

Routine Chiropractic Services

Applies to: All plans

Routine Chiropractic

Routine chiropractic is a supplemental benefit offered on Premera Blue Cross Medicare "Advantage" plans that aren't covered under Original Medicare. This benefit allows members to visit chiropractors for routine spinal adjustments.

Covered supplemental routine chiropractic services include:

- One (1) physical exam or re-examination per calendar year
- One (1) spinal x-ray procedure per calendar year
- One (1) manipulation/adjustment of non-spinal/extremity manipulation per visit
- One (1) of the following therapeutic procedures or manual therapies per visit: therapeutic exercise or manual therapy such as mobilization or manipulation, manual lymphatic drainage and manual traction

Original Medicare

Medicare Part B covers manual manipulation of the spine by a chiropractor or other qualified provider if medically necessary to correct a subluxation (when one or more of the bones of your spine move out of position).

Medicare doesn't cover other services or tests a chiropractor order, including x-rays, massage therapy, and acupuncture.

Does the member require a referral to receive this service?

For routine chiropractic services, referrals are not required.

Member cost sharing

Routine chiropractic: See the copay listed in the [Evidence of Coverage](#) (EOC) for routine chiropractic services.

Plan	HMO \$0	Classic HMO	Total Health
Routine Chiropractic Services	6 visits/\$20 copay	10 visits/\$20 copay	10 visits/\$20 copay

Conditions for Payment	
Eligible provider	Doctor of Chiropractic (DC)
Payable location	Provider's office
Frequency	Please see the plan EOC for allowable number of services.
Diagnosis restrictions	Restrictions apply
Age restrictions	No restrictions
CPT/HCPCS codes other than subluxation	Routine chiropractic manipulations and other services for indications
98940	Chiropractic manipulative treatment; spinal (1 to 2 regions)
98941	Chiropractic manipulative treatment; Spinal (3 to 4 regions)
98942	Chiropractic manipulative treatment; Spinal (5 regions)
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions. Modifier: AT- Acute Treatment. <i>Routine chiropractic claims services should not be appended with Modifier AT</i>
Other Routine Chiropractic Common Codes (not a complete list)	
Therapeutic	
97110	Therapeutic exercise, one or more areas, each 15 minutes
97112	Neuromuscular re-education or movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/or standing activities; each 15 minutes
97140	Manual therapy (for example, mobilization/manipulation, manual lymphatic drainage, manual traction, myofascial release) one or more regions; each 15 minutes)
Radiology	
72082	Spine, entire thoracic and lumbar including skull, cervical and sacral spine if performed; 2-3 views
72040	Spine, cervical (2 or 3 views)
72070	Spine, thoracic (2 views)

72100	Spine, lumbosacral (2 or 3 views)
Durable Medical Equipment (DME)	
A4565	Sling (Arm)
E0190	Positioning cushion/pillow/wedge/Lumbar cushion/cervical pillow any size; includes all components and accessories
L0120	Cervical collar (flexible foam); nonadjustable, prefabricated, off the shelf
L0220	Thoracic rib belt; custom fabricated
L3332	Heel lift; tapered
L3908	Wrist hand orthosis (wrist extension control cock-up); non-molded, prefabricated, off the shelf

Billing Instructions for providers

1. Bill services on the CMS-1450 (UB-04) claim form, or 837 equivalent claim form.
2. Use the Premera Blue Cross Medicare Advantage HMO unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Use electronic billing.

Notes

- Refer to your supplemental/Routine Fee Schedule for covered chiropractic services.
- All codes are subject to change.
- Please follow original Medicare-covered indications and coding rules when billing Medicare-covered services and review codes at [cms.gov](https://www.cms.gov) before submitting claims.

Revision History

Policy number: PMA-HMO 1007

Created: 12/14/2021

Effective: 01/01/2024