Reporting Spinal Chiropractic Manipulative Treatment (CMT) Levels

Optum Health Solutions Musculoskeletal (MSK) Utilization Management Policy
Policy Number: 71

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Policy Statement

The reporting of spinal chiropractic manipulative treatment (CMT) levels must be supported by the application of CMT to a region or regions involving an individual patient's neuromusculoskeletal diagnosis(es), which may include an adjacent spinal region(s) having physical findings – **P**ain and tenderness; **A**symmetry/misalignment; **R**ange of motion; **T**issue/tone changes; **S**pecial tests (PARTS) – associated with the presence of a manipulable lesion.

Purpose

This policy describes the criteria approved by Optum for reporting of spinal chiropractic manipulative treatment (CMT) procedural code levels. This document is intended to inform healthcare provider decision making concerning the reporting of spinal CMT levels. When applicable, this policy serves as the clinical criteria for utilization review (UR) determinations.

Scope

This policy applies to the reporting of spinal chiropractic manipulative treatment (CMT) procedural codes by network and out of network healthcare providers. Extraspinal CMT procedural codes are out of scope.

Definitions

Manipulable Spinal Lesion: A functional and/or structural alteration of the neuromusculoskeletal system that is conformable to the specific forces and moments produced by manipulation in such a way that mechanical stress concentrations are affected resulting in the modulation of symptoms. Traditionally, the manipulable lesion has been termed subluxation by chiropractors. Other common analogous terms include joint or segmental dysfunction/fixation.

Neuromusculoskeletal Diagnosis: The conclusion reached following the analysis of an evaluation of a patient having a neuromusculoskeletal complaint, which is supported by the presenting complaints, pertinent history, and evaluation. A neuromusculoskeletal diagnosis is reported by using a valid ICD diagnostic code.

Background

The chiropractic manipulative treatment (CMT) procedural coding scheme is part of the current procedural terminology (CPT) codes set. These procedural codes, which are patterned after the osteopathic manipulative treatment, segregate the spine into five distinct regions. For purposes of CMT, the five spinal regions referred to are:

- Cervical region (includes atlanto-occipital joint)
- Thoracic region (includes costovertebral and costotransverse joints)
- Lumbar region
- Sacral region
- Pelvic region (includes sacroiliac joint)

Physical Examination

When CMT is being considered as an intervention, the evaluation of the patient includes a series of procedures intended to identify appropriate indications for localizing the site of care (Triano et al., 2013). Survey data show chiropractors use multiple exam and testing procedures to identify manipulable lesions (Walker & Buchbinder, 1997). The PARTS evaluation of the neuro-musculoskeletal system has been described (Bergmann & Peterson, 2011) and implemented (CMS, 2024) as a method commonly used to identify spinal manipulable lesions. The PARTS approach is comprised of six constructs (pain and tenderness; asymmetry; range of motion; tone, tenderness, and temperature; and special tests) that inform clinical judgments about where to apply manipulative treatment based upon correlating their relationships with the patient's signs and symptoms.

Clinical Evidence

Triano et al. (2013) published a comprehensive review in order to identify and appraise, “the best available evidence as to what methods of assessment can inform the provider as to the localization of treatment.” The authors employed standardized methods to appraise studies that described the validity and reliability of the components of the PARTS approach. Their consensus findings included recommendations for determining the anatomical site of manual therapy, the relationship of symptoms to the different aspects of the PARTS evaluation, and the quality of evidence used to achieve consensus [Table 1].

The evaluation of pain (history, provocation) and range of motion were the only two constructs of the PARTS approach that provided favorable recommendations based on mostly high-quality evidence and having established relationships with symptoms. Thermography of the lower limb for sciatica and current perception threshold testing for neuropathy also received favorable recommendations based on high quality evidence. These two components of PARTS constructs also had established relationships to symptoms. The other aspects of the PARTS model received recommendations that were unfavorable for localizing the site of manual therapy and/or there was uncertainty about the relationship to symptoms with evidence ranging from low to high quality. Additionally, integrated PARTS models (i.e., a combination of PARTS techniques) received an unclear recommendation regarding decisions to localize treatment.

Pragmatically, the clinical application of the results of this comprehensive report showed the patient’s history and presenting complaints should be considered and correlated with the physical examination, when locating the site at which to apply manipulative treatment. In particular, the most consistent sources of diagnostic information for the localization of manipulative treatment may come from maneuvers that replicate the patient’s familiar pain.

There have been many different studies evaluating spinal manipulative treatment rendered by chiropractors for headaches, neck pain with or without radicular symptoms, and back pain with or without lower extremity complaints (Chaibi et al., 2017; Vernon et al., 2009; Haas et al., 2010; Bracher et al., 2000; Corum et al., 2021; Lohman et al., 2019; Bronfort et al., 2001; Bishop et al., 2010; Ghasabmahaleh et al., 2021; Bini et al., 2022; Minnucci et al., 2023). Cervicogenic vertigo was the target disorder for one trial by Bracher et al. (2000). A pilot study by Murphy et al. (2010) on the treatment of neck pain included optional manipulation of the lumbar spine and sacro-iliac joints in addition to the explicit application of CMT to cervical and upper thoracic regions. One study by Chaibi et al. (2015) described the specific full-spine manipulative approach (Gonstead technique) for the treatment of headache. Several studies have described spinal manipulation (Goertz et al., 2013; Kruse & Cambron, 2011; Peterson et al., 2013). Trager et al. (2022) performed a retrospective cohort study to assess if adults receiving chiropractic spinal manipulative therapy for lumbar disc herniation or lumbosacral radiculopathy would experience reduced odds of needing a lumbar discectomy compared to adults receiving other care.

The demonstration of a direct therapeutic effect associated with the number and locations of spinal regions receiving CMT requires that the assessment procedures used to detect manipulable lesions lead to improvements in the outcomes of care. While there is abundant research evidence that broadly supports the efficacy of spinal manipulation for a wide range of conditions (Clar et al., 2014), the current literature does not identify any studies describing the direct therapeutic effects of manipulation performed to a single region vs. multiple spinal regions on clinical outcomes (e.g., pain, function, disability) for a spine-related neuromusculoskeletal disorder.

Research evidence provides strong support for the application of spinal CMT to regions that directly correspond with the patient’s symptoms and neuromusculoskeletal diagnosis. Research evidence provides support for the application of spinal CMT to regions adjacent to the symptomatic region. No research evidence of comparative effectiveness for the different CMT levels in the management of various spinal disorders was identified.

Coding Information

Note: The Current Procedural Terminology (CPT) codes (2024) listed in this policy may not be all inclusive and are for reference purposes only. The listing of a service code in this policy does not imply that the service described by the code is a covered or non-covered health service. Coverage is determined by the member's benefit document.

CPT® Code	Description
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4regions
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions

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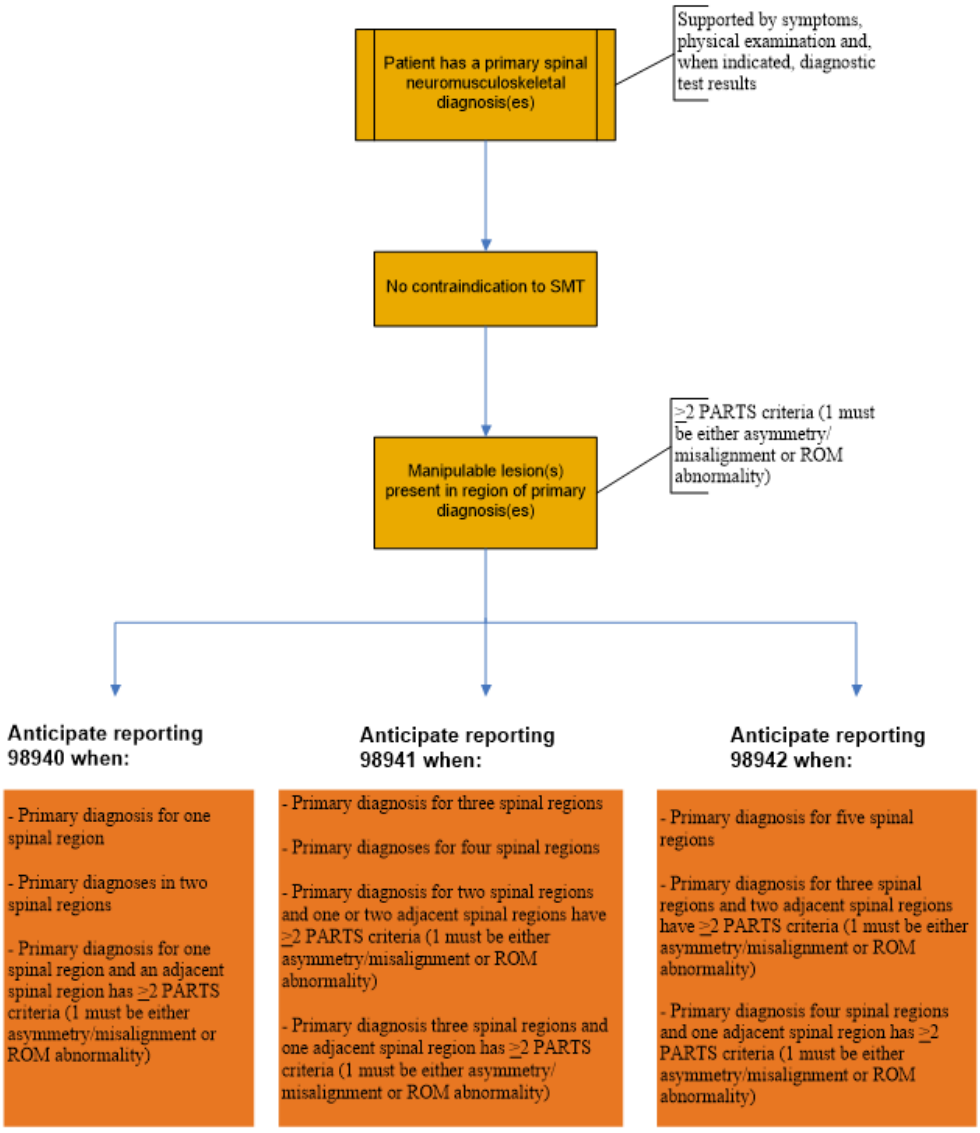
Appendix A: Spinal CMT Coding Levels
Reporting Guide



Review and Approval History

Date	Description
1/1997	Original effective date
3/24/1998	Annual review completed
1/28/1999	Annual review completed
2/23/2000	Annual review completed
3/07/2001	Annual review completed
9/04/2001	Updated approval - policy references updated
9/20/2002	Annual review completed
11/11/2003	Annual review completed
3/30/2004	Updated approval - policy references updated
11/18/2004	Annual review completed
2/14/2006	Annual review completed
12/04/2006	Annual review completed
4/10/2008	Annual review completed
11/11/2008	Policy header rebranded, “Optum Care Solutions – Physical Health
1/15/2009	Policy placed into new format
4/30/2009	Annual review completed
10/08/2009	Revised policy approved by QIC. *Title* updated. *Purpose* and *Background* sections completely revised. *Scope* and *Definitions* sections added. *Table 1* and *Reporting Guide* added.
4/08/2010	Annual review and approval completed
10/26/2010	Policy rebranded to “Optum Care Solutions, Inc. (Optum)”
4/07/2011	Annual review and approval completed
4/19/2012	Annual review and approval completed
4/18/2013	Annual review and approval completed; references updated
4/17/2014	Annual review and approval completed; references updated; Policy rebranded “Optum* by OptumHealth Care Solutions, Inc.”
4/16/2015	Annual review and approval completed; references updated
10/15/2015	Policy revised (eg, added PARTS methodology) following updated literature summary
4/21/2016	Annual review and approval completed
4/20/2017	Annual review and approval completed; Legal entity name changed from “OptumHealth Care Solutions, Inc.” to “OptumHealth Care Solutions, LLC.”

4/26/2018	Annual review and approval completed; no significant changes made to the document
4/25/2019	Annual review and approval completed; no significant changes made to the document
4/23/2020	Annual review and approval completed; no significant changes made to the document
4/22/2021	Annual review and approval completed; Removed URAC from reference list
5/03/2022	Annual review and approval completed; Updated the literature review, Tables 2 and 3, and the references
6/29/2022	Updated legal entity name “OptumHealth Care Solutions, LLC.” to *Optum™ Physical Health (“Optum”) includes OptumHealth Care Solutions, LLC; ACN Group IPA of New York, Inc.; ACN Group IPA of California, Inc. d/b/a OptumHealth Physical Health of California; Managed Physical Network, Inc.; and OrthoNet Holdings, Inc. which includes OrthoNet New York IPA, Inc., OrthoNet West, Inc., OrthoNet, LLC, OrthoNet of the South, Inc.
4/27/2023	Annual review and approval completed; no significant changes made to the document. Updated contact email from policy.inquiry@optumhealth.com to phpolicy_inquiry@optum.com.
3/6/2024	Annual review; no substantive changes. Document content transitioned to new policy template. Approved by Optum Clinical Guideline Advisory Committee.
04/25/2024	Annual review and approval by Optum Quality Improvement Committee.
2/12/2025	Annual review; no substantive changes. Approved by Optum Clinical Guideline Advisory Committee.
4/24/2025	Approved by Optum Quality Improvement Committee.