

Chiropractic Services

Guideline Number: MPG050.09

Approval Date: April 12, 2023

[Terms and Conditions](#)

Table of Contents	Page
Policy Summary	1
Applicable Codes	2
Definitions	3
Questions and Answers	4
References	4
Guideline History/Revision Information	5
Purpose	7
Terms and Conditions	7

Related Medicare Advantage Coverage Summary

- [Chiropractic Services](#)

Policy Summary

[See Purpose](#)

Overview

Chiropractic manipulative treatment (CMT) is a form of manual treatment to influence joint and neurophysiological function. This treatment may be accomplished using a variety of techniques.

Medicare coverage of chiropractic service is specifically limited to treatment by means of manual manipulation of the spine to correct a subluxation (that is, by use of the hands). The patient must require treatment by means of manual manipulation of the spine to correct a subluxation and the manipulative services rendered must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function. Additionally, manual devices (i.e., those that are handheld with the thrust of the force of the device being controlled manually) may be used by chiropractors in performing manual manipulation of the spine. However, no additional payment is available for use of the device, nor does Medicare recognize an extra charge for the device itself.

The mere statement or diagnosis of "pain" is not sufficient to support medical necessity for the treatments. The precise level(s) of the subluxation(s) must be specified by the chiropractor to substantiate a claim for manipulation of each spinal region(s). The need for an extensive, prolonged course of treatment should be appropriate to the reported procedure code(s) and must be documented clearly in the medical record.

For Medicare purposes, a chiropractor must place an AT modifier on a claim when providing active/corrective treatment to treat acute or chronic subluxation. However the presence of the AT modifier may not in all instances indicate that the service is reasonable and necessary. Modifier AT must only be used when the chiropractic manipulation is "reasonable and necessary" as defined by national policy and the LCDs. Modifier AT must not be used when maintenance therapy has been performed.

Guidelines

Coverage extends only to treatment by means of manual manipulation of the spine to correct a subluxation provided such treatment is legal in the State where performed. No other diagnostic, office visit or therapeutic service furnished by the chiropractor or under the chiropractor's order is covered. This means that if a chiropractor orders, takes, or interprets an x-ray, or any other diagnostic test, the x-ray or other diagnostic test, can be used for claim processing purposes, but Medicare coverage and payment are not available for those services. This prohibition does not affect the coverage of x-rays or other

diagnostic tests furnished by other practitioners under the program. For example, an x-ray or any diagnostic test taken for the purpose of determining or demonstrating the existence of a subluxation of the spine is a diagnostic x-ray test covered if ordered, taken, and interpreted by a physician who is a doctor of medicine or osteopathy.

The word “correction” may be used in lieu of “treatment.” Also, a number of different terms composed of the following words may be used to describe manual manipulation as defined above:

- Spine or spinal adjustment by manual means;
- Spine or spinal manipulation;
- Manual adjustment; and
- Vertebral manipulation or adjustment.

Note: Some plans have additional supplemental chiropractic benefits. Refer to the Evidence of Coverage (EOC).

Non-Coverage Guideline

Medicare does not cover chiropractic treatments to extraspinal regions (CPT 98943), which includes the head, upper and lower extremities, rib cage and abdomen.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline 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 the member specific benefit plan document 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.

CPT Code	Description
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions (Non-Covered)

CPT® is a registered trademark of the American Medical Association

Modifier	Description
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942) (This modifier is NOT to be used when providing maintenance therapy)

Diagnosis Code	Description
Medicare Covered Chiropractic Services	
If the CPT code is 98940, 98941, or 98942 and is billed with one of the following diagnosis codes and with modifier AT, then the chiropractic service is covered.	
M99.00	Segmental and somatic dysfunction of head region
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
M99.10	Subluxation complex (vertebral) of head region
M99.11	Subluxation complex (vertebral) of cervical region
M99.12	Subluxation complex (vertebral) of thoracic region

Diagnosis Code	Description
Medicare Covered Chiropractic Services	
If the CPT code is 98940, 98941, or 98942 and is billed with one of the following diagnosis codes and with modifier AT, then the chiropractic service is covered.	
M99.13	Subluxation complex (vertebral) of lumbar region
M99.14	Subluxation complex (vertebral) of sacral region
M99.15	Subluxation complex (vertebral) of pelvic region
M99.20	Subluxation stenosis of neural canal of head region (Deleted 04/12/2023)
M99.21	Subluxation stenosis of neural canal of cervical region (Deleted 04/12/2023)
M99.22	Subluxation stenosis of neural canal of thoracic region (Deleted 04/12/2023)
M99.23	Subluxation stenosis of neural canal of lumbar region (Deleted 04/12/2023)
S13.100A	Subluxation of unspecified cervical vertebrae, initial encounter (Deleted 04/12/2023)
S13.110A	Subluxation of C0/C1 cervical vertebrae, initial encounter (Deleted 04/12/2023)
S13.120A	Subluxation of C1/C2 cervical vertebrae, initial encounter (Deleted 04/12/2023)
S13.130A	Subluxation of C2/C3 cervical vertebrae, initial encounter (Deleted 04/12/2023)
S13.140A	Subluxation of C3/C4 cervical vertebrae, initial encounter (Deleted 04/12/2023)
S13.150A	Subluxation of C4/C5 cervical vertebrae, initial encounter (Deleted 04/12/2023)
S13.160A	Subluxation of C5/C6 cervical vertebrae, initial encounter (Deleted 04/12/2023)
S13.170A	Subluxation of C6/C7 cervical vertebrae, initial encounter (Deleted 04/12/2023)
S13.180A	Subluxation of C7/T1 cervical vertebrae, initial encounter (Deleted 04/12/2023)
S23.100A	Subluxation of unspecified thoracic vertebra, initial encounter (Deleted 04/12/2023)
S23.110A	Subluxation of T1/T2 thoracic vertebra, initial encounter (Deleted 04/12/2023)
S23.120A	Subluxation of T2/T3 thoracic vertebra, initial encounter (Deleted 04/12/2023)
S23.122A	Subluxation of T3/T4 thoracic vertebra, initial encounter (Deleted 04/12/2023)
S23.130A	Subluxation of T4/T5 thoracic vertebra, initial encounter (Deleted 04/12/2023)
S23.132A	Subluxation of T5/T6 thoracic vertebra, initial encounter (Deleted 04/12/2023)
S23.140A	Subluxation of T6/T7 thoracic vertebra, initial encounter (Deleted 04/12/2023)
S23.142A	Subluxation of T7/T8 thoracic vertebra, initial encounter (Deleted 04/12/2023)
S23.150A	Subluxation of T8/T9 thoracic vertebra, initial encounter (Deleted 04/12/2023)
S23.152A	Subluxation of T9/T10 thoracic vertebra, initial encounter (Deleted 04/12/2023)
S23.160A	Subluxation of T10/T11 thoracic vertebra, initial encounter (Deleted 04/12/2023)
S23.162A	Subluxation of T11/T12 thoracic vertebra, initial encounter (Deleted 04/12/2023)
S23.170A	Subluxation of T12/L1 thoracic vertebra, initial encounter (Deleted 04/12/2023)
S33.100A	Subluxation of unspecified lumbar vertebra, initial encounter (Deleted 04/12/2023)
S33.110A	Subluxation of L1/L2 lumbar vertebra, initial encounter (Deleted 04/12/2023)
S33.120A	Subluxation of L2/L3 lumbar vertebra, initial encounter (Deleted 04/12/2023)
S33.130A	Subluxation of L3/L4 lumbar vertebra, initial encounter (Deleted 04/12/2023)
S33.140A	Subluxation of L4/L5 lumbar vertebra, initial encounter (Deleted 04/12/2023)

Definitions

Acceptable Terms:

- Off-centered
- Misaligned
- Malpositioned

- Abnormal, altered, decreased or increased spacing
- Incomplete dislocation
- Rotation
- Listhesis – Antero, postero, retro, lateral, spondylo
- Motion – Limited, lost, restricted, flexion, extension, hypermobility, hypomotility, aberrant

Acute subluxation: A patient's condition is considered acute when the patient is being treated for a new injury, identified by x-ray or physical exam as specified above. The result of chiropractic manipulation is expected to be an improvement in, or arrest of progression, of the patient's condition.

Chronic subluxation: A patient's condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment (as is the case with an acute condition), but where the continued therapy can be expected to result in some functional improvement. Once the clinical status has remained stable for a given condition, without expectation of additional objective clinical improvements, further manipulative treatment is considered maintenance therapy and is not covered.

CMT: Chiropractic Manipulative Treatment

Exacerbation: An acute exacerbation is a temporary but marked deterioration of the patient's condition that is causing significant interference with activities of daily living due to an acute flare-up of the previously treated condition.

Maintenance: 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 from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy. The AT modifier must NOT be placed on the claim when maintenance therapy has been provided.

Subluxation: A motion segment, in which alignment, movement integrity, and/or physiological function of the spine are altered although contact between joint surfaces remains intact. Subluxation can be demonstrated by an x-ray or by physical examination.

Questions and Answers

1	Q:	Are maintenance therapy services covered by Medicare?
	A:	Chiropractic maintenance therapy is not considered to be medically reasonable or necessary under the Medicare program, and is therefore not payable.

References

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L37254 Chiropractic Services	A56455 Billing and Coding: Chiropractic Services	CGS	KY, OH	KY, OH
L37387 Chiropractic Services	A56616 Billing and Coding: Chiropractic Services	Palmetto		AL, GA, NC, SC, TN, VA, WV
N/A	A56273 Billing and Coding: Chiropractic Services	WPS		IN, IA, KS, MI, MO, NE
N/A	A57889 Chiropractic Services – Medical Policy Article	NGS	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
N/A	A57913 Billing and Coding: Chiropractor Services	Noridian		AS, CA, GU, HI, MP, NV

LCD	Article	Contractor	Medicare Part A	Medicare Part B
N/A	A57914 Billing and Coding: Chiropractor Services	Noridian		AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
N/A	A58345 Billing and Coding: Chiropractic Services	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
N/A	A58412 Billing and Coding: Chiropractic Services	First Coast	FL, PR, VI	FL, PR, VI

CMS Benefit Policy Manual

[Chapter 15: § 30.5 Chiropractor's Services, § 240 Chiropractic Services – General](#)

CMS Claims Processing Manual

[Chapter 12: § 220 Chiropractic Services](#)

MLN Matters

[Article SE1601, Revised, Medicare Coverage for Chiropractic Services – Medical Record Documentation Requirements for Initial and Subsequent Visits](#)

[Article SE1602, Use of the AT modifier for Chiropractic Billing \(new information along with information in MM3449\)](#)

[Article SE1603, Educational Resources to Assist Chiropractors with Medicare Billing](#)

UnitedHealthcare Commercial Policy

[Manipulative Therapy](#)

Other(s)

Title SVIII of the Social Security Act

- [1833\(e\)](#)
- [1862\(a\) \(1\) \(A\)](#)

[Medicare Documentation Job Aid for Chiropractic Doctors, MLN1232664, March 2021](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/12/2023	<p>Policy Summary</p> <p><i>Guidelines</i></p> <ul style="list-style-type: none"> • Added notation to indicate some plans have additional supplemental chiropractic benefits; refer to the Evidence of Coverage (EOC) • Removed notation indicating the precise level of subluxation must be listed as the primary diagnosis <p>Applicable Codes</p> <p><i>Medicare Covered Chiropractic Services</i></p> <ul style="list-style-type: none"> • Replaced notation indicating “if the CPT code is 98940, 98941, or 98942 and is billed with one of the [listed] <i>primary</i> diagnosis codes and with modifier AT, then the chiropractic service is covered” with “if the CPT code is 98940, 98941, or 98942 and is billed with one of the [listed] diagnosis codes and with modifier AT, then the chiropractic service is covered” • Added notation to indicate ICD-10 diagnosis codes M99.20, M99.21, M99.22, M99.23, S13.100A, S13.110A, S13.120A, S13.130A, S13.140A, S13.150A, S13.160A, S13.170A, S13.180A, S23.100A, S23.110A, S23.120A, S23.122A, S23.130A, S23.132A, S23.140A, S23.142A, S23.150A, S23.152A,

Date	Summary of Changes
	<p>S23.160A, S23.162A, S23.170A, S33.100A, S33.110A, S33.120A, S33.130A, and S33.140A were “deleted Apr. 12, 2023”</p> <p><i>Supplemental Chiropractic Services</i></p> <ul style="list-style-type: none"> Removed list of applicable ICD-10 diagnosis codes: G43.A0, G43.A1, G43.B0, G43.B1, G43.C0, G43.C1, G43.D0, G43.D1, G43.009, G43.019, G43.109, G43.119, G43.909, G43.919, G44.1, G44.209, G44.219, G44.229, G54.0, G54.1, G54.2, G54.3, G54.4, G54.8, G55, G57.01, G57.02, G57.03, G57.21, G57.22, G57.23, G57.91, G57.92, G57.93, M12.311, M12.312, M12.351, M12.352, M12.361, M12.362, M12.371, M12.372, M12.38, M12.39, M12.411, M12.412, M12.451, M12.452, M12.461, M12.462, M12.471, M12.472, M12.48, M12.49, M15.4, M15.8, M16.0, M16.11, M16.12, M24.50, M25.011, M25.012, M25.051, M25.052, M25.061, M25.062, M25.071, M25.072, M25.074, M25.075, M25.08, M25.451, M25.452, M25.461, M25.462, M25.471, M25.472, M25.474, M25.475, M25.50, M25.511, M25.512, M25.551, M25.552, M25.561, M25.562, M25.571, M25.572, M25.611, M25.612, M25.651, M25.652, M25.661, M25.662, M25.671, M25.672, M25.674, M25.675, M25.811, M25.812, M25.851, M25.852, M25.861, M25.862, M25.871, M25.872, M43.00, M43.01, M43.02, M43.03, M43.04, M43.05, M43.06, M43.07, M43.08, M43.09, M43.10, M43.11, M43.12, M43.13, M43.14, M43.15, M43.16, M43.17, M43.18, M43.19, M43.27, M43.28, M43.6, M46.00, M46.01, M46.02, M46.03, M46.04, M46.05, M46.06, M46.07, M46.08, M46.09, M46.41, M46.42, M46.43, M46.44, M46.45, M46.46, M46.47, M47.10, M47.11, M47.12, M47.13, M47.14, M47.15, M47.16, M47.20, M47.21, M47.22, M47.23, M47.24, M47.25, M47.26, M47.27, M47.28, M47.811, M47.812, M47.813, M47.814, M47.815, M47.816, M47.817, M47.818, M47.819, M47.891, M47.892, M47.893, M47.894, M47.895, M47.896, M47.897, M47.898, M47.899, M47.9, M48.01, M48.02, M48.03, M48.04, M48.05, M48.061, M48.062, M48.07, M48.10, M48.11, M48.12, M48.13, M48.14, M48.15, M48.16, M48.17, M48.18, M48.19, M48.30, M48.31, M48.32, M48.33, M48.34, M48.35, M48.36, M48.37, M48.38, M50.10, M50.11, M50.120, M50.121, M50.122, M50.123, M50.13, M50.20, M50.21, M50.220, M50.221, M50.222, M50.223, M50.23, M50.30, M50.31, M50.320, M50.321, M50.322, M50.323, M50.33, M50.80, M50.81, M50.820, M50.821, M50.822, M50.823, M50.83, M50.90, M50.91, M50.920, M50.921, M50.922, M50.923, M50.93, M51.14, M51.15, M51.16, M51.17, M51.24, M51.25, M51.26, M51.27, M51.34, M51.35, M51.36, M51.37, M51.84, M51.85, M51.86, M51.87, M53.0, M53.1, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.03, M54.04, M54.05, M54.06, M54.07, M54.08, M54.11, M54.12, M54.13, M54.14, M54.15, M54.16, M54.17, M54.2, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.50, M54.51, M54.59, M54.6, M54.89, M54.9, M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.40, M62.411, M62.412, M62.419, M62.421, M62.422, M62.429, M62.431, M62.432, M62.439, M62.441, M62.442, M62.449, M62.451, M62.452, M62.459, M62.461, M62.462, M62.469, M62.471, M62.472, M62.479, M62.48, M62.49, M62.830, M62.831, M62.838, M72.9, M79.11, M79.12, M79.18, M79.7, M96.1, M99.30, M99.31, M99.32, M99.33, M99.40, M99.41, M99.42, M99.43, M99.50, M99.51, M99.52, M99.53, M99.60, M99.61, M99.62, M99.63, M99.70, M99.71, M99.72, M99.73, Q76.2, R26.2, R29.4, R51, R51.0, R51.9, S13.4XXA, S13.4XXD, S13.4XXS, S13.8XXA, S13.8XXD, S13.8XXS, S16.1XXA, S16.1XXD, S16.1XXS, S23.3XXA, S23.3XXD, S23.3XXS, S23.8XXA, S23.8XXD, S23.8XXS, S29.012A, S33.5XXA, S33.5XXD, S33.5XXS, S33.6XXA, S33.6XXD, S33.6XXS, S33.8XXA, S33.8XXD, S33.8XXS, S39.012A, S39.012D, S39.012S, and S39.013A <p><i>Supporting Information</i></p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version MPG050.08

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).