

Chiropractic and Acupuncture Services

Quick Reference Guide – All Regions

Key Points:

- The Department of Veterans Affairs (VA) Community Care programs cover certain chiropractic and acupuncture services for Veterans seeking care in the community.
- The range of potential Current Procedural Terminology (CPT) codes, along with the number of visits and duration, is included in the authorization letter.
- Providers should only bill for necessary services and provide documentation to substantiate all billed services. Upcoding and unbundling of charges may result in claim denials and/or recoupment.
- Practitioners treating Veterans through VA's Community Care programs should follow the same appointment scheduling, authorization, and claims/medical documentation submission processes as all other TriWest providers.
- Standardized Episode of Care (SEOC) coverage is defined by VA for both chiropractic and acupuncture services. Covered services and codes are included in the SEOC authorization letter.

EmpowerChiro is TriWest's partner in building and managing a credentialed chiropractic network for Veterans to receive care in the community.

- If you are a chiropractor who wants to treat Veterans through the Community Care programs, we encourage you to visit [EmpowerChiro's network](#) home page.
- Acupuncture services cannot be authorized to a chiropractor who has not met the credentialing requirements for acupuncture.

Authorizations

- The range of codes, the number of visits and/or the timeframe or duration, are fully explained in your authorization letter.
- If TriWest is appointing and you need to extend the date range or the number of visits, please fax a Request for Services (RFS) to TriWest at 1-866-259-0311. Clinical documentation regarding treatment goals, response to services and progress to goals must be included.
- If VA is appointing, submit the RFS directly to the authorizing VA Medical Center (VAMC). VA will review the included clinical documentation supporting your request. If approved, you will be notified.
- No payment will be made for services rendered **without** a prior authorization.
 - Chiropractors should follow the same appointing and authorization process as other Community Care providers. Refer to the [Appointment Scheduling Quick Reference Guide](#) for more information.

Chiropractic Authorizations

- ➔ VA's SEOC authorization includes an evaluation and management (E/M) office visit for chiropractic services. Please see page three for more details on E/M codes.
- ➔ Chiropractic authorizations may include a specific number of visits or a date range during which care is covered.

Acupuncture Authorizations

- ➔ VA's SEOC authorization includes an E/M office visit for acupuncture services. Please see page three for more details on E/M codes.
- ➔ Acupuncture authorizations may include a specific number of visits or a date range during which care is covered.
- ➔ Acupuncture services cannot be authorized to a chiropractor who has not met TriWest's credentialing requirements for acupuncture.

AMA CPT Codes for Chiropractic Manipulative Treatment (CMT)

- ➔ 98940 – CMT; spinal, one to two regions. Documentation must include a validated diagnosis for one or two spinal regions and support that manipulative treatment occurred in one to two regions of the spine.
- ➔ 98941 – CMT; spinal, three to four regions. Documentation must support that manipulative treatment occurred in three or four regions of the spine and one of the following: validated diagnoses for three or four spinal regions or validated diagnoses for two spinal regions, plus one or two adjacent spinal regions with documented soft tissue and segmental findings.
- ➔ 98942 – CMT; spinal, five regions. Documentation must support that manipulative treatment occurred in five regions of the spine (region as defined by CPT) and one of the following: validated diagnoses for five spinal regions or validated diagnoses for three spinal regions, plus two adjacent spinal regions with documented soft tissue and segmental findings validated diagnoses for four spinal regions, plus one adjacent spinal region with documented soft tissue and segmental findings.
- ➔ 98943 – Chiro, manipulation, extraspinal, one or more regions.

AMA CPT Codes for Acupuncture services:

- ➔ 97810 (acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient).
- ➔ +97811 (acupuncture, one or more needles; without electrical stimulation, for each additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of needles).
- ➔ 97813 (acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient).
- ➔ +97814 (acupuncture, one or more needles; with electrical stimulation, for each additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of needles).

About Evaluation and Management (E/M) Codes

New patient E/M codes (99201-99205) or established patient E/M codes (99211-99215) may be reported separately using modifier -25 if the patient's condition requires a significant, separately identifiable E/M service above and beyond the usual preservice and post-service work associated with the chiropractic and acupuncture services.*

- The time of the “above and beyond” E/M service is not included in the time of the routine acupuncture services.
- However, routine services – including examinations, chart review, review of changes since last visit, needle selection and prepping of insertion sites – are considered preliminary activities normally included in the CPT codes or 97810 and 97813.

Evaluation and Management Upcoding

The E/M codes billed by any provider must also be supported by the medical documentation submitted. For example, if a provider bills CPT code 99215, this indicates that a highly complex evaluation. To support this, the level of service must be medically necessary and providers must provide documentation showing at least two of the following components:

- A **comprehensive** history
- A **comprehensive** examination
- Medical decision making of **high complexity****

If a clinical review of records by a TriWest Medical Director determines that the documentation submitted does not support the level of service, claims may deny or recoup.

How TriWest Pays

TriWest usually pays fees based on the most current Medicare rate schedule. However, many chiropractic and acupuncture procedures are not covered by Medicare. Therefore, TriWest bases allowed reimbursement on the following methodology:

1. Negotiated contractual discount off of Medicare rates;
2. If Medicare does not have a defined rate for a specific service, then payment defaults to the [VA Fee Schedule](#);
3. If VA has not defined a rate, then payment defaults to the Usual Customary Rates (UCR) established by Fair Health;
4. If there are no VA or UCR rates, then services pay at reasonable billed charges with any negotiated contractual discount.

*For more information on payment methodology, please review our [Provider Claims Quick Reference Guide](#). For additional coding and billing guidance, please refer to the *AMA CPT Manual* and the *AMA CPT Assistant*.*

*American Medical Association, 'Medicine / Acupuncture', in American Medical Association, *Current Procedural Terminology (CPT) Standard Edition (2016)*

** American Medical Association, 'Evaluation and Management / Office or Other Outpatient Services', in American Medical Association, *Current Procedural Terminology (CPT) Standard Edition (2014, 2015 and 2016)*