

5221.4060 CHIROPRACTIC PROCEDURE CODES.

Subpart 1. **Key to abbreviations and terms.** For descriptions of columns, abbreviations, and terms, see part 5221.4020, subpart 2a.

Subp. 2a. [Repealed, 25 SR 1142]

Subp. 2b. [Repealed, 30 SR 291]

Subp. 2c. [Repealed, 35 SR 227]

Subp. 2d. **List of chiropractic procedure codes.** The chiropractic conversion factor in part 5221.4020, subpart 1b, item B, applies to the health care providers listed in part 5221.0700, subpart 3, item C, subitem (5), when they provide, within their scope of practice, services, articles, or supplies identified by any of the following procedure codes in the Medicare Physician Fee Schedule tables described in part 5221.4005:

- A. radiologic examination procedure codes from 72010 to 73610;
- B. pathology and laboratory procedure codes 81000 and 81002;
- C. physical medicine and rehabilitation procedure codes from 97010 to 97799;
- D. chiropractic manipulative treatment procedure codes 98940, 98941, 98942, and 98943;
- E. evaluation and management service procedure codes 99201, 99202, 99203, 99211, 99212, and 99213; and
- F. procedure code 99199 (special service).

Subp. 3. **Select chiropractic procedure code descriptions, instructions, and examples.** The following instructions and examples are in addition to CPT code descriptions found in the CPT manual. Additional instructions include both general instructions for a group of codes as well as specific instructions for an individual specific code.

A. Supervised modalities.

(1) Additional general instructions for supervised modality codes 97010 to 97028. All supervised modalities refer to one or more areas. For example, if diathermy is applied to the cervical and low back on the same day, the charge would be one unit. If the diathermy and electrical stimulation are applied to the low back, the charge would be one unit of diathermy and one unit of electrical stimulation.

(2) Additional specific instructions for supervised modalities.

CPT Code	CPT Description	Specific Instructions and Examples
97014	Electrical stimulation	Unattended electrical stimulation includes muscle stimulation, low volt therapy, sine wave therapy, stimulation of peripheral nerve, galvanic, and unattended clinical application of TENS. RVU includes the use of disposable or reusable electrodes.

B. Constant attendance modalities.

(1) Additional general instructions for constant attendance modality codes 97032 to 97039. The application of a constant attendance modality is to one or more areas. Where the CPT manual specifies a time frame, count only the actual treatment time, and do not count setup, preparation of the area, cleanup, or documentation time. For example, with ultrasound treatment for two areas, the shoulder and elbow, if total treatment time for both areas is less than 15 minutes, one unit of ultrasound is appropriate. All units billed require supporting documentation.

(2) Additional specific instructions for constant attendance modalities.

CPT Code	CPT Description	Specific Instructions and Examples
97032	Electrical stimulation	Electrical stimulation (manual) includes attended clinical application of TENS. RVU includes the use of disposable or reusable electrodes.
97033	Electric current	RVU includes the use of disposable or reusable electrodes.

C. Additional specific instructions for therapeutic procedure codes 97110 to 97546.

CPT Code	CPT Description	Specific Instructions and Examples
97110	Therapeutic exercises	Examples include, but are not limited to, any type of range of motion, stretching, or strengthening exercises; e.g., stabilization and closed kinetic chain exercises, passive range of motion, active and assistive range of motion, progressive resistive exercises, prolonged stretch, isokinetic, isotonic, or isometric strengthening exercises.

- 97112 Neuromuscular reeducation Examples include, but are not limited to, facilitation techniques, NDT, Rood, Brunnstrom, PNF, and Feldenkrais.
- 97113 Aquatic therapy This code applies to any water-based exercise program such as Hubbard Tank or pools.
- 97140 Manual therapy In addition to the services included in the CPT manual incorporated by reference in part 5221.0405, item D, this code also includes, but is not limited to: myofascial release, joint mobilization and manipulation, manual lymphatic drainage, manual traction, soft tissue mobilization and manipulation, trigger point therapy, acupuncture, muscle stimulation - manual (nonelectrical), and transverse friction massage. This code is not paid when reported with any of the osteopathic manipulative treatment (OMT) (98925-98929) or chiropractic manipulative treatment (CMT) (98940-98943) codes on the same region(s)/body part on the same day. This code may be paid when reported with CMT or OMT codes only if used on a different region(s)/body part on the same day and must be accompanied by CPT modifier 59 which identifies a distinct procedural service.
- 97150 Group therapeutic Therapeutic procedure(s) for a group is used when two or more patients are present for the same type of service such as instruction in body mechanics training, or group exercises when participants are doing same type exercises, etc. There is no time definition for this code. Providers may charge only one unit, regardless of size of group, number of areas treated, or length of time involved.
- 97760 Orthotic training This code applies to fabrication, instruction in use, fitting, and care and precautions of the orthotic.

97530	Therapeutic activities	This code is used for treatment promoting functional use of a muscle, muscle group, or body part. This code is not to be used for PROM, active assistive ROM, manual stretch, or manual therapy. Examples for use of code: A patient has had rotator cuff repair. When treatment incorporates functional motion of reaching to increase range of motion and strength, 97530 should be used. A patient has a herniated disc. When treatment incorporates instruction in body mechanics and positioning and simulated activities to improve functional performance, 97530 should be used.
97537	Community/work	Community/work reintegration training includes jobsite analysis.
97545	Work hardening/conditioning	Work hardening/conditioning units are for the initial two hours each visit. Codes 97545 and 97546 refer to services provided within a work hardening or work conditioning program described in part 5221.6500, subpart 2, item D.
97546	Work hardening/conditioning	Work hardening/conditioning additional units are for each additional hour each visit. Refers to time beyond initial two hours of work conditioning or work hardening.

D. Additional specific instructions and examples for other physical medicine activities.

CPT Code	CPT Description	Specific Instructions and Examples
97750	Physical performance	Physical performance test or measurement includes isokinetic strength testing, comprehensive muscle strength or joint range of motion testing, or functional capacity evaluations.

Subp. 4. Evaluation and management services coding and reporting.

A. Evaluation and management services may be coded and paid separately from the chiropractic manipulative therapy services described by CPT codes 98940 to 98943 only if the condition requires a significant, separately identifiable evaluation and management service above and beyond the usual preservice, intraservice, and postservice work associated with the manipulative procedure, as described in subitems (1) to (3). When performing the evaluation and management service on the same day as a spinal or

extraspinal manipulation, the evaluation and management code must be coded using the CPT modifier 25.

- (1) Preservice work for CPT codes 98940 to 98943 includes the following:
 - (a) documentation and chart review;
 - (b) imaging review;
 - (c) test interpretation and care planning; and
 - (d) premanipulation procedures which include a brief evaluation of the current problem, including components of a review of symptoms, and a focused exam of the current problem and related areas.
- (2) Intraservice work for CPT codes 98940 to 98943 includes the following:
 - (a) manipulation; and
 - (b) postmanipulation assessment and procedures.
- (3) Postservice work for CPT codes 98940 to 98943 includes the following:
 - (a) chart documentation, including documentation of appropriate subjective and objective assessments as well as the procedural components of patient visit; and
 - (b) if necessary, arrange for further services and coordination of patient care. This may include telephone or written communications with other health care providers, family members, employers, medical case manager for a managed care organization certified under Minnesota Statutes, section 176.1351, or insurers regarding the coordination of patient care or consultation services.

B. Circumstances in which a separate evaluation and management service is appropriate under item A include the following:

- (1) if there is a new injury;
- (2) if there is an exacerbation of a previous injury; or
- (3) if there is an unanticipated change in condition.

C. A reexamination in the following circumstances may be coded and paid as a separate evaluation and management service if the reexamination is above and beyond the usual preservice, intraservice, and postservice work associated with the manipulative procedure as described in item A, subitems (1) to (3):

- (1) in preparation for a requested report other than a report of work ability;
- (2) if requested to render an opinion about a job offer;
- (3) when a job search is initiated;

(4) to review the patient's condition after a period of treatment by another health care provider; or

(5) to evaluate the patient's condition in anticipation of a change in the treatment plan.

Statutory Authority: *MS s 14.38; 14.386; 14.388; 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 20 SR 530; 22 SR 500; 25 SR 1142; 30 SR 291; 35 SR 227; 38 SR 306*

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