

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-19 Demonstrations</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 52</b>	<b>Date: JANUARY 10, 2007</b>
	<b>Change Request 5396</b>

***NOTE:** Transmittal 51, dated December 19, 2006 is rescinded and replaced with Transmittal 52, dated January 10, 2007. This change is to remove the rates for Region 12, which were erroneously included in the rate table and to remove the Sensitive/controversial designation which is no longer needed. All other information remains the same.*

**Subject: Chiropractic Demonstration 2007 Rate Change**

**I. SUMMARY OF CHANGES:** This change will implement new 2007 fee rates for CPT 98943 to replace the current 2006 rates. This CPT is only covered under the Expansion of Coverage for Chiropractic Services Demonstration.

**New / Revised Material**

**Effective Date: January 1, 2007**

**Implementation Date: January 2, 2007**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
N/A	

**III. FUNDING:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

**IV. ATTACHMENTS:**

**One-Time Notification**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment – One-Time Notification

Pub. 100-19	Transmittal: 52	Date: January 10, 2007	Change Request: 5396
-------------	-----------------	------------------------	----------------------

*NOTE: Transmittal 51, dated December 19, 2006 is rescinded and replaced with Transmittal 52, dated January 10, 2007. This change is to remove the rates for Region 12, which were erroneously included in the rate table and to remove the Sensitive/controversial designation which is no longer needed. All other information remains the same.*

**SUBJECT:** Chiropractic Demonstration 2007 Rate Change

**Effective Date:** January 1, 2007

**Implementation Date:** January 2, 2007

## I. GENERAL INFORMATION

**A. Background:** Section 651 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) required the Centers for Medicare and Medicaid Services (CMS) to conduct the Expansion of Coverage for Chiropractic Services Demonstration. The demonstration began on April 4, 2005 for a period of two years in four geographic areas. These areas are the state of New Mexico, the state of Maine, 26 northern counties in Illinois, Scott County in Iowa, and 17 central counties in Virginia. The purpose of the demonstration is to evaluate the feasibility and advisability of expanding coverage of chiropractic services under Medicare. **The demonstration will end on March 31, 2007.**

One of the services that chiropractors are allowed to bill for under the demonstration is CPT 98943 (chiropractic manipulative treatment, extraspinal, one or more regions). Since this service was not otherwise covered under Medicare, fee rates for this CPT were included in CR 3758 and 4225.

**B. Policy:** This change management request will implement new 2007 fee rates for CPT 98943 to replace the current 2006 rates. This CPT is only covered under this demonstration. The 2007 rates are located in Table 1.

## II. BUSINESS REQUIREMENTS TABLE

*Use "Shall" to denote a mandatory requirement*

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A / B  M A C	D M M A C	F I	C A R R I E R	D M R C	R H H I	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C W F			
5396.1	Effective for dates of service January 1, 2007 through March 31,	X			X								

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	D A M A G E	R E H I C	Shared-System Maintainers				OTHER
		M A C	M A C					F I S S	M C S	V M S	C W F	
	2007, carrier(s) shall use the fee amounts for CPT code 98943 found in Table 1.											

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	D A M A G E	R E H I C	Shared-System Maintainers				OTHER
		M A C	M A C					F I S S	M C S	V M S	C W F	
5396.2	<p>A provider education article related to this instruction will be updated and made available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the revised article release via the established "MLN Matters" listserv.</p> <p>Only contractors for the 5 demonstration regions shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X			X							

### IV. SUPPORTING INFORMATION

**A. For any recommendations and supporting information associated with listed requirements, use the box below:**

*Use "Should" to denote a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>

**B. For all other recommendations and supporting information, use the space below:**

## **V. CONTACTS**

### **Pre-Implementation Contact(s):**

Claudia Lamm (410) 786-3421

Sidney Triegeer (410) 786-6613

### **Post-Implementation Contact(s):**

Claudia Lamm (410) 786-3421

Sidney Triegeer (410) 786-6613

**VI. FUNDING** No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

**B. For Medicare Administrative Contractors (MAC), use only one of the following statements:**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment:

**Table 1: CPT 98943 2007 Fee Schedule Amounts**

<b>State</b>	<b>CARR</b>	<b>LOC</b>	<b>NonFacility Fee</b>	<b>Facility Fee</b>	<b>Global Period</b>	<b>SOS</b>
NM	00521	05	\$ 21.38	\$ 18.69	0	Same as 98940-98942
IA	00826	00	\$ 21.11	\$ 18.47	0	Same as 98940-98942
VA	00904	00	\$ 21.71	\$ 18.86	0	Same as 98940-98942
Dupage, Kane, Lake, Will, IL	00952	15	\$ 23.82	\$ 20.43	0	Same as 98940-98942
Cook, IL	00952	16	\$ 24.08	\$ 20.67	0	Same as 98940-98942
remaining IL	00952	99	\$ 21.37	\$ 18.73	0	Same as 98940-98942
Cumberland, York, ME	31142	03	\$ 22.33	\$ 19.26	0	Same as 98940-98942
remaining ME	31142	99	\$ 21.28	\$ 18.59	0	Same as 98940-98942