

Chapter 18

Chiropractic Services

Definition

A medically necessary chiropractic service provided by a licensed doctor of chiropractic.

Eligible Providers

Chiropractors who are licensed under Minnesota law.

Eligible Recipients

All PrimeWest Health System members.

Covered Services

- Acupuncture is covered for chronic pain. Authorization is required in excess of 10 sessions and must be performed by: 1) an MD or licensed acupuncturist employed and supervised by an MD; or 2) provided through a hospital pain management program by an MD or licensed acupuncturist who is supervised by an MD. Use the Physician Extender modifier for non-physician services.
- Manual manipulation of the spine for treatment of subluxation (incomplete or partial dislocation) and determined to be medically necessary by generally accepted chiropractic standards of care; and
- X-rays that are needed to support a diagnosis of subluxation.

Non-covered Services

The following list of non-covered services is not all inclusive. There may also be other services that are not covered.

- Examinations and consultations;
- Office visits that do not include manual spinal manipulation;
- Laboratory services;
- Vitamins or nutritional counseling;
- Acupressure or acupuncture (see [Physician and Professional Services chapter](#) [Ch. 5] for acupuncture);
- Treatment for a neurogenic or congenital condition that is not related to a diagnosis of subluxation;
- Medical supplies or equipment supplied or prescribed by a chiropractor;
- X-rays, other than those needed to support a diagnosis of subluxation;
- Exercise counseling, activities of daily living counseling; and
- Physiotherapy modalities including, but not limited to:

- Ultrasound
- Diathermy
- Electrical muscle stimulation
- Interferential current
- Russian stimulation
- Application of hot/cold packs
- Massage
- Manual muscle stimulation
- Activator

Payment Limitations

- Payment for manual manipulation of the spine is limited to 24 per calendar year unless authorization is obtained. An office visit for manual manipulation of the spine is considered part of the service and cannot be billed separately to PrimeWest Health System or members.
- Payment for x-rays is limited to radiological examinations of the full spine; the cervical, thoracic, lumbar, and lumbosacral areas of the spine; the pelvis; and the sacroiliac joints.

Authorization Standards

To request an authorization, submit the [Medical Authorization form](#).

Chiropractic Services		
Procedure Code	Brief Description	Limitations
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions	Authorization is required for any combination of chiropractic manipulative treatment codes in excess of 24 treatments per calendar year.
98941	Spinal, three to four regions	
98942	Spinal, five regions	

Diagnosis Codes

Providers must submit the most applicable diagnosis codes (ICD-9-CM) when billing for subluxation on claims.

Subluxation Diagnosis Codes			
ICD-9-CM	Brief Description	ICD-9-CM	Brief Description
739.0	Head region	839.05	Fifth Cervical Vertebra
739.1	Cervical region	839.06	Sixth Cervical Vertebra
739.2	Thoracic region	839.07	Seventh Cervical Vertebra
739.3	Lumbar region	839.08	Multiple Cervical Vertebra
739.4	Sacral region		
739.5	Pelvic region	839.20	Lumbar Vertebra
		839.21	Thoracic Vertebra
839.00	Cervical vertebra Unspec		
839.01	First Cervical Vertebra	839.40	Vertebra. Unspecified site
839.02	Second Cervical Vertebra	839.41	Coccyx
839.03	Third Cervical Vertebra	839.42	Sacrum
839.04	Fourth Cervical Vertebra		

Our new coding guidelines will state that providers must choose all applicable subluxation ICD-9-CM code(s) to identify the area(s) of subluxation. This guideline affects CPT codes 98940 and 98942 in addition to 98941. Listing all applicable diagnoses will confirm the medical necessity for the treatment provided.

Explanation:

- One or two manipulations**
 If you are billing using code 98940, report the first subluxation in Item 21, Position 1. Any additional subluxation should be listed in Item 21, Position 2.
- Three or more manipulations**
 If you are billing using codes 98941 or 98942, report the first subluxation in Item 21, Position 1. Up to three additional subluxations should be listed in Item 21, Positions 2 – 4. Any additional subluxations should be listed, with a written description, in Item 19.

X-ray Codes			
X-ray Codes	Brief Description	X-ray Codes	Brief Description
72010	Full Spine	72020	Spine, Single View
72040	Cervical	72050	Cervical, Min. 4 Views
72052	Cervical Complete	72070	Thoracic, A & P
72074	Thoracic, Comp. Obl 4 Views	72080	Thoracolumbar, A & P
72090	Scoliosis Study	72100	Lumbosacral, A & P
72110	Lumbosacral, Comp.Obl	72114	Lumbosacral, Comp. Bld.
72120	Lumbosacral, Bending	72170	Pelvis
72190	Pelvis, Comp. Min 3 Views	72200	Sacroiliac Joints
72202	Sacroiliac, 3 or more views	72220	Sacrum & Coccyx Min 2

Legal References

Minnesota Rules [9505.0245](#)

MS [148.01 to 148.106](#) (licensing requirements)

42 CFR 440.60(b)

