

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-1
Chiropractor Manual	Transmittal Letter CRP-25	Date 01/01/2021

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](#) 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

<p align="center">Commonwealth of Massachusetts MassHealth Provider Manual Series</p>	<p align="center">Subchapter Number and Title 6. Service Codes and Descriptions</p>	<p align="center">Page 6-2</p>
<p align="center">Chiropractor Manual</p>	<p align="center">Transmittal Letter CRP-25</p>	<p align="center">Date 01/01/2021</p>

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.