

 <p>POLICY LIBRARY: MEDICAL</p>	Effective Date:	Approval Date:	Approved By:
	08/07/2008	08/07/2008	MQIC/General Counsel
	Doc. Control #: PRV.MQ.MP.074.001		
	Title/Subject: TMMP 31 – Coding and Reporting Chiropractic Manipulative Treatment		

1. Purpose

The purpose of this policy is to provide the Chiropractors with guidelines for appropriately coding and reporting Chiropractic Manipulative Treatment.

2. Statement of Policy

2.1 Chiropractic Manipulative Treatment codes must be supported by a documented complaint and diagnosis (represented in Triad’s Spinal and Non-Spinal / Extra-Spinal diagnosis related lists) in each region defined by CMS for CMT.

2.2 The CMT codes were developed in 1996 in response to CMS’ review of A2000 under the auspices of their mandated five-year review. CMT codes are classified by the number of body regions receiving spinal manipulation and include a cognitive component that encompasses the clinical judgment and the technical skill required when managing a patient complaint with manipulative therapy. The four spinal CMT codes replaced the A2000 Medicare CMS Common Procedure Coding System (HCPCS) code in 1997.

3. CMT Code Descriptions

Chiropractic manipulative treatment (CMT) is a form of manual treatment to influence joint and neurophysiological function. This treatment may be accomplished using a variety of techniques.

The Chiropractic Manipulative Treatment codes include a pre-manipulation patient assessment. Additional Evaluation and Management services may be reported separately using the modifier “-25”, if the patient’s condition requires significant separately identifiable E/M service, above and beyond the usual pre-service and post-service work associated with the procedure.

The E/M service may be caused or prompted by the same symptoms or condition for which the CMT service was provided. As such different diagnoses are not required for the reporting of the CMT and E/M service on the same date.

Title/Subject:

TMMP31 – Coding and Reporting Chiropractic Manipulative Treatment

For purposes for the CMT, the five spinal regions referred to are: cervical region (includes atlanto-occipital joint); thoracic region (includes costovertebral and costotransverse joints) lumbar region; sacral region; and pelvic (sacroiliac joint) region. The five extraspinal regions referred to are: head (including temporomandibular joint, excluding atlanto-occipital) region; lower extremities; upper extremities; rib cage (excluding costotransverse and costovertebral joints) and abdomen.

- 98940 Chiropractic Manipulative Treatment (CMT): spinal one to two regions.
- 98941 Spinal, three to four regions
- 98942 Spinal, five regions.
- 98943 Extraspinal, one or more regions.

Chiropractic providers are encouraged to select the CMT code that most closely describes the manipulative service administered on any given patient visit. As noted, the code descriptors are based on the number of body regions receiving manipulation. For the purposes of CMT, the body regions are defined as follows.

Spinal Manipulative Treatment

- 1) Cervical- all manipulations performed to the atlanto-occipital joint, and C1 through C7 during any given patient visit,
- 2) Thoracic- all manipulations performed to T1 through T12, including the posterior ribs (costotransverse and costovertebral junctions) during any given patient visit.
- 3) Lumbar – all manipulations performed to L1 through L5 on any given patient visit.
- 4) Sacral – all manipulations performed to the sacrum including the sacrococcygeal junction, on any given patient visit.
- 5) Pelvic – all manipulations performed to the sacroiliac joint and other pelvic articulations on any given patient visit.

T MMP31 – Coding and Reporting Chiropractic Manipulative Treatment

Regardless of how many manipulations are performed in any given spinal region (cervical, thoracic, etc.) it counts as one region under the CMT codes. For example, chiropractic manipulation applied to the atlanto-occipital joint, C3 and C5 during one patient visit would represent treatment to one region (cervical) and, if these were the only manipulations performed during this visit, the appropriate code to use would be 98940.

Extraspinal Manipulative Treatment

- 1) Head- all manipulations performed to the head, including the TMJ, but excluding the atlanto-occipital joint, during any given patient visit
- 2) Lower Extremities- all manipulations performed to the hip, leg, knee ankle and foot during any given patient visit.
- 3) Upper Extremities- all manipulations performed to the shoulder, arm elbow, wrist and hand during any given patient visit.
- 4) Rib Cage- all manipulations performed to the anterior rib cage including The costosternal junction, during any given patient visit
- 5) Abdomen

It is appropriate to use code 98943 to describe CMT to one or more extraspinal regions, regardless of how many individual manipulations are actually performed. The extraspinal CMT code 98943 can be used either by itself or in conjunction with a spinal CMT code, it is necessary to add a “-51” modifier (98943-51)

Components of Physicians’ Total Work Time for Manipulation Procedures

The “work per unit of time,” or value of CPT codes in general, is based not only on the amount of time spent with a patient, but also the amount of work (including physician skill and judgment) required during the visit. This work per unit of time is divided into three sections: preservice (before patient arrives), intraservice (face-to-face time with patient), and postservice (after patient leaves) periods.

The pre-service period includes:

Title/Subject:

TMMP31 – Coding and Reporting Chiropractic Manipulative Treatment

- Documentation and chart review
- Imaging review
- Test interpretation and care planning

The intra-service period includes

- Pre-manipulation (e.g., palpation, etc.)
- Manipulation
- Post-manipulation (e.g., assessment, etc.) procedures

The post-service period includes:

- Chart documentation
- Consultation
- Reporting

Work per unit of time ultimately helps to determine how the code is valued, and how much a chiropractic provider is paid. Generally, the higher the work per unit of time value, the larger the payment.

The following discussion is intended to help clarify the chiropractic aspects of these CPT services based upon contemporary chiropractic practice and the growing need to record accurately, and uniformly, the nature and extent of all chiropractic services delivered.

Chiropractic treatment services can be broadly organized into Chiropractic Manipulative Treatment (CMT), joint and soft tissue mobilization services, physiotherapy services, and other appropriate treatment services. These services can be described using the codes and descriptors from the Current Procedures Terminology (CPT) publication existing at the time of service. To be documented using CPT terminology, each service delivered should be a separate and distinct service that is consistent with the characteristics commonly associated with that service. Documentation should be recorded on the day of the patient visit and include all of the following:

TMMP31 – Coding and Reporting Chiropractic Manipulative Treatment

- 1) A subjective record of the patient complaint, and;
- 2) Physical findings to support manipulation in a region or segment, and;
- 3) Assessment of change in patient condition, as appropriate, and;
- 4) Record of specific segments manipulated.

4. References

4.1. The following references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding the use of physical modalities and therapeutic procedures for the treatment of neuromuscular pain, spasm and edema and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.

- American Medical Association. Current Procedural Terminology (CPT). AMA Press.

4.2. Related Triad Medical Policies:

- [TMMP 18 – Medical Necessity](#)
- [TMMP 11 – Use of Spinal Mobilization/Manipulation](#)

5. Attachments

- 5.1. [Provider Manual](#)

POLICY LIBRARY: MEDICAL	Doc. Control #: PRV.MQ.MP.074.001 Title/Subject: TMMP31 – Coding and Reporting Chiropractic Manipulative Treatment
--------------------------------	---

Table of Revisions

Revision Date	Modified By	Description
08/07/2008	Level 1, 2, 3	Reformatted for the Policy Library and Document Controls. Added purpose statement and references.