



Chiropractic Services

Reimbursement Policy ID: RPC.0052.7700

Recent review date: 01/2026

Next review date: 12/2026

AmeriHealth Caritas Ohio 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 Ohio 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 dislocation that has resulted in a neuromusculoskeletal condition.

Exceptions

N/A

Reimbursement Guidelines

Chiropractic manipulation (CPT codes, 98940-98942) must be billed with a primary diagnosis of subluxation and a secondary diagnosis for the symptoms associated with the diagnosis of subluxation for reimbursement. The plan allows 30 dates of service per benefit year for an individual younger than 21 years of age and 15 dates of service per benefit year for an individual twenty-one years of age or older. Prior authorization may be required if the above limits are exceeded.

Diagnostic x-rays to determine the existence of a vertebral subluxation are eligible for reimbursement. AmeriHealth Caritas Ohio allows diagnostic imaging of the entire spine to determine the existence of a subluxation, two sessions per benefit year.

| CPT Code | Code Description |
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| 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 |

Chiropractic manipulative treatment codes (98940-98942) will be denied if billed more than one time per service date. Evaluation and management, four sessions may be billed per benefit year.

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), Medicare.gov, <https://www.medicare.gov/coverage/chiropractic-services>.
- V. https://medicaid.ohio.gov/static/Providers/ManagedCare/PolicyGuidance/2023_06+Chiropractor+Prior+Auth+Memo.pdf
- VI. Ohio Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

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| 01/2026 | Reimbursement Policy Committee Approval |
| 12/2025 | Annual review <ul style="list-style-type: none">• No revisions |

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| 06/2025 | Minor updates to formatting and syntax |
| 04/2025 | Revised preamble |
| 03/2025 | Reimbursement Policy Committee Approval |
| 01/2025 | Annual review <ul style="list-style-type: none"> • No major changes |
| 04/2024 | Revised preamble |
| 03/2024 | Reimbursement Policy Committee Approval |
| 08/2023 | Removal of policy implemented by AmeriHealth Caritas Ohio 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 |