

## NETWORK REIMBURSEMENT POLICY

<b>POLICY TITLE</b>	<b>Chiropractic Services</b>
<b>POLICY NUMBER</b>	NR-30.025

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### I. DESCRIPTION/BACKGROUND

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This policy documents the reimbursement methodology for Chiropractic Services to include chiropractic manipulative treatment (CMT) and physical medicine modalities.

### II. DEFINITIONS

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**American Medical Association (AMA)** – An organization whose missions is to promote the science and art of medicine and the betterment of public health. The AMA speaks out on issues important to patients and the nation’s health and exercises a strong advocacy agenda on behalf of patients and providers. The AMA is also committed to providing timely information on matters important to the health of America and includes the development and promotion of standards in medical practice, research and education.

**Current Procedural Terminology (CPT)** – A set of codes, descriptions, and guidelines intended to describe procedures and services performed by physicians and other health care professionals. Each procedure or service is identified with a five-digit code. The use of CPT codes simplifies the reporting of procedures and services.

**Chiropractor-** is a health care professional focused on the diagnosis and treatment of neuromuscular disorders, with an emphasis on treatment through manual adjustment and/or manipulation of the spine.

**Chiropractic Manipulative Treatment-** involves manual spinal adjustments to unblock the flow of energy and blood to the nervous system

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**Manipulation** - passive maneuver in which specifically directed manual forces are applied to vertebral and extravertebral articulations of the body, with the object of restoring mobility to restricted areas.

**III. POLICY**

Capital reimburses for chiropractic services provided by a licensed practitioner. This policy addresses general guidelines applicable to reimbursement for chiropractic services.

To qualify for reimbursement, all services must be performed by a licensed chiropractor. Services performed by chiropractic assistants (CAs), massage therapists, or other unlicensed providers, even when performed under direct supervision by a licensed chiropractor, are not eligible for reimbursement.

Capital may reimburse based on member contract benefits eligibility and coverage determination for payment of one spinal manipulative code per date of service and up to two physical medicine modalities.

**Chiropractic Manipulative Treatment**

The chiropractic manipulative treatment codes include a pre-manipulation patient assessment. In the absence of manipulation services, the physical therapy modalities will not be considered for payment. For purposes of CMT, the five spinal regions referred to are:

- Cervical region (includes atlanto-occipital joint);
- Thoracic region (includes costovertebral and costotransverse joints);
- Lumbar region;
- Sacral region; and
- Pelvic (sacroiliac joint) region.

**Providers should report the appropriate code reflecting the chiropractic services rendered. For services to be considered covered the use of the following codes is necessary:**

<b>CPT Code</b>	<b>CPT Description</b>
98940	Chiropractic manipulative treatment spinal, one to two regions
98941	Chiropractic manipulative treatment spinal, three to four regions

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98942	Chiropractic manipulative treatment spinal, five regions
98943	Chiropractic manipulative treatment extraspine, one or more regions
<b>CPT Code</b>	<b>CPT Description: Supervised Modalities</b>
97012	Traction, mechanical
97014	Electrical stimulation (unattended)
97022	Whirlpool
97024	Diathermy (e.g. microwave)
<b>CPT Code</b>	<b>CPT Description: Constant Attendance Modalities</b>
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97034	Contrast baths, each 15 minutes
97035	Ultrasound, each 15 minutes
97036	Hubbard tank, each 15 minutes
<b>CPT Code</b>	<b>CPT Description: Therapeutic Procedures</b>
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97113	Aquatic therapy with therapeutic exercises
97116	Gait training (includes stair climbing)
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction) one or more regions, each 15 minutes
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve function performance), each minutes
97535	Self- care/home management training (e.g. activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instruction in use of assistive technology devices/adaptive equipment ) direct one-on-one contact each 15 minutes

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<b>CPT Code</b>	<b>CPT Description: Orthotic Management and Training and Prosthetic Training</b>
97760	Orthotic (s) management and training (including assessment and fitting when not otherwise reported), upper extremity (ies), lower extremity(ies) and/or trunk, initial orthotics(s) encounter, each 15 minutes
97761	Prosthetics(s) training; upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes

**IV. EXCLUSIONS**

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Providers rendering care to a member covered by Medicare Advantage are subject to a provision that only provides coverage for manipulative treatment for the following CPT codes 98940, 98941 and 98942.

**V. VARIATIONS**

The existence of this reimbursement policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. This reimbursement policy is intended to serve as a guide, other factors may influence reimbursement and in some cases may supersede this policy. The Provider should consult their Capital Provider Contract for further details of their contractual obligations.

**VI. REFERENCES**

CPT 2019 Professional Editions  
 American Medical Association (AMA)

EncoderPro for Payers  
 Optum™ 2019