

PROVIDER BULLETIN

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TO: All Nebraska Medicaid Providers

FROM: Courtney Miller, Deputy Director *CM*
Division of Medicaid & Long-Term Care

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RE: Diagnosis Codes and Procedure Codes Payable for Chiropractic Services

Please share this information with professional, clinical, administrative, and billing staff.

The purpose of this bulletin is to provide clarification of the requirements and limits of manual manipulation.

Pursuant to Title 471 Nebraska Administrative Code 5-004, Nebraska Medicaid covers manual manipulation of the spine for Chiropractic services. Manual manipulation of the spine is covered only for the treatment of spinal subluxations for which treatment provides a direct therapeutic benefit. This benefit is limited to:

1. For clients age 21 and older: Manual manipulation of the spine is limited to 12 treatments per calendar year.
2. For clients age 20 and younger: Manual manipulation of the spine is limited to 18 treatments during the initial five-month period from the date of initiations of treatment for the reported diagnosis. A maximum of one treatment per month is covered thereafter for stabilization care.
3. No more than one treatment per day is covered.

The Current Procedural Coding (CPT) identifies three procedure codes for chiropractic manipulative treatment of the spine:

- CPT Code 98940, chiropractic manipulative treatment; spinal, 1-2 regions
- CPT Code 98941, chiropractic manipulative treatment; spinal, 3-4 regions
- CPT Code 98942, chiropractic manipulative treatment; spinal, 5 region

Requirements and limitations for subluxation services can be found at http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-05.pdf, in section 5-004.

If you have questions about this information, please send email correspondence to DHHS.MLTCPhysicalHealth@nebraska.gov.