PAYMENT POLICIES

Manipulative Services (Chiropractic)

Scope

This policy applies to:

☑ Kaiser Permanente Health
☑ Kaiser Permanente Health
Plan of Washington
Plan of Washington Options, Inc.

☑ Commercial
☐ Medicare
☐ Medicaid

Policy

When benefits allow, Kaiser Permanente reimburses for manipulative services for the treatment of orthopedic and neuromuscular conditions at the providers contracted rate or at vendor discount pricing rates.

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>98940–98942</td>
<td>Chiropractic manipulative treatment; spinal; 1–5 regions</td>
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<tr>
<td>98943</td>
<td>Chiropractic manipulative treatment; extraspinal, one or more regions</td>
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<tr>
<td>98925</td>
<td>Osteopathic manipulative treatment; 1-2 body regions involved</td>
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<tr>
<td>98926</td>
<td>Osteopathic manipulative treatment; 3-4 body regions involved</td>
</tr>
<tr>
<td>98927</td>
<td>Osteopathic manipulative treatment; 5-6 body regions involved</td>
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<tr>
<td>98928</td>
<td>Osteopathic manipulative treatment; 7-8 body regions involved</td>
</tr>
<tr>
<td>98929</td>
<td>Osteopathic manipulative treatment; 9-10 body regions involved</td>
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</table>
Chiropractic treatment codes include a pre-manipulation patient assessment. Kaiser Permanente recognizes that an additional evaluation and management service may be needed if the patient's condition requires a significant separately identifiable E&M service above and beyond the usual pre- and post-service work associated with the chiropractic service. The medical record documentation needs to support all procedure codes billed.

Supportive treatment modalities fall under the rehabilitation benefit and are subject to the member’s plan authorization guidelines. Kaiser Permanente will only reimburse the following supportive treatment modalities when provided in conjunction with a manipulation service: 97012, 97112, 97124, and 97530.

**Policy Definitions**

**Vendor Discount Pricing Rates**
Reimbursement rates with associated vendors such as First Choice, First Health, and MultiPlan.

**Prerequisite(s)**
HMO/POS/PPO
Members may self-refer for manipulative services up to the benefit limit. The member is responsible for payment of services performed beyond the benefit limit.

**References**
Clinical Review Criteria - Spinal Manipulations - Chiropractic and Osteopathic

**Frequently Asked Questions**

Q1: A member has an appointment with a chiropractor; the service is coded for a manipulation treatment. Will the service be allowed?

A1: Yes. The manipulation service will be allowed up to the member’s benefit limit.

Q2: A member continues to have manipulative treatments with the chiropractor however; there is not any functional improvement. The services do not meet Kaiser Permanente’s clinical criteria. Will the services be allowed?

A2: No. The services do not meet Kaiser Permanente’s clinical criteria and are therefore considered maintenance therapy which is not allowable.

Q3: A member has an appointment with a chiropractor for lumbar back pain and pain in lower extremities. The chiropractor codes for a manipulative treatment and an extra-spinal treatment. Will the services be allowed?

A3: Yes. Both the manipulative and extra-spinal services will be allowed up to the member’s benefit limit.
Q4: A provider codes for manipulative treatment and hot packs for a member’s visit. Will the hot packs be allowed?

A4: No. Hot or cold packs are not allowed for reimbursement as they are considered bundled to the manipulative treatment.