



Medical Policies



Policy Number:	ME-Y-9		
Policy Name:	Manipulation Services		
Policy Type:	Medical	Policy Subtype:	Therapy
Effective Date:	09-15-2025	End Date:	11-02-2025

Description

Manipulation and chiropractic manipulation, commonly referred to as spinal and extraspinal adjustment, manual adjustment, vertebral adjustment, or spinal manipulative therapy (SMT), is the treatment of the articulations of the spine and musculoskeletal structures, including the extremities, for the purpose of relieving discomfort resulting from impingement of associated nerves or other structures (e.g., joints, tissues, muscles).

Performance of these services requires the specialized knowledge, clinical judgement and skills of a qualified physical medicine provider.

Spinal manipulation by manual or mechanical means may be used to correct a structural imbalance or subluxation related to distortion or misalignment of the vertebral column.

Extraspinal manipulation, also known as extraspinal manipulative therapy (EMT), is used to treat joint dysfunction outside of the vertebral column.

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Medicaid Expansion (ME) covers chiropractic spinal manipulation, limited new and established patient evaluation and management (E/M) services, and x-rays.

Chiropractic Spinal Manipulation Treatment services are limited to 20 per calendar year for Medicaid Expansion members. Chiropractic Manipulation Treatment (CMT) may be considered medically necessary when **ALL** of the following are met:

- Treatment is provided for a neuromusculoskeletal condition; **and**
- Treatment is provided for the initial treatment of an acute condition, reinjury, or aggravation of a chronic condition; **and**
- Treatment is provided for the purpose of minimizing or eliminating impairments, functional limitations, or restrictions of the condition; **and**
- Treatment is provided in accordance with an ongoing, written treatment plan, appropriate for the reported condition, and is expected to result in restoration of the individual's level of function which has been lost or reduced by the condition
 - A treatment plan includes:
 - CMT; **and**
 - A maximum of four (4) modalities/procedures on any given date of service, per performing provider including:
 - Muscle and range of motion (ROM) testing; **or**
 - Physical tests and measurements; **or**
 - Therapeutic exercises to develop strength, endurance, ROM and flexibility; **or**
 - Mechanical Traction; **or**
 - Neuromuscular reeducation; **or**
 - Therapeutic massage. Manipulation and chiropractic manipulation provided exclusively for the convenience of the individual or provider, for relaxation, or for personal lifestyle enhancement are considered not medically necessary.

Chiropractic manipulation provided for **ALL** of the following are considered experimental/investigational, and therefore, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature:

- Non-musculoskeletal disorders (e.g., asthma, otitis media, infantile colic, etc.); **and**
- Prevention/maintenance/custodial care; **and**
- Internal organ disorders (e.g., gallbladder, spleen, intestinal, kidney, or lung disorders); **and**
- Scoliosis correction.

Unattended massages that do not require the services of a professional provider are considered non-covered.

Habilitative Therapy

Habilitative therapy services are considered medically necessary when the following criteria are met.

- Ordered by a professional provider to promote the restoration, maintenance or improvement in the level of function following disease, illness or injury; **and**
- Includes therapies to achieve functions or skills never acquired due to congenital and developmental anomalies.

*Spinal manipulation is not considered a habilitative service.

Habilitative therapy services not meeting the criteria as indicated in this policy are considered not medically

necessary.

Procedure Codes

98940	98941	98942
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Maintenance Services

Maintenance Services begins when the therapeutic goals of a treatment plan have been achieved, and no additional functional progress is apparent or expected to occur.

A maintenance program consists of activities that preserve the individual's present level of function and prevent regression of that function. These services would not involve complex physical medicine and rehabilitative procedures, nor would they require clinical judgment and skill for safety and effectiveness.

Procedure Code

S8990

Vertebral axial decompression (examples include, but are not limited to, VAX-D, DRX9000, Spine Med, Tru-Trac Traction Table) is considered investigational experimental/investigational and, therefore, non- covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Procedure Code

S9090

Evaluation and Management (E/M) Services

New Patient Evaluation and Management (E/M) services (99202 or 99203) are covered in addition to the CMT (98940-98942) only when the patient has not received any professional (face-to-face) services from the chiropractor, or another chiropractor of the same group practice, within the past three (3) years.

Established E/M service (99211-99213) are limited to five (5) services per calendar year.

Any services outside of those listed below are not covered when rendered by a Chiropractor for Medicaid Expansion members.

Procedure Codes

72020	72040	72050	72052	72070	72072	72074
72080	72100	72110	72114	72120	72220	99202
99203	99211	99212	99213	98940	98941	98942

EMT is not a covered benefit under Medicare Expansion (ME)

Procedure Code

98943

The following X-rays may not exceed two (2) per spinal region per year and are limited to radiological examinations of the full spine, the cervical, thoracic, lumbar, and lumbosacral areas of the spine.

- 72020 Radiologic examination, spine, single view, specify level
- 72040 Radiologic examination, spine, cervical; two (2) or three (3) views
- 72050 Radiologic examination, spine, cervical; four (4) or five (5) views
- 72052 Radiologic examination, spine, cervical; six (6) or more views
- 72070 Radiologic examination, spine, thoracic, two (2) views
- 72072 Radiologic examination, spine, thoracic, three (3) views
- 72074 Radiologic examination, spine, thoracic, minimum of four (4) views
- 72080 Radiologic examination, spine, thoracolumbar, two (2) views
- 72100 Radiologic examination, spine, lumbosacral; two (2) or three (3) views
- 72110 Radiologic examination, spine, lumbosacral; minimum of four (4) views
- 72114 Radiologic examination, spine, lumbosacral; complete, incl bending views, min six (6) views
- 72120 Radiologic examination, spine, lumbosacral; bending views only, two (2) or three (3) views
- 72220 Radiologic examination, sacrum, and coccyx, minimum of two (2) views.

Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Not Applicable

CURRENT CODING

CPT:

72020	RADEX SPINE 1 VIEW SPECIFY LEVEL	Medicaid Expansion
72040	RADEX SPINE CERVICAL 2 OR 3 VIEWS	Medicaid Expansion
72050	RADEX SPINE CERVICAL 4 OR 5 VIEWS	Medicaid Expansion
72052	RADEX SPINE CERVICAL 6 OR MORE VIEWS	Medicaid Expansion
72070	RADEX SPINE THORACIC 2 VIEWS	Medicaid Expansion
72072	RADEX SPINE THORACIC 3 VIEWS	Medicaid Expansion
72074	RADEX SPINE THORACIC MINIMUM 4 VIEWS	Medicaid Expansion
72080	RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	Medicaid Expansion
72100	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	Medicaid Expansion
72110	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	Medicaid Expansion
72114	RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	Medicaid Expansion
72120	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	Medicaid Expansion
72220	RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	Medicaid Expansion
98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	Medicaid Expansion
98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	Medicaid Expansion
98942	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	Medicaid Expansion
98943	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1/> REGION	Medicaid Expansion
99202	OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	Medicaid Expansion
99203	OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	Medicaid Expansion
99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	Medicaid Expansion
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	Medicaid Expansion

99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	Medicaid Expansion
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HCPCS:

S8990	Pt or manip for maint	Medicaid Expansion
S9090	Vertebral axial decompressio	Medicaid Expansion

References

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ND Committee Review

Internal Medical Policy Committee 11-15-2023 *Effective January 01, 2024*

- **Adopted** Medicaid Expansion specific policy.

Internal Medical Review - 4-3-2024 - Revision - *Effective April 01, 2024*

- **Updated** criteria; and
- **Removed** Procedure Codes 95851; 95852; 97012; 97014; 97016; 97018; 97022; 97024; 97026; 97028; 97032; 97033; 97034; 97036; 97110; 97112; 97113; 97116; 97124; 97150; 97530; 97535; 97542; 97750; 97760; 97761; 97763; 98925; 98926; 98927; 98928; 98929; G0283; S8950; and
- **Added** Procedure Codes 99202; 99203; 99211; 99212; and 99213.

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.