PAYMENT POLICY

Manipulative Services (Chiropractic)

Scope

This policy applies to:

☑ Kaiser Permanente Health Plan of Washington

☑ Kaiser Permanente Health Plan of Washington Options, Inc.

☑Commercial ☐Medicare ☐Medicaid

Policy

Original Effective Date: 02/01/2021

When benefits allow, Kaiser Permanente reimburses for manipulative services for the treatment of orthopedic and neuromuscular conditions at the provider's contracted rate or at vendor discount pricing rates.

Manipulative services are limited to acute treatment of a condition. Chronic ongoing manipulative treatment is generally considered maintenance treatment and not covered.

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

Coding

Code	Description
98940–98942	Chiropractic manipulative treatment; spinal; 1–5 regions
98943	Chiropractic manipulative treatment; extraspinal, one or more regions
98925	Osteopathic manipulative treatment: 1-2 body regions involved
98926	Osteopathic manipulative treatment: 3-4 body regions involved
98927	Osteopathic manipulative treatment: 5-6 body regions involved
98928	Osteopathic manipulative treatment: 7-8 body regions involved
98929	Osteopathic manipulative treatment: 9-10 body regions involved
99201	Problem focused, straightforward, 10 minutes
99202	Expanded problem, straightforward, 20 minutes
99203	Detailed, low complexity, 30 minutes

99204	Comprehensive, moderate complexity, 45 minutes
99205	Comprehensive, high complexity, 60 minutes
99211	Presenting problem(s) usually minimal, 5 minutes
99212	Problem focused, straightforward, 10 minutes
99213	Expanded problem, low complexity, 15 minutes
99214	Detailed, moderate complexity, 25 minutes
99215	Comprehensive, high complexity, 40 minutes
97012	Application of a modality to 1 or more areas; traction, mechanical
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97140	Manual therapy techniques (e.g. mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

Kaiser Permanente recognizes that an additional evaluation and management service may be needed if the patient's condition requires a significant separately identifiable E&M service above and beyond the usual pre- and post-service work associated with the chiropractic service. The medical record documentation needs to support all procedure codes billed.

Supportive treatment modalities fall under the rehabilitation benefit and are subject to the member's plan authorization guidelines. For all commercial members, when benefits allow, Kaiser Permanente will only reimburse the following supportive treatment modalities when provided in conjunction with a manipulation service: 97012, and 97530.

Physical medicine and rehabilitation services described by CPT codes 97112, 97124 and 97140 are not separately reportable when performed in a spinal region undergoing Chiropractic Manipulative Treatment (CMT). Based on the CMS NCCI guidelines, the above physical medicine and rehabilitation codes billed on the same date of service as a spinal service, by the same rendering provider with the same diagnosis code, will be denied even when billed with modifier 59, XE, XS or XU. When physical medicine and rehabilitation services are performed in a different region from the CMT, the CMT and the above codes are payable and should be billed with modifier 59 or XS.

Codes 98940, 98941 and 98942 must be billed with modifier AT when providing active/corrective treatment and to identify the service was medically necessary to treat an acute or chronic condition as opposed to maintenance therapy. If the AT modifier is not present, the care is considered maintenance therapy and is, therefore, not payable. If a claim is denied, a corrected claim may be submitted within timely filing guidelines.

Policy Definitions

Vendor Discount Pricing Rates

Reimbursement rates with associated vendors such as First Choice, First Health, and MultiPlan.

Acute Pain

An expected physiologic experience to noxious stimuli that can become pathologic, is normally sudden in onset, time limited, and motivates behaviors to avoid actual or potential tissue injuries (NIH, 2016).

Maintenance Therapy

A treatment plan that seeks to prevent disease or, promote health, and prolong and enhance the quality of life; or therapy that is performed to maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy (Medicare Benefit Policy Manual, Ch. 15, 30.5 B).

Prerequisite(s)

HMO/POS/PPO - Members may self-refer for manipulative services up to the benefit limit. The member is responsible for payment of services performed beyond the benefit limit.

References

Clinical Review Criteria - Spinal Manipulations - Chiropractic and Osteopathic

Revised Requirements for Chiropractic Billing of Active/Corrective Treatment and Maintenance Therapy. Full Replacement of CR 3063

National Correct Coding Initiative Policy Manual for Medicare Services

Proper Use of Modifiers 59 and -X{EPSU}

Frequently Asked Questions

Q1: A member has an appointment with a chiropractor; the service is coded for a manipulation treatment. Will the service be allowed?

A1: Yes. The manipulation service will be allowed up to the member’s benefit limit.

Q2: A member continues to have manipulative treatments with the chiropractor. However, there is not any functional improvement. The services do not meet Kaiser Permanente’s clinical criteria. Will the services be allowed?

A2: No. The services do not meet Kaiser Permanente's clinical criteria and are therefore considered maintenance therapy, which is not allowable.

Q3: A member has an appointment with a chiropractor for lumbar back pain and pain in lower extremities. The chiropractor codes for a manipulative treatment and an extra-spinal treatment. Will the services be allowed?

A3: Yes. Both the manipulative and extra-spinal services will be allowed up to the member's benefit limit.

Q4: A provider codes for manipulative treatment and hot packs for a member's visit. Will the hot packs be allowed?

A4: No. Hot or cold packs are not allowed for reimbursement as they are considered bundled to the manipulative treatment.

Q5: A member receives Therapeutic Activities services or supportive treatment modalities (CPT Codes 97012, or 97530) in conjunction with manipulative therapy, will this be covered.

A5: Yes

Q6: A member receives Therapeutic Activities services or supportive treatment modalities (CPT Codes 97112, 97124, or 97140) in conjunction with manipulative therapy. Will this be covered?

A6: Yes and No.

Yes, if the services are performed in different regions than the chiropractic manipulative treatment or by a different rendering provider.

No, if the services are performed in the same region as the chiropractic manipulative treatment and by the same rendering provider.

Revisions

04/20/2022 – Updated hyperlink(s)

01/01/2022 – Update to policy to apply to all commercial lines of business and to exclude physical medicine and rehabilitation codes 97112, 97124 and 97140 when performed in the same spinal region CMT.

11/3/2020 – Updated to include requirement of AT Modifier effective 2/1/2021.

PAYMENT POLICY

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.