

# Chiropractic Services: Billing Codes and Reimbursement Rates

Page updated: September 2020

This section lists the procedure codes and maximum allowances for chiropractic services. Refer to the *Chiropractic Services* section in this manual for policy information. Reimbursement will be made at the provider's usual charge to the general public, not to exceed the following maximum allowances (*California Code of Regulations [CCR]*, Title 22, Section 51514).

## Codes and Rates

Chiropractic services are reimbursed as listed below:

HCPCS Code	Type of Visit	Maximum Allowance «(in dollars)»
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions	16.72
98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions	16.72
98942	Chiropractic manipulative treatment (CMT); spinal, five regions	16.72

**Note:** Only one chiropractic manipulative treatment code (98940 thru 98942) is reimbursable when billed by the same provider, for the same recipient and date of service.

Reimbursement for chiropractic service codes is limited to two per month subject to Medi reservation limits (CCR, Title 22, 51304[a]).

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.