Keystone First
Community HealthChoices

Chiropractic Services

Reimbursement Policy ID: RPC.0052.72KF

Recent review date: 02/2024

Next review date: 02/2025

Keystone First Community HealthChoices 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. Keystone First Community HealthChoices 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, and 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.

Policy Overview

This policy provides an overview of reimbursement limitations for chiropractic services based on plan coverage. Chiropractic care provides members with services for manual manipulation of the spine to correct a dislocation that has resulted in a neuromusculoskeletal condition.

Exceptions

N/A

Reimbursement Guidelines

A chiropractic manipulative treatment requires prior authorization after the first visit which may include the initial evaluation (E/M codes 99201-99205) and manipulation of the spine (CPT codes, 98940-98942). Prior authorization is required for patients 18 and younger after 24 visits. Subsequent evaluation and management codes, diagnostic X-rays and any physical therapy modalities performed in the office are not reimbursable during the course of treatment.

Chiropractic manipulative treatment codes (98940-98942) will be denied if billed more than one time per service date.

CPT Code	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

Definitions

Vertebral subluxation
One or more vertebrae in the spine become misaligned, compressing spinal nerves and disturbing optimal nerve function.

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. Centers for Medicare and Medicaid Services (CMS), Medicare.gov, https://www.medicare.gov/coverage/chiropractic-services.
V. https://www.pacodeandbulletin.gov/secure/pacode/data/055/chapter1145/055_1145.pdf
VI. Pennsylvania Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

04/2024	Revised preamble
02/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by Keystone First Community HealthChoices from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section