

Chiropractic Billing Cheat Sheet

General billing tips

- Always verify patient insurance eligibility before the appointment.
 - Ensure proper documentation of every visit to support the medical necessity, including the full picture of a patient's condition and the rationale for treatment.
 - Familiarize yourself with common insurance requirements for chiropractic care.
 - Document every service provided during the visit, including the number of spinal regions treated and any additional therapies or modalities used.
 - Include any specific billing nuances or reminders relevant to your practice or commonly encountered issues.
 - Review modifier usage guidelines and apply them appropriately.
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Common evaluation/management (E/M) CPT codes

For new patient visits

1. **99202**: used only if the meeting was 15 minutes long
2. **99203**: used only if the meeting was 30 to 44 minutes long
3. **99204**: used only if the meeting was 45 to 59 minutes long
4. **99205**: used only if the meeting was over 60 minutes long

For established patient visits

1. **99212**: used only if the meeting was 10-19 minutes long
 2. **99213**: used only if the meeting was 20-29 minutes long
 3. **99214**: used only if the meeting was 30-39 minutes long
 4. **99215**: used only if the meeting was only or over 40 minutes
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Common chiropractic CPT codes

For chiropractic manipulation treatment (CMT)

1. **98940**: CMT spinal, 1-2 regions
2. **98941**: CMT spinal, 3-4 regions
3. **98942**: CMT spinal, 5 regions
4. **98943**: CMT extraspinal, 1 or more regions (**Note**: this isn't covered by Medicare.)³

For certain methods of chiropractic treatment

1. **97110:** Therapeutic exercises for motor functions
2. **97112:** Neuromuscular re-education
3. **97124:** Therapeutic massage
4. **97140:** Manual therapeutic techniques
5. **97150:** Group therapy techniques

For certain chiropractic modalities

1. **97010:** Hot or cold packs therapy
 2. **97012:** Mechanical traction therapy
 3. **97014:** Electrotherapy
 4. **97032:** Electrical stimulation
 5. **97035:** Ultrasound therapy
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Chiropractic CPT code modifiers

1. **AT:** used if you provided acute treatment and care as part of an active therapy plan
2. **GP:** used if the treatment was provided by a qualified chiropractor/physical therapist
3. **25:** used if the same physician provided a separate E/M service on the same day as another procedure
4. **51:** used if the same provider conducted multiple procedures in a single day
5. **59:** used to indicate that all procedures conducted on the same day are distinct from one another