

Manipulative Therapy (for North Carolina Only)

Policy Number: CSNCT0541.04
Effective Date: September 1, 2023

[Instructions for Use](#)

Table of Contents	Page
Application	1
Coverage Rationale	1
Applicable Codes	1
References	2
Policy History/Revision Information	2
Instructions for Use	2

- Related Policies**
- [Diagnostic Spinal Ultrasonography](#)
 - [Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation \(for North Carolina Only\)](#)
 - [Home Traction Therapy \(for North Carolina Only\)](#)
 - [Manipulation Under Anesthesia](#)
 - [Motorized Spinal Traction](#)
 - [Neuropsychological Testing Under the Medical Benefit](#)
 - [Temporomandibular Joint Disorders \(for North Carolina Only\)](#)

Application

This Medical Policy only applies to the state of North Carolina.

Coverage Rationale

Manipulative therapy of the spine is proven and medically necessary for treating musculoskeletal disorders under certain circumstances. For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for Chiropractic Services, 1F, Chiropractic Services](#).

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 policy 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 federal, state, or contractual requirements 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: Refer to the Medical Policy titled [Habilitation and Rehabilitation Therapy \(Occupational, Physical and Speech\) \(for North Carolina Only\)](#) for information regarding CPT code 97140, Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes.

CPT Code	Description
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved

CPT Code	Description
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved
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

CPT® is a registered trademark of the American Medical Association

HCPCS Code	Description
S8990	Physical or manipulative therapy performed for maintenance rather than restoration

References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Chiropractic Services, No: 1F.
<https://medicaid.ncdhhs.gov/1f-chiropractic-services/download?attachment>. Accessed April 11, 2023.

Policy History/Revision Information

Date	Summary of Changes
09/01/2023	<ul style="list-style-type: none"> Routine review; no change to coverage guidelines Archived previous policy version CSNCT0541.03

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.