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## Chiropractic Services Payment Policy

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### Policy Statement

Chiropractic care is a health care profession that focuses on disorders of the musculoskeletal system and nervous system and the effects of these disorders on general health. Chiropractic care is used most often to treat musculoskeletal complaints. A chiropractor uses manipulation, adjustment, physiotherapy, and support devices in clinical practice.

### Scope

This policy applies to:

- Medicaid** *excluding Extended Family Planning (EFP)*
- Commercial**
- Dual CONNECT (Coordination only D-SNP)**
- INTEGRITY for Duals (Fully Integrated D-SNP)**

### Prerequisites

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's Acupuncture, Chiropractic, & In Lieu of Services [Clinical Medical Policies](#).

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

### Coverage Includes

- Chiropractic Treatment Services.
- Chiropractic Evaluation & Management Services
- Initial Evaluation prior to beginning chiropractic treatment is covered when billed with the appropriate E&M code.

### Coverage Limitations

#### All Lines of Business

- If a chiropractor orders, takes, or interprets an x-ray or other diagnostic procedure to demonstrate a subluxation of the spine, the x-ray can be used for documentation. However, there is no coverage or payment for these services or for any other diagnostic or therapeutic service ordered or furnished by the chiropractor.



## Medicaid, INTEGRITY for Duals & Dual CONNECT

- The first twelve (12) visits of the calendar year do not require authorization.
  - Medically necessary chiropractic services beyond the first (12) visits, are subject to prior authorization requirements

### Commercial

- The chiropractic medicine benefit is limited to twelve (12) visits per plan year.

## Coverage Exclusions

### INTEGRITY for Duals & Dual CONNECT

- Maintenance Therapy\*
- Room/Ward fees for 'Intensive Care' treatment\*\*
- Treatment for non-musculoskeletal conditions

### Commercial

- Maintenance Therapy\*
- Non-neuromusculoskeletal conditions
- Asymptomatic persons or persons without an identifiable clinical condition
- Additional treatment with no documented improvement after initial two weeks
- Additional treatment after 30 days of modified treatment

\*Maintenance Therapy is defined as 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.

\*\*Intensive Care concept of treatment: Under this approach multiple daily visits (as many as four or five in a single day) are given in the office or clinic and so-called room or ward fees are charged since the patient is confined to bed usually for the day. The room or ward fees are not covered and reimbursement under Medicare will be limited to not more than one treatment per day.

## Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.



### Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

### Member Responsibility

**Commercial** plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

For Neighborhood CONNECT (Coordination only D-SNP plan), providers must submit claims to Neighborhood and any remaining copays/coinsurance amounts and Medicaid covered benefits to EOHHS for reimbursement.

### Coding

The inclusion of a code in this policy does not guarantee coverage or reimbursement.

**Table 1:** Below are the approved codes for a licensed Chiropractor. Services included in this table are limited to 1 unit of one of these codes per day

For INTEGRITY For Duals and Dual CONNECT, chiropractors should use the AT modifier on the codes in Table 1 to indicate active/corrective treatment (acute and chronic care).

| 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   |

**Table 2:** In addition to the codes in Table 1, below are the approved codes for licensed Chiropractors that also hold a Physiotherapy license:

| CPT Code | Description   |
|----------|---|
| 97010    | Application of a modality to 1 or more areas; hot or cold packs                   |
| 97012    | Application of a modality to 1 or more areas; traction, mechanical                |
| 97014    | Application of a modality to 1 or more areas; electrical stimulation (unattended) |
| 97016    | Application of a modality to 1 or more areas; vasopneumatic devices               |
| 97018    | Application of a modality to 1 or more areas; paraffin bath                       |
| 97022    | Application of a modality to 1 or more areas; whirlpool                           |
| 97024    | Application of a modality to 1 or more areas; diathermy (eg, microwave)           |
| 97026    | Application of a modality to 1 or more areas; infrared                            |

| CPT Code | Description   |
|----------|---|
| 97028    | Application of a modality to 1 or more areas; ultraviolet   |
| 97032    | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes  |
| 97033    | Application of a modality to 1 or more areas; iontophoresis, each 15 minutes  |
| 97034    | Application of a modality to 1 or more areas; contrast baths, each 15 minutes   |
| 97035    | Application of a modality to 1 or more areas; ultrasound, each 15 minutes   |
| 97036    | Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes   |
| 97039    | Unlisted modality (specify type and time if constant attendance)  |
| 97110    | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility   |
| 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   |
| 97113    | Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises   |
| 97116    | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)  |
| 97124    | Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)  |
| 97129    | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes   |
| 97130    | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure) |
| 97140    | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes  |
| 97150    | Therapeutic procedure(s), group (2 or more individuals)   |
| 97530    | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes  |
| 97535    | Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes   |

| CPT Code | Description   |
|----------|---|
| 97750    | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes   |
| 97755    | Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes |
| G0283    | Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care  |
| S8948    | Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes   |
| S9117    | Back school, per visit  |

### Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

Neighborhood processes Dual CONNECT and INTEGRITY for Duals in accordance with CMS Medicare guidelines. Refer to [CMS Medicare guidance](#) for complete rules and claims processing policies.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.



**Document History**

| Date       | Action   |
|------------|--|
| 01/01/2026 | Updated policy template to include new lines of business. Updated Member Responsibility and Disclaimer language. Updated Coding to include modifier requirement. |
| 01/01/2026 | Updated Medicaid limit from rolling year to calendar year  |
| 11/07/2025 | Annual Policy Review Date. No content changes.   |
| 12/11/2024 | Annual Policy Review Date. Added Medicaid line of business effective 7/1/24  |
| 03/11/2024 | Annual Policy Review Date. No content changes.   |
| 01/01/2023 | Annual Policy Review Date. No content changes.   |
| 11/30/2021 | Policy Review  |
| 11/09/2021 | Policy Created   |