

Fulcrum Health, Inc.

<b>Clinical Guideline Title:</b>	Chiropractic Manipulative Treatment (CMT)		
<b>History:</b>		<b>Effective Date:</b>	4/20/17
		<b>Last Revision Date:</b>	4/20/17
		<b>Last Review Date:</b>	4/20/17
<b>Responsible Area/Individual</b>	Utilization Management / Chief Clinical Officer		
<b>Purpose:</b>	To apply standardized coding criteria to support the selection of Chiropractic Manipulation Treatment (CMT).		
<b>Regulation/Reference (if applicable):</b>	Minnesota Statute 148.107 – Record Keeping; NCQA Credentialing Standard CR5; 2016 AMA CPT Codebook; 2016 ChiroCode Deskbook		

**Guideline:**

Fulcrum Health, Inc. (Fulcrum) has developed this guideline to offer objective standardized criteria to support the accuracy of Chiropractic Manipulative Treatment (CMT) selection and utilization.

**Definitions:**

As explained by AMA CPT Guidelines, “Chiropractic Manipulation Treatment (CMT) is a form of manual treatment to influence joint and neurophysiological function. This treatment may be accomplished using a variety of techniques.”

**Position:**

Proper CMT determination must be patient-centered and selected based upon the subjective complaint presentation, objective exam findings, and the diagnosis must support the CMT level as an appropriate treatment option; it is not determined by the use of technique-based protocols, office routine, or clinical philosophy to determine CMT code selection for billing.

The daily treatment record should document the specific spinal segments included in the CMT.

**Procedure:**

<b>CPT</b>	<b>Description</b>	<b>Record Keeping Requirements</b>
<b>98940</b>	Chiropractic manipulative treatment (CMT) involving one to two spinal regions	Medical record must document: <ol style="list-style-type: none"><li>1. A complaint involving at least one spinal region; AND</li><li>2. An examination of the corresponding spinal region(s); AND</li><li>3. A diagnosis and manipulative treatment of a condition involving at <b>least one</b> spinal region.</li></ol> Claim must record a diagnosis code in the applicable region(s).
<b>98941</b>	Chiropractic manipulative treatment (CMT) involving three to four spinal regions	Medical record must document: <ol style="list-style-type: none"><li>1. A complaint involving at <b>least three</b> spinal regions; AND</li><li>2. An examination of the corresponding spinal regions; AND</li><li>3. A diagnosis and manipulative treatment of conditions involving at <b>least three</b> spinal regions.</li></ol> Claim must record a diagnosis code in <b>all</b> the applicable regions.
<b>98942</b>	Chiropractic manipulative treatment (CMT) involving five spinal regions	Medical record must document: <ol style="list-style-type: none"><li>1. A complaint involving <b>five</b> spinal regions; AND</li><li>2. An examination of the corresponding spinal regions; AND</li><li>3. A diagnosis and manipulative treatment of conditions involving <b>five</b> spinal regions.</li></ol> Claim must record a diagnosis code in <b>all</b> the applicable regions.
<b>98943</b>	Extraspinal, 1 or more regions	Extraspinal (nonspinal) regions are: Head (excluding atlanto-occipital, including temporomandibular joint*), lower extremities, upper extremities, rib cage (excluding costotransverse and costovertebral joints), and abdomen.  Medical record must document: <ol style="list-style-type: none"><li>1. A complaint involving one of these region; AND</li><li>2. An examination of the corresponding regions; AND</li><li>3. A diagnosis and manipulative treatment of conditions involving the affected region(s).</li></ol> Claim must record a diagnosis code relative to the applicable region.  *May be excluded as a non-covered service

**Reference:**

- Record Keeping policy CRM007

**Document History:**

<b>Date</b>	<b>Update</b>
4/5/2017	New Document