Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Chiropractic Services

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses contracted providers for chiropractic and manipulative services in compliance with appropriate statutes and regulations, within the scope of the provider's state practice laws.

Prerequisites

Applicable Point32Health referral, notification and authorization policies and procedures apply. Refer to the appropriate sections within the Provider Manuals for more information

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services. The member is responsible for payment beyond the benefit limit.

Point32Health Reimburses

- One manual spinal manipulation per day
- Diagnostic x-rays, as defined by benefit plan

Point32Health Does *Not* Reimburse*

- Application of vasopneumatic devices
- Chiropractic care outside of standard chiropractic service including, but not limited to:
  - Acupuncture treatment
  - Biofeedback training
  - Diagnostic testing
  - Electrical stimulation (unattended) for other than wound care (G0283)
  - Prescribed or dispensed medication
  - Surgery
  - Treatment of infectious diseases
- Durable medical equipment (DME)

- E&M services with a spinal manipulation unless it is a significant separately identifiable service
- Herbal medicine treatment
- Hot or cold packs
- Infrared, ultraviolet, and therapeutic activities that are provided one-on-one to improve functional performance
- Manual therapy techniques for less than 15 minutes, or when performed on the same area as spinal manipulation and for the same condition as the manipulation
- Massage therapy
- Paraffin baths and whirlpool
- Physical therapy evaluation and re-evaluation
- Thermography
- Treatment with crystals
- Vitamins, mineral and/or food supplements, or other supplies
- Whirlpool

*Unless otherwise specified in benefit plan documents

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules, regardless of the address where the service is rendered.

Coding
This code table may not be all-inclusive

Code	Description
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); extraspinal, 1 or more regions (Commercial products only)

Senior Products

- The AT modifier must be submitted to indicate active/ corrective treatment has been performed; claims billed without the AT modifier will be considered maintenance therapy and will deny.
- The primary diagnosis code must indicate the precise level of subluxation. The secondary diagnosis code(s) should indicate symptoms/conditions (i.e., the neuromusculoskeletal condition necessitating treatment).
- Extraspinal manipulation (98943) is not covered per CMS

Related Policies and Resources

Payment Policies

- Durable Medical Equipment (DME)
- Evaluation and Management
- Durable Medical Equipment (DME) and Medical Supplies
- General Coding and Claims Editing

Additional Resources

- MassHealth Chiropractor Manual

Publication History

09/01/2026: Annual policy review; updated Related Policies and Resources
09/01/2025: Annual policy review; updated Related Polices and Resources; administrative edit
08/30/2024: Annual policy review; no changes
09/01/2023: Policy moved to new template; includes all lines of business

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the

check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.