

Chiropractic Services Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)²

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting chiropractors.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary chiropractic services in accordance with the member's benefits.

Tufts Health RITogether members must be enrolled in the Pain Management program in order to be eligible for chiropractic services up to a total of 48 pain management visits per year.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting [Provider Services](#).

Note: There is no member responsibility for covered services for Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

REFERRAL/PRIOR AUTHORIZATION/NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the [Referral, Authorization and Notification Policy](#).

Commercial and Senior Products

A referral is required for chiropractic services. Tufts Health Plan SCO members require prior authorization for additional visits beyond the initial 20 allowed per benefit year.

Tufts Health Public Plans

Prior authorization is not required for chiropractic services up to a certain number of office visits, per member, per benefit year, per plan:

- Tufts Health Direct: No prior authorization is required
- Tufts Health Together: 20 visits

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

² Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Commercial Products

During the course of a single visit, submit the following procedure codes with manipulation treatment, an initial evaluation or an established patient visit, when appropriate.

Evaluation and Management (E&M) Services

- 99201-99205: Office visit for initial E&M of a new patient
- 99212-99215: Office visit for E&M of an established patient

Chiropractic Manipulative Treatment (CMT)

- 98940: CMT, spinal, one to two regions
- 98941: CMT, spinal, three to four regions
- 98942: CMT, spinal, five regions

Modalities

During the course of a single visit, submit the following procedure codes with manipulation treatment, an initial evaluation or an established patient visit, when appropriate.

Code	Description
97012	Mechanical traction
97014	Electrical stimulation (unattended)
97016	Vasopneumatic devices
97024	Diathermy (e.g. microwave)
97026	Infrared
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033	Iontophoresis, each 15 minutes
97035	Ultrasound
97110	Therapeutic exercises, one or more areas, each 15 minutes
97124	Massage
97140	Myofascial release

Senior Products

Evaluation and Management (E&M) Services

- 99202-99205: Office visit for initial E&M of a new patient

Chiropractic Manipulative Treatment (CMT)

- 98940: CMT, spinal, one to two regions
- 98941: CMT, spinal, three to four regions
- 98942: CMT, spinal, five regions

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).

Tufts Health Public Plans

Evaluation and Management Services

- 99201-99205: Office visit for initial E&M of a new patient
- 99211-99215: Office visit for E&M of an established patient

Note: Providers may **only** bill 99201 and 99212 for Tufts Health Together members.

Chiropractic Manipulative Treatment (CMT)

During the course of a single visit, submit the following procedure codes with manipulation treatment, an initial evaluation or an established patient visit, when appropriate.

- 98940: CMT, spinal, one to two regions
- 98941: CMT, spinal, three to four regions
- 98942: CMT, spinal, five regions

Modalities (Tufts Health Direct only)

During the course of a single visit, submit the following procedure codes with manipulation treatment, an initial evaluation or an established patient visit, when appropriate.

Code	Description
97012	Mechanical traction
97016	Vasopneumatic devices
97024	Diathermy (e.g. microwave)
97026	Infrared
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033	Iontophoresis, each 15 minutes
97035	Ultrasound
97110	Therapeutic exercises, one or more areas, each 15 minutes
97124	Massage
97140	Myofascial release

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

All Products

Chiropractors may be eligible for compensation of medically necessary x-rays taken in their office. Prior to initiating x-ray services, verify the member's benefit specifics and refer to the provider's health services agreement for contracted radiology codes.

CMT and Evaluation and Management (E&M) Services

Most E&M services are included in compensation for CMT services. Tufts Health Plan considers separate compensation for the E&M service if the appropriate [modifier](#) is appended to the procedure code to indicate that the service is distinct and separately identifiable.

Commercial Products only

Modalities

In accordance with the CMS Bundled Services policy, hot and cold packs are not routinely compensated as they are considered incidental to other payable services performed by the same provider on the same day or within the previous 12 months.

ADDITIONAL RESOURCES

- [Evaluation and Management Professional Payment Policy](#)
- MassHealth [Chiropractor Manual](#)

DOCUMENT HISTORY

- February 2021: Added modalities for Tufts Health Direct; updated billing instructions for Tufts Health Together
- September 2020: Policies reviewed by committee; combined existing Commercial, Senior Products, and Tufts Health Public Plans content into one document
- September 2018: Removed Senior Products modalities language as it is not applicable to chiropractic services
- June 2018: Template updates
- January 2017: Policy reviewed; template updates

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure 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, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. 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. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.