REIMBURSEMENT POLICY STATEMENT
Nevada Marketplace

Policy Name & Number	Date Effective
Chiropractic Care-NV MP-PY-1659	01/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design, and other factors are considered in developing Reimbursement Policies.

In addition to this policy, reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreements, and applicable referral, authorization, notification, and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

This policy does not ensure an authorization or reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination. We may use reasonable discretion in interpreting and applying this policy to services provided in a particular case and we may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

A. Subject
Chiropractic Care

B. Background
Chiropractors are licensed health care professionals who treat problems related to the musculoskeletal system. Treatment typically involves spinal manipulation, manual therapy and other forms of treatment. Manipulations are commonly performed on the spine. The purpose of the manipulations is to improve joint motion and function.

Chiropractors operate within their scope of practice and use treatments allowed by the state in which they operate. Services performed outside of their scope of practice are not reimbursed. Type of services allowed may vary from state to state.

C. Definitions
- **Chiropractor** – A Doctor of Chiropractic licensed and qualified to provide chiropractic services.
- **Chiropractic Therapy** – Therapy that focuses on joints of the spine and the nervous system, while osteopathic therapy includes equal emphasis on the joints and surrounding muscles, tendons and ligaments.
- **Manipulation Therapy** – Osteopathic/chiropractic therapy used for treating problems associated with bones, joints and the back.
- **Medically Necessary/Medical Necessity** – Health care services that a provider would render to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease, or its symptoms in a manner that is (i) in accordance with generally accepted standards of medical practice; and (ii) clinically appropriate in terms of type, frequency, extent, and duration.

D. Policy
I A legally performed, covered chiropractic service will not be denied when the service is rendered by an in-network, licensed chiropractor in that respective state.

II. All services are subject to a member's share of cost (eg, deductible, co-insurance, co-pays), which varies based on the enrolled member's plan at the time of service.

III. When manipulation services are provided in addition to an evaluation and management (E/M) office visit, modifier 25 should be appended to the E/M code, distinguishing a significant, separately identifiable E/M office visit from the additional manipulation service.

IV. Scope of practice
Chiropractors must follow the State's scope of practice. Any training or certification required by Nevada must be available to CareSource, upon request.

V. Chiropractic patients with diagnoses not within the chiropractic scope of practice shall be referred by the chiropractor to a medical doctor or other licensed health practitioner for treatment of that condition.

VI. Manipulation therapy
   A. Chiropractic manipulation therapy is used for treating problems associated with bones, joints and the back. Chiropractors are limited to subluxations of the articulations of the human spine and the adjacent tissue.
   B. Annual benefit limits apply. It is the providers' responsibility to validate available remaining quantities before rendering service(s). Manipulations performed will be counted toward any maximum for manipulation therapy services as specified in the member's Evidence of Coverage (EOC) or Schedule of Benefits, regardless if billed as the only procedure or done in conjunction with an exam and billed as an office visit.
   C. Member plans do not provide benefits for manipulation therapy services provided in the home as part of Home Health Care Services.
   D. Modifier AT is required to be appended to any manipulation code.
   E. Claims should include a primary diagnosis of subluxation and a secondary diagnosis that reflects the member's neuromusculoskeletal condition.

VII. All codes contained within this policy are not all inclusive but provide a general reference of covered codes based on what chiropractors are allowed to perform. Codes contained within this policy that may or may not require a review of medical necessity prior to the service should be confirmed by accessing the Provider Look-up Tool on the CareSource website (www.procedurelookup.caresource.com).

VIII. The following are a list of codes that may be covered and is not all-inclusive
   A. Evaluation and management (E/M) codes (99202-99204, 99211-99214)
   B. X-rays (radiologic examination (RE)) for diagnostic purposes
   C. 98940 – chiropractic manipulative treatment (CMT); spinal, 1-2 regions
   D. 98941 – chiropractic manipulative treatment (CMT); spinal, 3-4 regions
   E. 98942 – chiropractic manipulative treatment (CMT); spinal, 5 regions
   F. 97010 – application of a modality to 1 or more areas; hot or cold packs
   G. 97012 – application of a modality to 1 or more areas; traction, mechanical
   H. 97014 – application of a modality to 1 or more areas; electrical stimulation (unattended)
   I. 97032 – application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
   J. 97035 – application of a modality to 1 or more areas; ultrasound, each 15 minutes
   K. 97110 – therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
   L. 97139 – unlisted therapeutic procedure (specify)
   M. 97140 – manual therapy techniques (eg, mobilization/ manipulation, manual

lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
N. 97110 – therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes
O. 97140 – manual therapy technique

X. CareSource follows the Centers for Medicare and Medicaid (CMS) analysis stating that acupuncture includes dry needling. Acupuncture is not a covered benefit. The following exclusions/services are not medically necessary and, therefore, not covered for chiropractors:
   A. 20560 – needle insertion(s) without injection(s); 1 or 2 muscle(s)-dry needling
   B. 20561 – needle insertion(s) without injection(s); 3 or more muscles-dry needling

E. Conditions of Coverage

Reimbursement policies are designed to assist providers when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and office staff are encouraged to use self-service channels to verify member eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS/ICD-10 code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	09/24/2025	New policy. Approved at Committee.
Date Revised		
Date Effective	01/01/2026	
Date Archived		

H. References

1. National Coverage Analysis: Acupuncture for Chronic Low Back Pain CAG-00452N. Medicare Coverage Database. January 21, 2020. Accessed August 6, 2025. www.cms.gov
2. *Use of the AT Modifier for Chiropractic Billing*. US Centers for Medicare and Medicaid Services; 2024. Accessed August 6, 2025. www.hhs.gov www.cms.gov

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.