

CHIROPRACTIC BILLING GUIDE

CMT Code Frameworks, Active Treatment, and Coverage Limits

CHIROPRACTIC REIMBURSEMENT BOUNDARIES

Chiropractic billing under Medicare and most major commercial plans is highly specialized. It is strictly limited to manual manipulations of the spine to correct a documented subluxation.

CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) CODES

- **CPT 98940:** Chiropractic manipulative treatment (CMT); spinal, 1–2 anatomical regions.
- **CPT 98941:** Chiropractic manipulative treatment (CMT); spinal, 3–4 anatomical regions.
- **CPT 98942:** Chiropractic manipulative treatment (CMT); spinal, 5 anatomical regions.

THE MANDATORY AT MODIFIER RULE

The ****AT Modifier (Active Treatment)**** must be attached to every single spinal manipulation claim sent to Medicare. This modifier serves as a legal confirmation that the care is active, acute, and expected to improve patient function. Forgetting the AT modifier will trigger an automatic denial, as the payer will assume it is routine maintenance care, which is not a covered benefit.