

Affected Programs: BadgerCare Plus, Medicaid
To: Chiropractors, HMOs and Other Managed Care Programs

New Requirements and Clarified Policy for Chiropractic Services

This *ForwardHealth Update* introduces new claim and prior authorization request submission requirements, as well as policy clarifications for chiropractic services. Additionally, this *Update* contains information about allowable *International Classification of Diseases, 10th Revision, Clinical Modification* diagnosis codes.

New Claim and Prior Authorization Request Submission Requirements

Effective for dates of service (DOS) on and after October 1, 2015, ForwardHealth is implementing the following new requirements for chiropractic services:

- New claim submission requirements for spell of illness (SOI).
- New claim submission requirements for X-rays and urinalysis.
- New SOI criteria for prior authorization (PA).
- New submission requirements for PA requests for chiropractic services.
- New allowable *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD-10-CM) diagnosis codes.

In addition, this *ForwardHealth Update* clarifies several important elements of existing chiropractic policy.

New Claim Submission Requirements for Spell of Illness

Effective for DOS on and after October 1, 2015, providers should no longer indicate *Current Procedural Terminology* (CPT)

procedure code 99201 (Office or other outpatient visit for the evaluation and management of a new patient) on claims for chiropractic services to indicate a new SOI; ForwardHealth will no longer cover this procedure code for chiropractic services.

Instead, providers are required to do the following:

- If submitting claims on the 1500 Health Insurance Claim Form, enter the SOI date in Item Number 15, along with qualifier 454 (Initial Treatment). For 1500 Health Insurance Claim Form completion instructions, refer to the 1500 Health Insurance Claim Form Completion Instructions topic (topic #17797) in the Submission chapter of the Claims section of the ForwardHealth Online Handbook, available on the ForwardHealth Portal.
- If submitting claims using the 837 Health Care Claim: Professional (837P) transaction, indicate the SOI date as the DTP (Date or Time or Period) – Date – Initial Treatment Date in the 2300 – Claim Information loop, along with qualifier 454. (*Note:* When submitting using the 837P, providers are reminded to indicate only one SOI date per claim.) For complete submission instructions, refer to the Instructions Related to 837 Health Care Claim/Encounter: Professional (837P) Transaction Based on ASC X12 Implementation Guide, available in the Trading Partners area of the Portal at www.forwardhealth.wi.gov/WIPortal/Default.aspx?srcUrl=CompanionDocuments.htm&tabid=41.

- If submitting claims using Direct Data Entry on the ForwardHealth Portal, indicate the SOI date in the SOI Date field at the header. For complete submission instructions, refer to the ForwardHealth Provider Portal Professional Claims User Guide, available on the Portal User Guides page of the Portal at www.forwardhealth.wi.gov/WIPortal/content/Provider/userguides/userguides.htm.spage.
- If submitting claims using Provider Electronic Solutions (PES) electronic billing software, indicate the SOI date in the Initial Treatment Date field. For complete submission instructions, refer to the Wisconsin Provider Electronic Solutions Manual, available in the Trading Partners area of the Portal at www.forwardhealth.wi.gov/WIPortal/Default.aspx?srcUrl=PESSoftwareInfo.htm&tabid=41.

Note: Per Wis. Admin. Code § DHS 107.15(2), ForwardHealth only covers manual manipulations of the spine for treatment of subluxation. With implementation of the new SOI submission requirements, procedure code 99201 and other evaluation and management (E&M) procedure codes will no longer be allowable on claims for chiropractic services. As a result, reimbursement for spinal manipulation procedures has been adjusted to more accurately reflect the full valuation of each service, including the inherent E&M portion of the manipulation service. For reimbursement rates, refer to the maximum allowable fee schedule available on the Portal by clicking the Fee Schedules link in the Providers box on the Portal home page.

New Claim Submission Requirements for X-ray and Urinalysis

Per Wis. Admin. Code §§ DHS 107.15(4)(a) and (b), diagnostic urinalysis and X-rays are covered services only when rendered on the same date as the initial office visit; therefore, effective for DOS on and after October 1, 2015, when submitting a claim for urinalysis and/or X-rays, providers should ensure that the DOS is the same as the SOI date.

New Spell of Illness Criteria for Prior Authorization

Per Wis. Admin. Code § DHS 107.15(3)(a)1, PA is required for services beyond the initial visit and 20 spinal manipulations per SOI. A new SOI must start, at a minimum, 30 days after the end of the previous SOI.

New Prior Authorization Request Submission Requirements

When submitting PA requests for services beyond the initial visit and 20 spinal manipulations per SOI, providers are required to use the Prior Authorization Request Form (PA/RF), F-11018 (05/13).

Effective for PA requests received on and after October 1, 2015, providers are required to complete Element 13 (Start Date — SOI) and Element 14 (First Date of Treatment — SOI) when submitting a PA/RF for chiropractic services. ForwardHealth will return PA/RFs submitted without information in Elements 13 and 14. For the revised PA/RF completion instructions and a sample completed PA/RF reflecting these changes, refer to the Prior Authorization Request Form Completion Instructions for Chiropractic Services topic (topic #4384) in the Forms and Attachments chapter of the Prior Authorization section of the Chiropractic service area of the ForwardHealth Online Handbook.

New Allowable ICD-10-CM Diagnosis Codes

In response to the Centers for Medicare and Medicaid Services ICD-10 mandate, ForwardHealth will require ICD-10-CM diagnosis codes to be indicated on claim and PA request submissions with dates (DOS, dates of discharge, requested start dates, etc.) on and after October 1, 2015. Refer to the ICD-10 Code Set Transition home page on the Portal at www.forwardhealth.gov/ for more ICD-10 information.

Diagnosis coding in ICD-10 includes diagnosis sets available for both traumatic subluxation diagnosis codes and segmental/somatic dysfunction codes. Effective for DOS on and after October 1, 2015, ForwardHealth will require the

use of the segmental/somatic dysfunction code set to indicate the primary diagnosis when submitting spinal manipulation procedures. Refer to the Attachment of this *Update* for a list of allowable ICD-10-CM diagnosis codes for chiropractic services.

Note: For DOS **before October 1, 2015**, providers are required to indicate *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis codes on claims for chiropractic services. For the list of allowable ICD-9-CM diagnosis codes, refer to the Diagnosis Codes topic (topic #2359) in the Codes chapter of the Covered and Noncovered Services section of the Chiropractic service area of the Online Handbook.

Clarification of Current Chiropractic Coverage Policy

Services Requiring Prior Authorization

ForwardHealth requires PA for the following chiropractic services/supplies:

- Spinal supports costing more than \$75.00.
- Services beyond the initial visit and 20 spinal manipulations per SOI. If more than 20 manipulations are necessary, the chiropractor should request PA at least four weeks in advance to ensure uninterrupted service.

Allowable Procedure Codes

Providers are reminded to indicate the most appropriate procedure code available to describe the service being provided, consistent with clinical best practice and CPT guidelines. Refer to the maximum allowable fee schedule for a list of allowable procedure codes for chiropractic services.

Medical Necessity

As a reminder, Wisconsin Medicaid reimburses only for services that are medically necessary as defined under Wis. Admin. Code § DHS 101.03(96m).

Spinal manipulation maintenance therapy includes services that seek to prevent disease, promote health and prolong and

enhance the quality of life or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected, the treatment is then considered maintenance therapy. ForwardHealth does not consider spinal manipulation maintenance therapy to be medically necessary. It is the responsibility of the provider to determine if the treatment or part of the treatment for that day of service is maintenance or not and to bill ForwardHealth accordingly.

Documentation Requirements for Spinal Manipulation

Per Wis. Admin. Code § DHS 107.15(2), ForwardHealth covers manual manipulation of the spine only when performed to treat a spinal subluxation. The level of spinal subluxation must bear a direct causal relationship to the member's symptoms, and the symptoms must be directly related to the level of the subluxation that has been diagnosed. The rendering provider is required to provide adequate documentation to establish medical necessity and to allow for proper reimbursement of services. The member's record is required to include documentation of all regions adjusted.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations that cover chiropractic benefits are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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This *Update* was issued on 08/26/2015 and information contained in this *Update* was incorporated into the Online Handbook on 10/01/2015.

ATTACHMENT

Allowable Diagnosis Codes for Chiropractic Services

For dates of service (DOS) **before October 1, 2015**, providers are required to indicate *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis codes on claims for chiropractic services. For the list of allowable ICD-9-CM diagnosis codes, refer to the Diagnosis Codes topic (topic #2359) in the Codes chapter of the Covered and Noncovered Services section of the Chiropractic service area of the ForwardHealth Online Handbook.

Effective for DOS **on and after October 1, 2015**, ForwardHealth requires the use of the following *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD-10-CM) diagnosis codes on claims for chiropractic services.

ICD-10-CM Diagnosis Code	Description
M99.01	Segmental and somatic dysfunction of cervical region
M99.02	Segmental and somatic dysfunction of thoracic region
M99.03	Segmental and somatic dysfunction of lumbar region
M99.04	Segmental and somatic dysfunction of sacral region
M99.05	Segmental and somatic dysfunction of pelvic region