Clinical Guideline Title: Chiropractic Manipulative Treatment (CMT)

History: 

<table>
<thead>
<tr>
<th>Effective Date:</th>
<th>4/20/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Revision Date:</td>
<td>4/20/17</td>
</tr>
<tr>
<td>Last Review Date:</td>
<td>4/20/17</td>
</tr>
</tbody>
</table>

Responsible Area/Individual: Utilization Management / Chief Clinical Officer

Purpose:
To apply standardized coding criteria to support the selection of Chiropractic Manipulative Treatment (CMT).

Regulation/Reference (if applicable):
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:

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
<th>Record Keeping Requirements</th>
</tr>
</thead>
</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; AND  
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 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; AND  
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 code 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; AND  
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 code 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; AND  
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 relative to the applicable region.  
*May be excluded as a non-covered service |

Reference:  
- Record Keeping policy CRM007

Document History:

<table>
<thead>
<tr>
<th>Date</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/5/2017</td>
<td>New Document</td>
</tr>
</tbody>
</table>