



# Chiropractic Services

Reimbursement Policy ID: RPC.0052.6400

Recent review date: 03/2024

Next review date: 03/2025

*AmeriHealth Caritas Florida 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. AmeriHealth Caritas Florida 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 but not limited to Current Procedural Terminology (CPT), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to 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 policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all healthcare services billed on a CMS-1500 form or its electronic equivalent, and, when specified, 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

Chiropractic manipulation (CPT codes, 98940-98943) must be billed with a primary diagnosis of subluxation and a secondary diagnosis for the symptoms associated with the diagnosis of subluxation for reimbursement. The plan allows 24 visits per year. The expanded benefit allows an additional 24 visits for a total of 48 covered visits. Diagnostic x-rays to determine the existence of a vertebral subluxation are eligible for reimbursement.

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

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

## 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. Florida Medicaid Fee Schedule(s).
- V. Centers for Medicare and Medicaid Services (CMS), Medicare.gov, <https://www.medicare.gov/coverage/chiropractic-services>.
- VI. <https://www.flrules.org/Gateway/reference.asp?No=Ref-10150>.

## Attachments

N/A

## Associated Policies

N/A

## Policy History

03/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas from Policy History section
01/2023	Template revised <ul style="list-style-type: none"> <li>• Preamble revised</li> <li>• Applicable Claim Types table removed</li> <li>• Coding section renamed to Reimbursement Guidelines</li> <li>• Associated Policies section added</li> </ul>