## Chiropractic Manipulative Treatment

The following table identifies the CPT codes that represent the various levels of chiropractic manipulative treatment. For each code, the definition and the requirement for billing is provided:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Documentation Requirement</th>
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</table>
| 98940    | Chiropractic manipulative treatment (CMT) involving one to two spinal regions| Medical record must document:  
1. A complaint involving at least one spinal region;  
2. An examination of the corresponding spinal region(s); AND  
3. A diagnosis and manipulative treatment of a condition involving at least one spinal region.  
Claim must record a diagnosis code (ICD-9) in the applicable region(s). |
| 98941    | Chiropractic manipulative treatment (CMT) involving three to four spinal regions | Medical record must document:  
1. A complaint involving at least three spinal regions;  
2. An examination of the corresponding spinal regions; AND  
3. A diagnosis and manipulative treatment of conditions involving at least three spinal regions.  
Claim must record a diagnosis codes (ICD-9) in all the applicable regions. |
| 98942    | Chiropractic manipulative treatment (CMT) involving five spinal regions       | Medical record must document:  
1. A complaint involving five spinal regions;  
2. An examination of the corresponding spinal regions; AND  
3. A diagnosis and manipulative treatment of conditions involving five spinal regions.  
Claim must record a diagnosis codes (ICD-9) in all the applicable regions. |
| 98943    | 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:  
1. A complaint involving one of these region;  
2. An examination of the corresponding regions; AND  
3. A diagnosis and manipulative treatment of conditions involving the affected region(s).  
Claim must record a diagnosis code (ICD-9) relative to the applicable region.  
*excluded as a non-covered service |

Please take note that not only must multiple regions be treated, there must be a documented complaint in each region treated. Lack of a complaint in a manipulated region means that manipulation of that region was not medically necessary and a higher level of billing is not justified.

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### The Five Regions of the Spine are:

- Cervical region, C1 to C7, including the atlanto-occipital joint
- Thoracic, T1 through T12, including the costovertebral and costotransverse junctions
- Lumbar region, L1 through L5
- Sacral region, the sacrum, including the sacroccygeal junction
- Pelvic region, the sacroiliac joint and other pelvic articulations