

Chiropractic Services

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[↪ Terms and Conditions](#)

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<p>Related Medicare Advantage Policy Guideline</p> <ul style="list-style-type: none"> Manipulation (NCD 150.1)
<p>Related Medicare Advantage Coverage Summary</p> <ul style="list-style-type: none"> Chiropractic Services

Policy Summary

[↪ See Purpose](#)

Overview

Chiropractic manipulative treatment (CMT) is a form of manual treatment to influence joint and neurophysiological function. This treatment may be accomplished using a variety of techniques.

Medicare coverage of chiropractic service is specifically limited to treatment by means of manual manipulation of the spine to correct a subluxation (that is, by use of the hands). The patient must require treatment by means of manual manipulation of the spine to correct a subluxation and the manipulative services rendered must have a direct therapeutic relationship to the patient’s condition and provide reasonable expectation of recovery or improvement of function. Additionally, manual devices (i.e., those that are handheld with the thrust of the force of the device being controlled manually) may be used by chiropractors in performing manual manipulation of the spine. However, no additional payment is available for use of the device, nor does Medicare recognize an extra charge for the device itself.

The mere statement or diagnosis of "pain" is not sufficient to support medical necessity for the treatments. The precise level(s) of the subluxation(s) must be specified by the chiropractor to substantiate a claim for manipulation of each spinal region(s). The need for an extensive, prolonged course of treatment should be appropriate to the reported procedure code(s) and must be documented clearly in the medical record.

For Medicare purposes, a chiropractor must place an AT modifier on a claim when providing active/corrective treatment to treat acute or chronic subluxation. However the presence of the AT modifier may not in all instances indicate that the service is reasonable and necessary. As always, UnitedHealthcare may deny if appropriate after medical review. Modifier AT must only be used when the chiropractic manipulation is “reasonable and necessary” as defined by national policy and the LCDs. Modifier AT must not be used when maintenance therapy has been performed.

Guidelines

Coverage extends only to treatment by means of manual manipulation of the spine to correct a subluxation provided such treatment is legal in the State where performed. No other diagnostic, office visit or therapeutic service furnished by the chiropractor or under the chiropractor’s order is covered. This means that if a chiropractor orders, takes, or interprets an x-ray, or any other diagnostic test, the x-ray or other diagnostic test, can be used for claim processing purposes, but Medicare

coverage and payment are not available for those services. This prohibition does not affect the coverage of x-rays or other diagnostic tests furnished by other practitioners under the program. For example, an x-ray or any diagnostic test taken for the purpose of determining or demonstrating the existence of a subluxation of the spine is a diagnostic x-ray test covered if ordered, taken, and interpreted by a physician who is a doctor of medicine or osteopathy.

The word “correction” may be used in lieu of “treatment.” Also, a number of different terms composed of the following words may be used to describe manual manipulation as defined above:

- Spine or spinal adjustment by manual means;
- Spine or spinal manipulation;
- Manual adjustment; and
- Vertebral manipulation or adjustment.

Note: The precise level of subluxation must be listed as the primary diagnosis.

Non Coverage Guideline

Medicare does not cover chiropractic treatments to extraspinal regions (CPT 98943), which includes the head, upper and lower extremities, rib cage and abdomen.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT 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
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions (Non-Covered)

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Modifier	Description
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942) (This modifier is NOT to be used when providing maintenance therapy)

Diagnosis Code	Description
Medicare Covered Chiropractic Services	
If the CPT code is 98940, 98941, or 98942 and is billed with one of the following primary diagnosis codes and with modifier AT, then the chiropractic service is covered.	
M99.00	Segmental and somatic dysfunction of head region
M99.01	Segmental and somatic dysfunction of cervical region
M99.02	Segmental and somatic dysfunction of thoracic region
M99.03	Segmental and somatic dysfunction of lumbar region
M99.04	Segmental and somatic dysfunction of sacral region
M99.05	Segmental and somatic dysfunction of pelvic region
M99.10	Subluxation complex (vertebral) of head region
M99.11	Subluxation complex (vertebral) of cervical region
M99.12	Subluxation complex (vertebral) of thoracic region

Diagnosis Code	Description
Medicare Covered Chiropractic Services	
If the CPT code is 98940, 98941, or 98942 and is billed with one of the following primary diagnosis codes and with modifier AT, then the chiropractic service is covered.	
M99.13	Subluxation complex (vertebral) of lumbar region
M99.14	Subluxation complex (vertebral) of sacral region
M99.15	Subluxation complex (vertebral) of pelvic region
M99.20	Subluxation stenosis of neural canal of head region
M99.21	Subluxation stenosis of neural canal of cervical region
M99.22	Subluxation stenosis of neural canal of thoracic region
M99.23	Subluxation stenosis of neural canal of lumbar region
S13.100A	Subluxation of unspecified cervical vertebrae, initial encounter
S13.110A	Subluxation of C0/C1 cervical vertebrae, initial encounter
S13.120A	Subluxation of C1/C2 cervical vertebrae, initial encounter
S13.130A	Subluxation of C2/C3 cervical vertebrae, initial encounter
S13.140A	Subluxation of C3/C4 cervical vertebrae, initial encounter
S13.150A	Subluxation of C4/C5 cervical vertebrae, initial encounter
S13.160A	Subluxation of C5/C6 cervical vertebrae, initial encounter
S13.170A	Subluxation of C6/C7 cervical vertebrae, initial encounter
S13.180A	Subluxation of C7/T1 cervical vertebrae, initial encounter
S23.100A	Subluxation of unspecified thoracic vertebra, initial encounter
S23.110A	Subluxation of T1/T2 thoracic vertebra, initial encounter
S23.120A	Subluxation of T2/T3 thoracic vertebra, initial encounter
S23.122A	Subluxation of T3/T4 thoracic vertebra, initial encounter
S23.130A	Subluxation of T4/T5 thoracic vertebra, initial encounter
S23.132A	Subluxation of T5/T6 thoracic vertebra, initial encounter
S23.140A	Subluxation of T6/T7 thoracic vertebra, initial encounter
S23.142A	Subluxation of T7/T8 thoracic vertebra, initial encounter
S23.150A	Subluxation of T8/T9 thoracic vertebra, initial encounter
S23.152A	Subluxation of T9/T10 thoracic vertebra, initial encounter
S23.160A	Subluxation of T10/T11 thoracic vertebra, initial encounter
S23.162A	Subluxation of T11/T12 thoracic vertebra, initial encounter
S23.170A	Subluxation of T12/L1 thoracic vertebra, initial encounter
S33.100A	Subluxation of unspecified lumbar vertebra, initial encounter
S33.110A	Subluxation of L1/L2 lumbar vertebra, initial encounter
S33.120A	Subluxation of L2/L3 lumbar vertebra, initial encounter
S33.130A	Subluxation of L3/L4 lumbar vertebra, initial encounter
S33.140A	Subluxation of L4/L5 lumbar vertebra, initial encounter
Supplemental Chiropractic Services	
The following diagnosis codes are only covered if there is a supplemental chiropractic benefit and if the CPT code is 98940, 98941, or 98942 and is billed with one of the following primary diagnosis codes and without modifier AT.	
G43.A0	Cyclical vomiting, not intractable
G43.A1	Cyclical vomiting, intractable
G43.B0	Ophthalmoplegic migraine, not intractable

Diagnosis Code	Description
Supplemental Chiropractic Services	
The following diagnosis codes are only covered if there is a supplemental chiropractic benefit and if the CPT code is 98940, 98941, or 98942 and is billed with one of the following primary diagnosis codes and without modifier AT.	
G43.B1	Ophthalmoplegic migraine, intractable
G43.C0	Periodic headache syndromes in child or adult, not intractable
G43.C1	Periodic headache syndromes in child or adult, intractable
G43.D0	Abdominal migraine, not intractable
G43.D1	Abdominal migraine, intractable
G43.009	Migraine without aura, not intractable, without status migrainosus
G43.019	Migraine without aura, intractable, without status migrainosus
G43.109	Migraine with aura, not intractable, without status migrainosus
G43.119	Migraine with aura, intractable, without status migrainosus
G43.909	Migraine, unspecified, not intractable, without status migrainosus
G43.919	Migraine, unspecified, intractable, without status migrainosus
G44.1	Vascular headache, not elsewhere classified
G44.209	Tension-type headache, unspecified, not intractable
G44.219	Episodic tension-type headache, not intractable (Deleted 09/30/2020)
G44.229	Chronic tension-type headache, not intractable (Deleted 09/30/2020)
G54.0	Brachial Plexus disorders
G54.1	Lumbosacral plexus disorders
G54.2	Cervical root disorders not elsewhere classified
G54.3	Thoracic root disorders not elsewhere classified
G54.4	Lumbosacral root disorders not elsewhere classified
G54.8	Other nerve root and plexus disorders
G55	Nerve root and plexus compressions in diseases classified elsewhere
G57.01	Lesion of sciatic nerve, right lower limb
G57.02	Lesion of sciatic nerve, left lower limb
G57.03	Lesion of sciatic nerve, bilateral lower limbs
G57.21	Lesion of femoral nerve, right lower limb
G57.22	Lesion of femoral nerve, left lower limb
G57.23	Lesion of femoral nerve, bilateral lower limbs
G57.91	Unspecified mononeuropathy of right lower limb
G57.92	Unspecified mononeuropathy of left lower limb
G57.93	Unspecified mononeuropathy of bilateral lower limbs
M12.311	Palindromic rheumatism, right shoulder
M12.312	Palindromic rheumatism, left shoulder
M12.351	Palindromic rheumatism, right hip
M12.352	Palindromic rheumatism, left hip
M12.361	Palindromic rheumatism, right knee
M12.362	Palindromic rheumatism, left knee
M12.371	Palindromic rheumatism, right ankle and foot
M12.372	Palindromic rheumatism, left ankle and foot

Diagnosis Code	Description
Supplemental Chiropractic Services	
The following diagnosis codes are only covered if there is a supplemental chiropractic benefit and if the CPT code is 98940, 98941, or 98942 and is billed with one of the following primary diagnosis codes and without modifier AT.	
M12.38	Palindromic rheumatism, other specified site
M12.39	Palindromic rheumatism, multiple sites
M12.411	Intermittent hydrarthrosis, right shoulder
M12.412	Intermittent hydrarthrosis, left shoulder
M12.451	Intermittent hydrarthrosis, right hip
M12.452	Intermittent hydrarthrosis, left hip
M12.461	Intermittent hydrarthrosis, right knee
M12.462	Intermittent hydrarthrosis, left knee
M12.471	Intermittent hydrarthrosis, right ankle and foot
M12.472	Intermittent hydrarthrosis, left ankle and foot
M12.48	Intermittent hydrarthrosis, other site
M12.49	Intermittent hydrarthrosis, multiple sites
M15.4	Erosive (osteo) arthritis
M15.8	Other polyosteoarthritis
M16.0	Bilateral primary osteoarthritis of hip
M16.11	Unilateral primary osteoarthritis, right hip
M16.12	Unilateral primary osteoarthritis, left hip
M24.50	Contracture, unspecified joint (Deleted 09/30/2020)
M25.011	Hemarthrosis, right shoulder
M25.012	Hemarthrosis, left shoulder
M25.051	Hemarthrosis, right hip
M25.052	Hemarthrosis, left hip
M25.061	Hemarthrosis, right knee
M25.062	Hemarthrosis, left knee
M25.071	Hemarthrosis, right ankle
M25.072	Hemarthrosis, left ankle
M25.074	Hemarthrosis, right foot
M25.075	Hemarthrosis, left foot
M25.08	Hemarthrosis, other specified site
M25.451	Effusion, right hip
M25.452	Effusion, left hip
M25.461	Effusion, right knee
M25.462	Effusion, left knee
M25.471	Effusion, right ankle
M25.472	Effusion, left ankle
M25.474	Effusion, right foot
M25.475	Effusion, left foot
M25.50	Pain in unspecified joint (Deleted 09/30/2020)
M25.511	Pain in right shoulder

Diagnosis Code	Description
Supplemental Chiropractic Services	
The following diagnosis codes are only covered if there is a supplemental chiropractic benefit and if the CPT code is 98940, 98941, or 98942 and is billed with one of the following primary diagnosis codes and without modifier AT.	
M25.512	Pain in left shoulder
M25.551	Pain in right hip
M25.552	Pain in left hip
M25.561	Pain in right knee
M25.562	Pain in left knee
M25.571	Pain in right ankle and joints of right foot
M25.572	Pain in left ankle and joints of left foot
M25.611	Stiffness of right shoulder, not elsewhere classified
M25.612	Stiffness of left shoulder, not elsewhere classified
M25.651	Stiffness of right hip, not elsewhere classified
M25.652	Stiffness of left hip, not elsewhere classified
M25.661	Stiffness of right knee, not elsewhere classified
M25.662	Stiffness of left knee, not elsewhere classified
M25.671	Stiffness of right ankle, not elsewhere classified
M25.672	Stiffness of left ankle, not elsewhere classified
M25.674	Stiffness of right foot, not elsewhere classified
M25.675	Stiffness of left foot, not elsewhere classified
M25.811	Other specified joint disorders, right shoulder
M25.812	Other specified joint disorders, left shoulder
M25.851	Other specified joint disorders, right hip
M25.852	Other specified joint disorders, left hip
M25.861	Other specified joint disorders, right knee
M25.862	Other specified joint disorders, left knee
M25.871	Other specified joint disorders, right ankle and foot
M25.872	Other specified joint disorders, left ankle and foot
M43.00	Spondylolysis, site unspecified (Deleted 09/30/2020)
M43.01	Spondylolysis, occipito-atlanto-axial region
M43.02	Spondylolysis, cervical region
M43.03	Spondylolysis, cervicothoracic region
M43.04	Spondylolysis, thoracic region
M43.05	Spondylolysis, thoracolumbar region
M43.06	Spondylolysis, lumbar region
M43.07	Spondylolysis, lumbosacral region
M43.08	Spondylolysis, sacral and sacrococcygeal region
M43.09	Spondylolysis, multiple sites in spine
M43.10	Spondylolisthesis, site unspecified (Deleted 09/30/2020)
M43.11	Spondylolisthesis, occipito-atlanto-axial region
M43.12	Spondylolisthesis, cervical region
M43.13	Spondylolisthesis, cervicothoracic region

Diagnosis Code	Description
Supplemental Chiropractic Services	
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M43.14	Spondylolisthesis, thoracic region
M43.15	Spondylolisthesis, thoracolumbar region
M43.16	Spondylolisthesis, lumbar region
M43.17	Spondylolisthesis, lumbosacral region
M43.18	Spondylolisthesis, sacral and sacrococcygeal region
M43.19	Spondylolisthesis, multiple sites in spine
M43.27	Fusion of spine, lumbosacral region
M43.28	Fusion of spine, sacral and sacrococcygeal region
M43.6	Torticollis
M46.00	Spinal enthesopathy, site unspecified (Deleted 09/30/2020)
M46.01	Spinal enthesopathy, occipito-atlanto-axial region
M46.02	Spinal enthesopathy, cervical region
M46.03	Spinal enthesopathy, cervicothoracic region
M46.04	Spinal enthesopathy, thoracic region
M46.05	Spinal enthesopathy, thoracolumbar region
M46.06	Spinal enthesopathy, lumbar region
M46.07	Spinal enthesopathy, lumbosacral region
M46.08	Spinal enthesopathy, sacral and sacrococcygeal region
M46.09	Spinal enthesopathy, multiple sites in spine
M46.41	Discitis, unspecified, occipito-atlanto-axial region
M46.42	Discitis, unspecified, cervical region
M46.43	Discitis, unspecified, cervicothoracic region
M46.44	Discitis, unspecified, thoracic region
M46.45	Discitis, unspecified, thoracolumbar region
M46.46	Discitis, unspecified, lumbar region
M46.47	Discitis, unspecified, lumbosacral region
M47.10	Other spondylosis with myelopathy, site unspecified (Deleted 09/30/2020)
M47.11	Other spondylosis with myelopathy, occipito-atlanto-axial region (Deleted 09/30/2020)
M47.12	Other spondylosis with myelopathy, cervical region (Deleted 09/30/2020)
M47.13	Other spondylosis with myelopathy, cervicothoracic region (Deleted 09/30/2020)
M47.14	Other spondylosis with myelopathy, thoracic region (Deleted 09/30/2020)
M47.15	Other spondylosis with myelopathy, thoracolumbar region (Deleted 09/30/2020)
M47.16	Other spondylosis with myelopathy, lumbar region (Deleted 09/30/2020)
M47.20	Other spondylosis with radiculopathy, site unspecified (Deleted 09/30/2020)
M47.21	Other spondylosis with radiculopathy, occipito-atlanto-axial region (Deleted 09/30/2020)
M47.22	Other spondylosis with radiculopathy, cervical region (Deleted 09/30/2020)
M47.23	Other spondylosis with radiculopathy, cervicothoracic region (Deleted 09/30/2020)
M47.24	Other spondylosis with radiculopathy, thoracic region
M47.25	Other spondylosis with radiculopathy, thoracolumbar region

Diagnosis Code	Description
Supplemental Chiropractic Services	
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M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.811	Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region
M47.813	Spondylosis without myelopathy or radiculopathy, cervicothoracic region
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M47.819	Spondylosis without myelopathy or radiculopathy, site unspecified (Deleted 09/30/2020)
M47.891	Other spondylosis, occipito-atlanto-axial region (Deleted 09/30/2020)
M47.892	Other spondylosis, cervical region (Deleted 09/30/2020)
M47.893	Other spondylosis, cervicothoracic region (Deleted 09/30/2020)
M47.894	Other spondylosis, thoracic region (Deleted 09/30/2020)
M47.895	Other spondylosis, thoracolumbar region (Deleted 09/30/2020)
M47.896	Other spondylosis, lumbar region (Deleted 09/30/2020)
M47.897	Other spondylosis, lumbosacral region (Deleted 09/30/2020)
M47.898	Other spondylosis, sacral and sacrococcygeal region (Deleted 09/30/2020)
M47.899	Other spondylosis, site unspecified (Deleted 09/30/2020)
M47.9	Spondylosis, unspecified (Deleted 09/30/2020)
M48.01	Spinal stenosis, occipito-atlanto-axial region
M48.02	Spinal stenosis, cervical region
M48.03	Spinal stenosis, cervicothoracic region
M48.04	Spinal stenosis, thoracic region
M48.05	Spinal stenosis, thoracolumbar region
M48.061	Spinal stenosis, lumbar region without neurogenic claudication
M48.062	Spinal stenosis, lumbar region with neurogenic claudication
M48.07	Spinal stenosis, lumbosacral region
M48.10	Ankylosing hyperostosis [Forestier], site unspecified (Deleted 09/30/2020)
M48.11	Ankylosing hyperostosis [Forestier], occipito-atlanto-axial region
M48.12	Ankylosing hyperostosis [Forestier], cervical region
M48.13	Ankylosing hyperostosis [Forestier], cervicothoracic region
M48.14	Ankylosing hyperostosis [Forestier], thoracic region
M48.15	Ankylosing hyperostosis [Forestier], thoracolumbar region
M48.16	Ankylosing hyperostosis [Forestier], lumbar region
M48.17	Ankylosing hyperostosis [Forestier], lumbosacral region
M48.18	Ankylosing hyperostosis [Forestier], sacral and sacrococcygeal region

Diagnosis Code	Description
Supplemental Chiropractic Services	
The following diagnosis codes are only covered if there is a supplemental chiropractic benefit and if the CPT code is 98940, 98941, or 98942 and is billed with one of the following primary diagnosis codes and without modifier AT.	
M48.19	Ankylosing hyperostosis [Forestier], multiple sites in spine
M48.30	Traumatic spondylopathy, site unspecified (Deleted 09/30/2020)
M48.31	Traumatic spondylopathy, occipito-atlanto-axial region
M48.32	Traumatic spondylopathy, cervical region
M48.33	Traumatic spondylopathy, cervicothoracic region
M48.34	Traumatic spondylopathy, thoracic region
M48.35	Traumatic spondylopathy, thoracolumbar region
M48.36	Traumatic spondylopathy, lumbar region
M48.37	Traumatic spondylopathy, lumbosacral region
M48.38	Traumatic spondylopathy, sacral and sacrococcygeal region
M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region (Deleted 09/30/2020)
M50.11	Cervical disc disorder with radiculopathy, high cervical region
M50.120	Mid-cervical disc disorder, unspecified
M50.121	Cervical disc disorder at C4-C5 level with radiculopathy
M50.122	Cervical disc disorder at C5-C6 level with radiculopathy
M50.123	Cervical disc disorder at C6-C7 level with radiculopathy
M50.13	Cervical disc disorder with radiculopathy, cervicothoracic region
M50.20	Other cervical disc displacement, unspecified cervical region (Deleted 09/30/2020)
M50.21	Other cervical disc displacement, high cervical region
M50.220	Other cervical disc displacement, mid-cervical region, unspecified level
M50.221	Other cervical disc displacement at C4-C5 level
M50.222	Other cervical disc displacement at C5-C6 level
M50.223	Other cervical disc displacement at C6-C7 level
M50.23	Other cervical disc displacement, cervicothoracic region
M50.30	Other cervical disc degeneration, unspecified cervical region (Deleted 09/30/2020)
M50.31	Other cervical disc degeneration, high cervical region
M50.320	Other cervical disc degeneration, mid-cervical region, unspecified level
M50.321	Other cervical disc degeneration at C4-C5 level
M50.322	Other cervical disc degeneration at C5-C6 level
M50.323	Other cervical disc degeneration at C6-C7 level
M50.33	Other cervical disc degeneration, cervicothoracic region
M50.80	Other cervical disc disorders, unspecified cervical region (Deleted 09/30/2020)
M50.81	Other cervical disc disorders, high cervical region
M50.820	Other cervical disc disorders, mid-cervical region, unspecified level
M50.821	Other cervical disc disorders at C4-C5 level
M50.822	Other cervical disc disorders at C5-C6 level
M50.823	Other cervical disc disorders at C6-C7 level
M50.83	Other cervical disc disorders, cervicothoracic region
M50.90	Cervical disc disorder, unspecified, unspecified cervical region (Deleted 09/30/2020)

Diagnosis Code	Description
Supplemental Chiropractic Services	
The following diagnosis codes are only covered if there is a supplemental chiropractic benefit and if the CPT code is 98940, 98941, or 98942 and is billed with one of the following primary diagnosis codes and without modifier AT.	
M50.91	Cervical disc disorder, unspecified, high cervical region
M50.920	Unspecified cervical disc disorder, mid-cervical region, unspecified level
M50.921	Unspecified cervical disc disorder at C4-C5 level
M50.922	Unspecified cervical disc disorder at C5-C6 level
M50.923	Unspecified cervical disc disorder at C6-C7 level
M50.93	Cervical disc disorder, unspecified, cervicothoracic region
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.34	Other intervertebral disc degeneration, thoracic region
M51.35	Other intervertebral disc degeneration, thoracolumbar region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M51.84	Other intervertebral disc disorders, thoracic region
M51.85	Other intervertebral disc disorders, thoracolumbar region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M53.0	Cervicocranial syndrome
M53.1	Cervicobrachial syndrome
M53.2X7	Spinal instabilities, lumbosacral region
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified (Deleted 09/30/2020)
M53.86	Other specified dorsopathies, lumbar region
M53.87	Other specified dorsopathies, lumbosacral region
M53.88	Other specified dorsopathies, sacral and sacrococcygeal region
M54.03	Panniculitis affecting regions of neck and back, cervicothoracic region (Deleted 09/30/2020)
M54.04	Panniculitis affecting regions of neck and back, thoracic region (Deleted 09/30/2020)
M54.05	Panniculitis affecting regions of neck and back, thoracolumbar region (Deleted 09/30/2020)
M54.06	Panniculitis affecting regions of neck and back, lumbar region (Deleted 09/30/2020)
M54.07	Panniculitis affecting regions of neck and back, lumbosacral region (Deleted 09/30/2020)
M54.08	Panniculitis affecting regions of neck and back, sacral and sacrococcygeal region (Deleted 09/30/2020)
M54.11	Radiculopathy, occipito-atlanto-axial region
M54.12	Radiculopathy, cervical region
M54.13	Radiculopathy, cervicothoracic region

Diagnosis Code	Description
Supplemental Chiropractic Services	
The following diagnosis codes are only covered if there is a supplemental chiropractic benefit and if the CPT code is 98940, 98941, or 98942 and is billed with one of the following primary diagnosis codes and without modifier AT.	
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.2	Cervicalgia
M54.30	Sciatica, unspecified side (Deleted 09/30/2020)
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.40	Lumbago with sciatica, unspecified side (Deleted 09/30/2020)
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.5	Low back pain
M54.6	Pain in thoracic spine
M54.89	Other dorsalgia (Deleted 09/30/2020)
M54.9	Dorsalgia, unspecified (Deleted 09/30/2020)
M60.80	Other myositis, unspecified site (Deleted 09/30/2020)
M60.811	Other myositis, right shoulder
M60.812	Other myositis, left shoulder
M60.819	Other myositis, unspecified shoulder (Deleted 09/30/2020)
M60.821	Other myositis, right upper arm (Deleted 09/30/2020)
M60.822	Other myositis, left upper arm (Deleted 09/30/2020)
M60.829	Other myositis, unspecified upper arm (Deleted 09/30/2020)
M60.831	Other myositis, right forearm (Deleted 09/30/2020)
M60.832	Other myositis, left forearm (Deleted 09/30/2020)
M60.839	Other myositis, unspecified forearm (Deleted 09/30/2020)
M60.841	Other myositis, right hand (Deleted 09/30/2020)
M60.842	Other myositis, left hand (Deleted 09/30/2020)
M60.849	Other myositis, unspecified hand (Deleted 09/30/2020)
M60.851	Other myositis, right thigh
M60.852	Other myositis, left thigh
M60.859	Other myositis, unspecified thigh (Deleted 09/30/2020)
M60.861	Other myositis, right lower leg
M60.862	Other myositis, left lower leg
M60.869	Other myositis, unspecified lower leg (Deleted 09/30/2020)
M60.871	Other myositis, right ankle and foot
M60.872	Other myositis, left ankle and foot
M60.879	Other myositis, unspecified ankle and foot (Deleted 09/30/2020)
M60.88	Other myositis, other site
M60.89	Other myositis, multiple sites

Diagnosis Code	Description
Supplemental Chiropractic Services	
The following diagnosis codes are only covered if there is a supplemental chiropractic benefit and if the CPT code is 98940, 98941, or 98942 and is billed with one of the following primary diagnosis codes and without modifier AT.	
M60.9	Myositis, unspecified (Deleted 09/30/2020)
M62.40	Contracture of muscle, unspecified site (Deleted 09/30/2020)
M62.411	Contracture of muscle, right shoulder (Deleted 09/30/2020)
M62.412	Contracture of muscle, left shoulder (Deleted 09/30/2020)
M62.419	Contracture of muscle, unspecified shoulder (Deleted 09/30/2020)
M62.421	Contracture of muscle, right upper arm (Deleted 09/30/2020)
M62.422	Contracture of muscle, left upper arm (Deleted 09/30/2020)
M62.429	Contracture of muscle, unspecified upper arm (Deleted 09/30/2020)
M62.431	Contracture of muscle, right forearm (Deleted 09/30/2020)
M62.432	Contracture of muscle, left forearm (Deleted 09/30/2020)
M62.439	Contracture of muscle, unspecified forearm (Deleted 09/30/2020)
M62.441	Contracture of muscle, right hand (Deleted 09/30/2020)
M62.442	Contracture of muscle, left hand (Deleted 09/30/2020)
M62.449	Contracture of muscle, unspecified hand (Deleted 09/30/2020)
M62.451	Contracture of muscle, right thigh (Deleted 09/30/2020)
M62.452	Contracture of muscle, left thigh (Deleted 09/30/2020)
M62.459	Contracture of muscle, unspecified thigh (Deleted 09/30/2020)
M62.461	Contracture of muscle, right lower leg (Deleted 09/30/2020)
M62.462	Contracture of muscle, left lower leg (Deleted 09/30/2020)
M62.469	Contracture of muscle, unspecified lower leg (Deleted 09/30/2020)
M62.471	Contracture of muscle, right ankle and foot (Deleted 09/30/2020)
M62.472	Contracture of muscle, left ankle and foot (Deleted 09/30/2020)
M62.479	Contracture of muscle, unspecified ankle and foot (Deleted 09/30/2020)
M62.48	Contracture of muscle, other site (Deleted 09/30/2020)
M62.49	Contracture of muscle, multiple sites (Effective 10/01/2020)
M62.830	Muscle spasm of back
M62.831	Muscle spasm of calf (Deleted 09/30/2020)
M62.838	Other muscle spasm
M72.9	Fibroblastic disorder, unspecified (Deleted 09/30/2020)
M79.11	Myalgia of mastication muscle
M79.12	Myalgia of auxiliary muscles, head and neck
M79.18	Myalgia, other site
M79.7	Fibromyalgia
M96.1	Postlaminectomy syndrome, not elsewhere classified
M99.30	Osseous stenosis of neural canal of head region
M99.31	Osseous stenosis of neural canal of cervical region
M99.32	Osseous stenosis of neural canal of thoracic region
M99.33	Osseous stenosis of neural canal of lumbar region
M99.40	Connective tissue stenosis of neural canal of head region

Diagnosis Code	Description
Supplemental Chiropractic Services	
The following diagnosis codes are only covered if there is a supplemental chiropractic benefit and if the CPT code is 98940, 98941, or 98942 and is billed with one of the following primary diagnosis codes and without modifier AT.	
M99.41	Connective tissue stenosis of neural canal of cervical region
M99.42	Connective tissue stenosis of neural canal of thoracic region
M99.43	Connective tissue stenosis of neural canal of lumbar region
M99.50	Intervertebral disc stenosis of neural canal of head region
M99.51	Intervertebral disc stenosis of neural canal of cervical region
M99.52	Intervertebral disc stenosis of neural canal of thoracic region
M99.53	Intervertebral disc stenosis of neural canal of lumbar region
M99.60	Osseous and spondylosis stenosis of intervertebral foramina of head region
M99.61	Osseous and spondylosis stenosis of intervertebral foramina of cervical region
M99.62	Osseous and spondylosis stenosis of intervertebral foramina of thoracic region
M99.63	Osseous and spondylosis stenosis of intervertebral foramina of lumbar region
M99.70	Connective tissue and disc stenosis of intervertebral foramina of head region
M99.71	Connective tissue and disc stenosis of intervertebral foramina of cervical region
M99.72	Connective tissue and disc stenosis of intervertebral foramina of thoracic region
M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region
Q76.2	Congenital spondylolisthesis
R26.2	Difficulty in walking, not elsewhere classified
R29.4	Clicking hip
R51	Headache (Deleted 09/30/2020)
R51.0	Headache with orthostatic component, not elsewhere classified (Effective 10/01/2020)
R51.9	Headache, unspecified (Effective 10/01/2020)
S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
S13.4XXD	Sprain of ligaments of cervical spine, subsequent encounter (Deleted 09/30/2020)
S13.4XXS	Sprain of ligaments of cervical spine, sequela (Deleted 09/30/2020)
S13.8XXA	Sprain of joints and ligaments of other parts of neck, initial encounter
S13.8XXD	Sprain of joints and ligaments of other parts of neck, subsequent encounter (Deleted 09/30/2020)
S13.8XXS	Sprain of joints and ligaments of other parts of neck, sequela (Deleted 09/30/2020)
S16.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter
S16.1XXD	Strain of muscle, fascia and tendon at neck level, subsequent encounter (Deleted 09/30/2020)
S16.1XXS	Strain of muscle, fascia and tendon at neck level, sequela (Deleted 09/30/2020)
S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
S23.3XXD	Sprain of ligaments of thoracic spine, subsequent encounter (Deleted 09/30/2020)
S23.3XXS	Sprain of ligaments of thoracic spine, sequela (Deleted 09/30/2020)
S23.8XXA	Sprain of other specified parts of thorax, initial encounter
S23.8XXD	Sprain of other specified parts of thorax, subsequent encounter (Deleted 09/30/2020)
S23.8XXS	Sprain of other specified parts of thorax, sequela (Deleted 09/30/2020)
S29.012A	Strain of muscle and tendon of back wall of thorax, initial encounter
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S33.5XXD	Sprain of ligaments of lumbar spine, subsequent encounter (Deleted 09/30/2020)

Diagnosis Code	Description
Supplemental Chiropractic Services	
The following diagnosis codes are only covered if there is a supplemental chiropractic benefit and if the CPT code is 98940, 98941, or 98942 and is billed with one of the following primary diagnosis codes and without modifier AT.	
S33.5XXS	Sprain of ligaments of lumbar spine, sequela (Deleted 09/30/2020)
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.6XXD	Sprain of sacroiliac joint, subsequent encounter (Deleted 09/30/2020)
S33.6XXS	Sprain of sacroiliac joint, sequela (Deleted 09/30/2020)
S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter
S33.8XXD	Sprain of other parts of lumbar spine and pelvis, subsequent encounter (Deleted 09/30/2020)
S33.8XXS	Sprain of other parts of lumbar spine and pelvis, sequela (Deleted 09/30/2020)
S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter
S39.012D	Strain of muscle, fascia and tendon of lower back, subsequent encounter (Deleted 09/30/2020)
S39.012S	Strain of muscle, fascia and tendon of lower back, sequela (Deleted 09/30/2020)
S39.013A	Strain of muscle, fascia and tendon of pelvis, initial encounter

Definitions

Acceptable Terms:

- Off-centered
- Misaligned
- Malpositioned
- Abnormal, altered, decreased or increased spacing
- Incomplete dislocation
- Rotation
- Listhesis – antero, postero, retro, lateral, spondylo
- Motion – limited, lost, restricted, flexion, extension, hypermobility, hypomotility, aberrant

Acute: A patient's condition is considered acute when the patient is being treated for a new injury, identified by x-ray or physical exam as specified above. The result of chiropractic manipulation is expected to be an improvement in, or arrest of progression, of the patient's condition.

Chronic: A patient's condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment (as is the case with an acute condition), but where the continued therapy can be expected to result in some functional improvement. Once the clinical status has remained stable for a given condition, without expectation of additional objective clinical improvements, further manipulative treatment is considered maintenance therapy and is not covered.

CMT: Chiropractic Manipulative Treatment

Exacerbation: An exacerbation is a temporary marked deterioration of the patient's condition due to flare-up of the condition being treated.

Maintenance: Maintenance therapy includes services that seek to prevent disease, promote health and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy. The AT modifier must NOT be placed on the claim when maintenance therapy has been provided.

Recurrence: A recurrence is a return of symptoms of a previously treated condition that has been quiescent for 30 or more days.

Subluxation: A motion segment, in which alignment, movement integrity, and/or physiological function of the spine are altered although contact between joint surfaces remains intact. Subluxation can be demonstrated by an x-ray or by physical examination.

Questions and Answers

1	Q:	Are maintenance therapy services covered by Medicare?
	A:	Chiropractic maintenance therapy is not considered to be medically reasonable or necessary under the Medicare program, and is therefore not payable.

References

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L37254 Chiropractic Services	A56455 Billing and Coding: Chiropractic Services	CGS	KY, OH	KY, OH
L37387 Chiropractic Services	A56616 Billing and Coding: Chiropractic Services	Palmetto		AL, GA, NC, SC, TN, VA, WV
N/A	A56273 Billing and Coding: Chiropractic Services	WPS		IN, IA, KS, MI, MO, NE
N/A	A57889 Chiropractic Services – Medical Policy Article	NGS	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
N/A	A57913 Billing and Coding: Chiropractor Services	Noridian		AS, CA, GU, HI, MP, NV
N/A	A57914 Billing and Coding: Chiropractor Services	Noridian		AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
N/A	A58345 Billing and Coding: Chiropractic Services	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
N/A	A58411 Chiropractic services - new Part A and Part B billing and coding article	First Coast	FL, PR, VI	FL, PR, VI
N/A	A58412 Billing and Coding: Chiropractic Services	First Coast	FL, PR, VI	FL, PR, VI
L35424 Chiropractic Services Retired 10/01/2020	A52987 Billing and Coding: Chiropractic Services Retired 10/01/2020	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L36617 Chiropractic Services Retired 10/01/2020	A57681 Billing and Coding: Chiropractic Services Retired 10/01/2020	First Coast	FL, PR, VI	FL, PR, VI
N/A	A55225 Chiropractic Services New Part A and Part B LCD Retired 10/01/2020	First Coast	FL, PR, VI	FL, PR, VI

CMS Benefit Policy Manual

[Chapter 15; § 30.5 Chiropractor's Services, § 240 Chiropractic Services – General](#)

CMS Claims Processing Manual

Chapter 12; § 220 Chiropractic Services

MLN Matters

[Article MM3449, Revised Requirements for Chiropractic Billing of Active/Corrective Treatment and Maintenance Therapy, Full Replacement of CR3063](#)

[Article SE0514, MMA- Expansion of Coverage for Chiropractic Services Demonstration](#)

[Article SE0749, Addressing Misinformation Regarding Chiropractic Services and Medicare](#)

[Article SE1101, Overview of Medicare Policy Regarding Chiropractic Services](#)

[Article SE1601 Revised, Medicare Coverage for Chiropractic Services – Medical Record Documentation](#)

[Requirements for Initial and Subsequent Visits](#)

[Article SE1602, Use of the AT modifier for Chiropractic Billing \(new information along with information in MM3449\)](#)

[Article SE1603, Educational Resources to Assist Chiropractors with Medicare Billing](#)

UnitedHealthcare Commercial Policy

[Manipulative Therapy](#)

Other(s)

Title SVIII of the Social Security Act

- [1833\(e\)](#)
- [1862\(a\) \(1\) \(A\)](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">• Reformatted policy; transferred content to new template
03/10/2021	Applicable Codes <p><i>CPT Codes</i></p> <ul style="list-style-type: none">• Revised notation pertaining to CPT code 98943 to indicate this code is “non-covered” <p><i>Diagnosis Codes</i></p> <ul style="list-style-type: none">• Added R51.0 and R51.9• Added notation to indicate the following codes were “deleted Sep. 20, 2020”: G44.219, G44.229, M24.50, M25.50, M43.00, M43.10, M46.00, M47.10, M47.11, M47.12, M47.13, M47.14, M47.15, M47.16, M47.20, M47.21, M47.22, M47.23, M47.819, M47.891, M47.892, M47.893, M47.894, M47.895, M47.896, M47.897, M47.898, M47.899, M47.9, M48.10, M48.30, M50.10, M50.20, M50.30, M50.80, M50.90, M53.3, M54.03, M54.04, M54.05, M54.06, M54.07, M54.08, M54.30, M54.40, M54.89, M54.9, M60.80, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.859, M60.869, M60.879, M60.9, M62.40, M62.411, M62.412, M62.419, M62.421, M62.422, M62.429, M62.431, M62.432, M62.439, M62.441, M62.442, M62.449, M62.451, M62.452, M62.459, M62.461, M62.462, M62.469, M62.471, M62.472, M62.479, M62.48, M62.831, M72.9, R51, S13.4XXD, S13.4XXS, S13.8XXD, S13.8XXS, S16.1XXD, S16.1XXS, S23.3XXD, S23.3XXS, S23.8XXD, S23.8XXS, S33.5XXD, S33.5XXS, S33.6XXD, S33.6XXS, S33.8XXD, S33.8XXS, S39.012D, and S39.012S <p>Supporting Information</p> <ul style="list-style-type: none">• Updated <i>References</i> section to reflect the most current information• Archived previous policy version MPG050.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).