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601 Chiropractor Services: Service Codes and Descriptions

Service

Code Service Description

**Evaluation and Management Services**

99202 Office or other outpatient visit for the evaluation of management of new patient, which requires one of the following:

•   Medically appropriate history and/or examination, and straightforward medical decision making.

•   When using time for code selection; 15-20 minutes of total time is spent on the date of the encounter.

99212        Office or other outpatient visit for the evaluation and management of an established patient, which required one of the following:

•   Medically appropriate history and/or examination and straight forward medical decision making.

•   When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

**Chiropractic Manipulative Treatment**

98940 Chiropractic manipulation treatment (CMT), spinal; one to two regions

98941 spinal, three to four regions

98942 spinal, five regions

**Radiology Services**

72020 Radiologic examination, single view, specify level

72040 cervical, two or three views

72070 thoracic, two views

72080 thoracolumbar junction, minimum of two views

72100 spine, lumbosacral, two or three views

602 Modifiers

The following service code modifiers are allowed for billing under MassHealth. See the [*MassHealth Billing Guide for Paper Claim Submitters*](https://www.mass.gov/how-to/masshealth-billing-guides-for-paper-claims-submitters)for billing instructions on the use of modifiers.

Modifier Modifier Description

25 Significant, separately identifiable evaluation and management service by the same

physician or other qualified health care professional on the same day of the procedure or other service

26 Professional component

TC Technical component. Under certain circumstances, a charge may be made for the

technical component alone. Under those circumstances, the technical component charge is identified by adding modifier ‘TC’ to the usual procedure number. Technical

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component charges are institutional charges and not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should utilize modifier TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.