PREMERA BLUE CROSS
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Payment Policy

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Title	**Manipulation Services**		
Number	**CP.PP.390.v2.1**		
Last Approval Date	02/04/25	**Original Effective Date**	08/19/14
Cross Reference	• *Global Surgery* • *Modifier 25-Significant, Separately Identifiable Evaluation & Management (E&M) Service on Same Day of Procedure or Other Service* • *Modifier 59 – Distinct Procedural Service* • *Modifiers XE, XS, XP and XU – Separate Encounter, Separate Structure, Separate Practitioner and Unusual Overlapping service* • *New and Established Patient Guidelines* • *Physical Medicine and Rehabilitation Services*		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define how the Plan applies limits for chiropractic and osteopathic manipulation services that are submitted on a CMS-1500 paper claim form or an 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products.

Policy	**Chiropractic Manipulative Treatment (CMT) (codes 98940-98943)**:
	
	Chiropractic manipulative treatment (CMT) is a form of manual treatment to influence joint and neurophysiological functions. CMT codes include a pre-manipulative patient assessment and intra-service work.
	
	CMT services are rendered to the following spinal and extra-spinal regions as identified by the anatomic region identified in the attached diagnosis code:
	
	• **Spinal regions:**
	  ◦ Cervical region (includes atlanto-occipital joint).
	  ◦ Thoracic region (includes costovertebral and costotransverse joints);
	  ◦ Lumbar region;
	  ◦ Sacral region;
	  ◦ Pelvic region (sacroiliac joint)
	• **Extraspinal regions:**
	  ◦ Head region (including temporomandibular joint; excluding atlanto-occipital joint)
	  ◦ Lower extremities;
	  ◦ Upper extremities;
	  ◦ Rib cage (excluding costotransverse and costovertebral joints);
	  ◦ Abdomen

	The Plan limits CMT to one spinal code (one or more regions), and one extra-spinal code, one unit per code, per provider, per patient, per day. The CMT codes include a pre-manipulative patient assessment, intra-service work and all post-service work. The complete CMT service requires a certain amount of pre-service and intra-service work that is included as part of the CMT service. Per CPT coding guidelines, the CMT codes include a pre-manipulation patient assessment. These preservice and intra-service assessments/workups determine not only what specific manipulative work will be needed but also determines the effectiveness of the service being provided. Per the CMS National Physician Fee Schedule (NPFS), CMT procedure codes are considered "minor procedures" and as such, an evaluation and management (E&M) service on the same date of service as a minor procedure is included in the procedure reimbursement and not reported separately as an E&M service. If the patient's condition requires additional E&M services **above and beyond that which is considered part of the preservice and post-service work included in the CMT service/procedure,** additional E&M services may be reported separately as an office visit code appended with **modifier 25**. Documentation must support the need for additional E&M services beyond those considered included in the CMT service. **Physical Medicine Therapeutic Service(s) on the Same Date as CMT** When the patient's condition necessitates the need for a physical medicine therapeutic service on the same date of service as a CMT service (whether billed on the same claim or separate claims by the same provider), both services will be reimbursed when they are performed on **different anatomic spinal or extraspinal regions** (ex. lumbar/thoracic). The physical medicine therapeutic service code must be appended with either Modifier XS or Modifier 59. The diagnosis code attached to the physical medicine therapeutic service must indicate a **different anatomic region than the CMT anatomic regions.** If the physical medicine therapeutic service **AND** the CMT service are rendered on **the same anatomic location (ex. cervical/cervical) and the diagnosis codes attached to each service also indicate the same anatomic region**, the physical medicine therapeutic service will be denied as included in the CMT service. **Osteopathic Manipulative Treatment (OMT) (codes 98925-98929):** Osteopathic manipulative treatment (OMT) is a form of manual treatment applied primarily by an osteopathic physician or other qualified healthcare professional to eliminate or alleviate somatic dysfunction and related disorders such as impaired or altered function of related components of the body framework system, skeletal, arthrodial and myofascial structures and related vascular, lymphatic, and neural elements. OMT services are reported based on the number of body regions involved. The applicable OMT body regions associated with the procedure codes include: • Head region; • Cervical region; • Thoracic region;

	• Lumbar region; • Sacral region; • Pelvic region; • Lower extremities; • Upper extremities; • Rib cage region; • Abdomen and Viscera region The Plan limits OMT to one manipulation code, one unit per code, per provider, per patient, per day. OMT codes include preservice work/assessment which determines techniques and in what order the affected body regions will be treated. Preservice work also includes explaining the treatment to the patient, answering questions, and positioning the patient. Post-service work included in the OMT codes includes post care instructions related to the procedure(s) provided to the patient and documentation of the treatment in the medical record. Per CMS NPFS, OMT procedure codes are considered "minor procedures" and as such, an E&M service on the same date of service as a minor procedure is included in the procedure reimbursement and not reported separately as an E&M service. **If the patient's condition requires a significant, separately identifiable E&M service above and beyond the usual preservice and post-service work associated with and included in the OMT service**, additional E&M services may be reported separately as an office visit code appended with modifier 25. Documentation should support the need for additional E&M services beyond those considered included in the OMT service/procedure.
Codes/Coding Guidelines	For the purposes of this policy, manipulation services include: **Chiropractic manipulations:** • **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 • **98943** – Chiropractic manipulative treatment (CMT); extra spinal, 1 or more regions **Osteopathic manipulations:** • **98925** – Osteopathic manipulative treatment (OMT); 1-2 body regions involved • **98926** – Osteopathic manipulative treatment (OMT); 3-4 body regions involved • **98927** – Osteopathic manipulative treatment (OMT); 5-6 body regions involved • **98928** – Osteopathic manipulative treatment (OMT); 7-8 body regions involved • **98929** – Osteopathic manipulative treatment (OMT); 9-10 body regions involved **Physical Medicine and Rehabilitation Therapeutic Services:** • **97112** – Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities

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	• **97124** – Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) • **97140 –** Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
Violations of Policy	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined at Plan's sole discretion. Violations of this policy may be grounds for corrective action, up to and including termination of employment.
Exceptions	None
Laws, Regulations & Standards	Every Category of Provider Legislation went into effect on January 1, 1996. RCW 48-43-045 requires that every health plan permit every category of health care provider to provide health services or care for conditions included in the basic health plan services. Under ESHB 1046, all bundling/payment policies must be blind to provider type.
References	• American Medical Association's Current Procedural Terminology (AMA/CPT); Professional Edition codebook • CPT Assistant August 2018 Vol 28 Issue 8 • CPT Assistant November 2018, Vol 28, Issue 11 • CPT Assistant October 2009 Vol 19 Issue 10 • CPT Assistant December 2007 page 16 • CPT Assistant January 1997 page 7

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	02/04/25; 03/04/24; 04/06/23; 05/12/22; 09/22/21; 10/06/20; 01/10/20; 10/30/19; 04/08/19; 04/19/18; 07/18/17; 08/08/16; 08/10/15; 08/10/14	
Version History	04/19/18	Added new section "Codes/Coding Guidelines" and moved all codes from the "Policy" section into this new section
	04/08/19	Annual Review; no changes
	10/30/19	• Removed footnotes in Policy statement. • Clarified the Policy section to indicate that E&M services must be billed in compliance with New/Established patient guidelines and consistent with modifier 25 policy guidelines
	01/10/20	CORRECTION: Removal of reference to "acupuncture" in second paragraph in each section and insertion of "chiropractic manipulation" and "osteopathic manipulation" in each section in the Policy statement
	10/06/20	• Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P claim forms.

		• Clarified billable units for each code billed in the Chiropractic and Osteopathic sections
	09/22/21	In the Policy section, clarified the guidelines for billing an E&M service on the same date as a chiropractic or osteopathic manipulation
	05/12/22	• In the Cross Reference section, added two policies referenced in the Policy section: Modifier 59 and Modifiers XE, XS, XP AND XU. • In the Policy section, expanded the sections for Chiropractic and Osteopathic manipulations to provide more clarification on coding of each type of service.
	04/06/23	• In the Cross Reference Section, added the policy "Global Surgery" • In the Chiropractic Manipulative Treatment section, added clarification from the CPT codebook that an "assessment" is considered part of the manipulation procedure code. Also added reference to the CMS National Physician Fee Schedule stating that the CMT codes are classified as "minor procedures" • The prior Manual Therapy section title was changed to Physical Medicine *Therapeutic Service(s) on the Same Date as CMT*, and the section revised for clarity in order to be more reflective of the actual policy edit • In the Osteopathic Manipulative Treatment section, added that an "assessment" is considered part of the manipulation procedure code. Also added reference to the CMS National Physician Fee Schedule stating that the CMT codes are classified as "minor procedures" • In the Codes/Coding Guideline section, added a new section titled Physical Medicine and Rehabilitation Therapeutic Services listing the therapeutic service procedure codes
	03/04/24	Annual review; no changes
	02/04/25	Annual review; added Physical Medicine and Rehabilitation Services to the cross reference section.

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