



Chiropractic Services

Reimbursement Policy ID: RPC.0052.7100

Recent review date: 05/2025

Next review date: 12/2025

AmeriHealth Caritas Delaware reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Delaware may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. 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.

Policy Overview

This policy provides an overview of reimbursement limitations for chiropractic services based on plan coverage. Chiropractic care provides members with services for manual manipulation of the spine to correct a subluxation that has resulted in a neuromusculoskeletal condition.

Exceptions

N/A

Reimbursement Guidelines

A chiropractic manipulative treatment (CPT codes, 98940-98942) requires prior authorization for patients 18 and older after 24 visits. Patients under the age of 18 require prior authorization before any treatment is provided. Diagnostic X-rays to determine the existence of a vertebral subluxation are eligible for reimbursement. AmeriHealth Caritas Delaware allows one X-ray of the spine per year within 12 months prior to treatment or three months following treatment. X-rays to determine new injury or re-exacerbation may be covered.

Chiropractic manipulative treatment codes (98940-98942) will be denied if billed more than one time per service date.

CPT Code	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

Definitions

Vertebral Subluxation

One or more vertebrae in the spine become misaligned, compressing spinal nerves and disturbing optimal nerve function.

Edit Sources

- I. Current Procedural Terminology (CPT)
- II. Healthcare Common Procedure Coding System (HCPCS)
- III. International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM), and associated publications and services.
- IV. Centers for Medicare and Medicaid Services (CMS), <https://www.medicare.gov/coverage/chiropractic-services>
- V. <https://www.amerihealthcaritasde.com/assets/pdf/provider/provider-manual.pdf>.
- VI. Delaware Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

06/2025	Minor updates to formatting and syntax
05/2025	Reimbursement Policy Committee Approval

04/2025	Revised preamble
01/2025	Annual review <ul style="list-style-type: none"> • No major changes
04/2024	Revised preamble
02/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas Delaware from Policy History section
01/2023	Template Revised <ul style="list-style-type: none"> • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section