18 treatment sessions annually. A treatment session is defined as all chiropractic services that occur on a single date of service. A referral from a primary care provider or any other provider is not required.

Non-compliance, recoupment, and sanctions

Use of all procedure codes must be in accordance with CPT guidance. Non-compliance with CPT guidance, failure to maintain adequate medical documentation to substantiate services rendered, or non-compliance with any of the provisions described in this document may result in recoupment and/or other sanctions as determined by Healthy Blue.

Procedure codes

The below table represents the procedure codes covered under this ILOS. The fees listed are calculated according to the methodology that would be employed by Medicaid FFS. As specified above, a maximum of two other treatments, in addition to spinal manipulation, may be reimbursed per date of service.

Service category	Code	Description
Evaluation and management – new patient	99202	Office or other outpatient visit for the evaluation and management of a new patient
	99203	
	99204	
	99205	
Evaluation and management – established patient	99212	Office or other outpatient visit for the evaluation and management of an established patient
	99213	
	99214	
	99215	
Spinal X-rays	72020	Radiologic examination, spine, single view, specify level
	72040	Radiologic examination, spine, cervical; 2 or 3 views
	72050	Radiologic examination, spine, cervical; 4 or 5 views
	72052	Radiologic examination, spine, cervical; 6 or more views
	72070	Radiologic examination, spine, thoracic, 2 views
	72072	Radiologic examination, spine, thoracic, 3 views
	72074	Radiologic examination, spine, thoracic, minimum of 4 views
	72080	Radiologic examination, spine, thoracolumbar, 2 views
	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views
	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views
	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views.
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	
Spinal manipulation	98940	Spinal manipulation 1-2 regions
	98941	Spinal manipulation 3-4 regions
	98942	Spinal manipulation 5 regions

Other treatments‡	97012	Mechanical traction
	97014	Electrical stimulation (unattended)
	97022	Whirlpool therapy
	97035	Ultrasound therapy
	97032	Electrical stimulation (attended)
	97110	Therapeutic exercises
	97112	Neuromuscular re-education
	97116	Gait training
	97124	Massage therapy
	97140	Manual therapy
	20560	Needle insertion without injection 1-2 muscles
	20561	Needle insertion without injection 3 or more muscles

‡ A maximum of two other treatments, in addition to spinal manipulation, are covered per day of service.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Experience associate or call Provider Services at **844-521-6942**.