

Manipulation (NCD 150.1)

Guideline Number: MPG203.06
Approval Date: July 8, 2020

[➔ Terms and Conditions](#)

Table of Contents	Page
Policy Summary	1
Applicable Codes	1
References	2
Guideline History/Revision Information	2
Purpose	3
Terms and Conditions	3

Related Medicare Advantage Policy Guidelines
<ul style="list-style-type: none"> Chiropractic Services Osteopathic Manipulations (OMT)
Related Medicare Advantage Coverage Summaries
<ul style="list-style-type: none"> Chiropractic Services Dental Services, Oral Surgery and Treatment of Temporomandibular Joint (TMJ)

Policy Summary

[➔ See Purpose](#)

Overview

This policy addresses manipulations other than chiropractic and osteopathic.

Details on chiropractic or osteopathic manipulations can be reviewed via the Medicare Advantage Policy Guidelines titled [Chiropractic Services](#) and [Osteopathic Manipulations \(OMT\)](#).

Indications and Limitations of Coverage

- Manipulation of the Rib Cage: Manual manipulation of the rib cage contributes to the treatment of respiratory conditions such as asthma, bronchitis, and emphysema as part of a regimen which includes other elements of therapy, and is covered only under such circumstances.
- Manipulation of the Head: Manipulation of the temporomandibular or occipitocervical regions of the head when indicated for conditions affecting those portions of the head and neck is a covered service.

Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

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.

Coding Clarification: The ICD-10 list for CPT codes 94667 and 94668 is broad and extensive. Please refer to LCDs below for details.

CPT Code	Description
Respiratory	
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent

CPT® is a registered trademark of the American Medical Association

References

CMS National Coverage Determinations (NCDs)

[NCD 150.1 Manipulation](#)

Reference NCD: [NCD 240.7 Postural Drainage Procedures and Pulmonary Exercises](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L34149 Respiratory Care Respiratory Therapy	A57224 Billing and Coding: Respiratory Care Respiratory Therapy	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
	A55984 Response to Comments: Respiratory Care (Respiratory Therapy)			
L34430 Respiratory Therapy (Respiratory Care)	A56717 Billing and Coding: Respiratory Therapy (Respiratory Care)	Palmetto	AL, GA, NC, SC, TN, VA, WV	
L37293 Respiratory Care (Respiratory Therapy)	A57225 Billing and Coding: Respiratory Care (Respiratory Therapy)	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
	A55988 Response to Comments: Respiratory Care Respiratory Therapy			

UnitedHealthcare Commercial Policy

[Manipulative Therapy](#)

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
07/08/2020	Supporting Information <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version MPG203.05

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.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*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](#).