

Manipulative Therapy (for North Carolina Only)

Policy Number: CSNCT0541.05
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[Instructions for Use](#)

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 - [Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation \(for North Carolina Only\)](#)
 - [Home Traction Therapy \(for North Carolina Only\)](#)
 - [Manipulation Under Anesthesia](#)
 - [Motorized Spinal Traction](#)
 - [Neuropsychological Testing Under the Medical Benefit](#)
 - [Treatment of Temporomandibular Joint Disorders \(for North Carolina Only\)](#)

Application

This Medical Policy only applies to the State of North Carolina.

Coverage Rationale

For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Chiropractic Services: 1F, Chiropractic Services](#).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Coding Clarification: Refer to the Medical Policy titled [Habilitation and Rehabilitation Therapy \(Occupational, Physical and Speech\) \(for North Carolina Only\)](#) for information regarding CPT code 97140, Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes.

CPT Code	Description
*98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
*98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved
*98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved
*98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved
*98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions

CPT Code	Description
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
*98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions

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HCPCS Code	Description
*S8990	Physical or manipulative therapy performed for maintenance rather than restoration

Codes labeled with an asterisk (*) are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Manipulative therapy and craniosacral therapy are procedures and not subject to FDA regulation.

References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Chiropractic Services: 1F. <https://medicaid.ncdhhs.gov/1f-chiropractic-services/download?attachment>. Accessed May 1, 2024.

Policy History/Revision Information

Date	Summary of Changes
09/01/2024	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Removed coverage statement <p>Applicable Codes</p> <ul style="list-style-type: none"> Added notation to indicate CPT/HCPCS codes 98925, 98926, 98927, 98928, 98929, 98943, and S8990 are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program <p>Supporting Information</p> <ul style="list-style-type: none"> Added <i>FDA</i> section Updated <i>References</i> section to reflect the most current information Archived previous policy version CSNCT0541.04

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.