



Chiropractic Services

Reimbursement Policy ID: RPC.0052.2100

Recent review date: 05/2025

Next review date: 12/2025

AmeriHealth Caritas Louisiana 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. AmeriHealth Caritas Louisiana 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

AmeriHealth Caritas Louisiana provides no statutory coverage for chiropractic services for members aged 21 (twenty-one) years and older.

For AmeriHealth Caritas Louisiana 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 AmeriHealth Caritas Louisiana website for additional information:

<https://www.amerihhealthcaritasla.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. AmeriHealth Caritas Louisiana Provider Handbook and associated publications:
<https://www.amerihhealthcaritasla.com/provider/resources/manual/index.aspx>

Attachments

N/A

Associated Policies

ILO.02 Chiropractic Services for Adults ACLA

Policy History

05/2025	Reimbursement Policy Committee Approval
04/2025	Revised preamble
04/2024	Revised preamble
10/2023	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas Louisiana from Policy History section
01/2023	Template Revised <ul style="list-style-type: none">• Revised preamble• Removal of Applicable Claim Types table• Coding section renamed to Reimbursement Guidelines• Added Associated Policies section
	Precedes Act 319