

Region II

| <i>From</i> | <i>Thru</i> | <i>From</i> | <i>Thru</i> |
|-------------|-------------|-------------|-------------|
| 12179 | 12183 | 13440 | 13449 |
| 12201 | 12288 | 13501 | 13599 |
| 12301 | 12345 | 13901 | 13905 |
| 12501 | 12594 | 14201 | 14280 |
| 12601 | 12614 | 14601 | 14694 |
| 13201 | 13290 | | |

Region III

| <i>From</i> | <i>Thru</i> | <i>From</i> | <i>Thru</i> |
|-------------|-------------|-------------|-------------|
| 06390 | 06390 | 10801 | 10805 |
| 10501 | 10598 | 10901 | 10998 |
| 10601 | 10650 | 11901 | 11980 |
| 10701 | 10710 | | |

Region IV

| <i>From</i> | <i>Thru</i> | <i>From</i> | <i>Thru</i> |
|-------------|-------------|-------------|-------------|
| 00501 | 00501 | 11101 | 11120 |
| 00544 | 00544 | 11201 | 11256 |
| 10001 | 10099 | 11301 | 11390 |
| 10100 | 10199 | 11401 | 11499 |
| 10200 | 10299 | 11501 | 11599 |
| 10301 | 10314 | 11601 | 11697 |
| 10401 | 10499 | 11701 | 11798 |
| 11001 | 11096 | 11801 | 11854 |

Numerical List of Postal Zip Codes

| <i>From</i> | <i>Thru</i> | <i>Region</i> | <i>From</i> | <i>Thru</i> | <i>Region</i> |
|-------------|-------------|---------------|-------------|-------------|---------------|
| 00501 | 00501 | IV | 12401 | 12498 | I |
| 00544 | 00544 | IV | 12501 | 12594 | II |
| 06390 | 06390 | III | 12601 | 12614 | II |
| 10001 | 10099 | IV | 12701 | 12792 | I |
| 10100 | 10199 | IV | 12801 | 12887 | I |
| 10200 | 10299 | IV | 12901 | 12998 | I |
| 10301 | 10314 | IV | 13020 | 13094 | I |
| 10401 | 10499 | IV | 13101 | 13176 | I |
| 10501 | 10598 | III | 13201 | 13290 | II |
| 10601 | 10650 | III | 13301 | 13368 | I |
| 10701 | 10710 | III | 13401 | 13439 | I |
| 10801 | 10805 | III | 13440 | 13449 | II |
| 10901 | 10998 | III | 13450 | 13495 | I |
| 11001 | 11096 | IV | 13501 | 13599 | II |
| 11101 | 11120 | IV | 13601 | 13699 | I |
| 11201 | 11256 | IV | 13730 | 13797 | I |
| 11301 | 11390 | IV | 13801 | 13865 | I |
| 11401 | 11499 | IV | 13901 | 13905 | II |
| 11501 | 11599 | IV | 14001 | 14098 | I |
| 11601 | 11697 | IV | 14101 | 14174 | I |
| 11701 | 11798 | IV | 14201 | 14280 | II |
| 11801 | 11854 | IV | 14301 | 14305 | I |
| 11901 | 11980 | III | 14410 | 14489 | I |

| <i>From</i> | <i>Thru</i> | <i>Region</i> | <i>From</i> | <i>Thru</i> | <i>Region</i> |
|-------------|-------------|---------------|-------------|-------------|---------------|
| 12007 | 12099 | I | 14501 | 14592 | I |
| 12106 | 12177 | I | 14601 | 14694 | II |
| 12179 | 12183 | II | 14701 | 14788 | I |
| 12184 | 12199 | I | 14801 | 14898 | I |
| 12201 | 12288 | II | 14901 | 14925 | I |
| 12301 | 12345 | II | | | |

CONVERSION FACTORS

Regional conversion factors for services rendered on or after [TO BE DETERMINED].

| Section | Region I | Region II | Region III | Region IV |
|--------------------------|-----------------|------------------|-------------------|------------------|
| E/M | \$6.37 | \$6.37 | \$7.29 | \$7.92 |
| Medicine | \$6.09 | \$6.09 | \$6.97 | \$7.57 |
| Physical Medicine | \$7.69 | \$7.69 | \$8.79 | \$9.55 |
| Radiology | \$32.01 | \$32.01 | \$36.63 | \$39.82 |

CALCULATING FEES USING RELATIVE VALUES AND CONVERSION FACTORS

Except as otherwise provided in this schedule, the maximum fee amount is calculated by multiplying the relative value by the applicable conversion factor. For example, the total fee for code 99201, performed in Region I or Region II, would be calculated as follows:

$$\begin{aligned}
 & 5.83 \text{ (Relative Value)} \\
 \times & \$6.37 \text{ (Chiropractic E/M Section Conversion Factor} \\
 & \text{for Region I or Region II)} \\
 = & \$37.14
 \end{aligned}$$

NEW CPT CODES

The table below is a complete list of CPT codes that have been added to the Chiropractic Fee Schedule since the June 1, 2012 fee schedule.

These codes are identified in the fee schedule with "■".

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| 72081 | 72082 | 72083 | 72084 | 73501 | 73502 |
| 73503 | 73521 | 73522 | 73523 | 73551 | 73552 |
| 95885 | 95886 | 95887 | 95907 | 95908 | 95909 |
| 95910 | 95911 | 95912 | 95913 | 97763 | |

CHANGED CODES

Changed Values

The following table is a list of CPT and state-specific codes applicable to the Chiropractic Fee Schedule that have a relative value change, an FUD change, or a PC/TC split

3. Materials Supplied by Chiropractor

Durable Medical Equipment Fee Schedule

All durable equipment supplied shall be billed and paid using the Durable Medical Equipment Fee Schedule dated [TO BE DETERMINED]. The Durable Medical Equipment Fee Schedule may be obtained [TO BE DETERMINED].

Do not bill for or report supplies that are customarily included in surgical packages, such as gauze, sponges, Steri-strips, and dressings; drug screening supplies; and hot and cold packs. These items are included in the fee for the medical services in which such supplies are used.

Prior authorization for any item not included in the Durable Medical Equipment Fee Schedule is required prior to providing it to the patient.

4. Miscellaneous

When reporting services in which the relativity is predicated on the basis of time, information concerning the amount of time spent should be indicated.

5. Medical Testimony

As provided in Part 301 of the Workers' Compensation regulations and following direction by the Board, whenever the attendance of the injured employee's treating or consultant chiropractor is required at a hearing or deposition, such chiropractor shall be entitled to an attendance fee of \$350. Fees for testimony shall be billed following a direction by the Board as to the fee amount using code 99075.

6. Chiropractic Manipulative Treatment (CMT)

Chiropractic manipulative treatment (CMT) is a form of manual spinal treatment performed by a chiropractor. Please see procedure codes 98940–98943.

The CMT codes include charges for standard premanipulation assessment. Evaluation and management services can be reported separately by adding modifier 25, if the condition of a patient requires a significantly separate E/M service, beyond the usual pre- and postservice associated with the procedure.

Per *CPT 2018* the five spinal regions for CMT are:

- Cervical region includes atlanto-occipital joint
- Thoracic region—includes the costovertebral and costotransverse joints
- Lumbar region

- Sacral region
- Pelvic region—includes sacro-iliac joint

7. Periodic Re-evaluation

Code 99212 may be used to bill for a periodic re-evaluation consisting of documentation of: (1) an interim history describing the patient's response to the current treatment regimen (i.e., efficacy of the treatment/modality), (2) objective findings on physical examination, and (3) the future treatment plan and goals. If there is a positive patient response, functional gains must be objectively measured (including but not limited to improvement in positional tolerances, range of motion, strength, endurance) and documented. If the patient has not demonstrated a positive response, the treatment regimen should be modified or discontinued. The provider should re-evaluate the efficacy of the treatment or modality 2–3 weeks after the initial visit and every 3–4 weeks thereafter. The maximum number of RVUs (including treatment) per person per day per accident or illness when billing for a re-evaluation shall be limited to 15.

8. Modifiers

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code.

25 **Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of a Procedure or Other Service**

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see **Evaluation and Management Services Guidelines** for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the

Out-of-state medical treatment that does not “further the economic and humanitarian objective” of Workers' Compensation Law may be denied by the Board.

A medical provider who has had a NYS WCB authorization suspended, revoked or surrendered shall not be qualified to treat out-of-state.

Permanency—The New York State guidelines on permanent impairment, pertaining to both the schedule loss of use and classification, apply regardless of whether claimant lives in or out of New York State.

10. Codes in the Chiropractic Fee Schedule

A chiropractor may only use CPT codes contained in the Chiropractic Fee Schedule for billing of treatment. A chiropractor may not use codes that do not appear in the Chiropractic Fee Schedule.

11. Moxibustion and Other Complementary Integrative Medicine Techniques

Moxibustion and other complementary integrative medicine techniques are often combined with acupuncture. No additional reimbursement will be provided for acupuncture combined with moxibustion or other similar adjunctive procedures. Acupuncture must be performed by a professional who is authorized under the Workers' Compensation Laws and duly certified in New York State to provide acupuncture services.

DRAFT