

Chiropractic Services

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- [Eligible Providers](#)
- [Eligible Members](#)
- [Covered Services](#)
- [Noncovered Services](#)
- [Authorization Requirements](#)
- [Billing](#)
- [Legal References](#)

Chiropractic services are medically necessary therapies that employ manipulation and specific adjustment of body structures, such as the spinal column, provided by a licensed doctor of chiropractic.

Eligible Providers

Chiropractors licensed under Minnesota law, or where applicable, licensed by the state in which he or she practices are eligible to enroll with Minnesota Health Care Programs (MHCP). To enroll with MHCP and be eligible to provide, bill and be paid for Chiropractic Services, providers must meet the requirements and submit the forms listed on the [Chiropractor Enrollment Criteria and Forms](#) webpage.

Eligible Members

Medical Assistance (MA) and MinnesotaCare members under 21 years old are eligible for chiropractic services.

Covered Services

The following are covered chiropractic services:

- Manual spinal manipulation to treat subluxation (incomplete or partial dislocation), determined to be medically necessary by generally accepted chiropractic standards of care
- Evaluation and management services for new and established patients
- X-rays needed to support a [subluxation diagnosis](#)
- [Acupuncture for pain and other specific conditions](#)

Benefit Limits

Chiropractic services annual benefit limits include:

- One evaluation per calendar year to determine medical necessity or progress
- 24 spinal manipulative treatments (no more than six per month)

An evaluation and management (E/M) service is allowed on the same date of service as a spinal manipulation only if the evaluation and management service is significant and separately identifiable from the procedure that is performed. Use modifier 25 to indicate that the patient's condition required a significant, separately identifiable E/M service, beyond the usual pre- and post-procedure care associated with the service performed.

Note: Do not use modifier 25 if the documentation shows that the amount of work performed is consistent with that normally performed with the procedure.

Use the most appropriate chiropractic, E/M or X-ray code for the service provided as outlined in the [Billing](#) section below.

Documentation Requirements

Initial Chiropractic Visit

Document the following for the initial chiropractic visit:

- Date of initial treatment
- History, include the following:
 - Symptoms causing patient to seek treatment
 - Family history, if relevant
 - Past health history (general health, prior illness, injuries or hospitalizations, medications, surgical history)
 - Mechanism of trauma
 - Quality and character of symptoms or problem
 - Onset, duration intensity, frequency, location and radiation of symptoms
 - Aggravating or relieving factor
 - Prior interventions, treatment, medications, secondary complaints
- Description of presenting condition or complaints, including:
 - Mechanism of trauma
 - Quality and character of symptoms or problem
 - Onset, duration intensity, frequency, location, and radiation of symptom
 - Aggravating or relieving factors
 - Prior interventions, treatment, medications, secondary complaints
 - Symptoms causing patient to seek treatment
- Evaluation of musculoskeletal or nervous system through physical examination
- Diagnosis: subluxation must be the primary diagnosis
- Treatment plan which includes:
 - Recommended level of care
 - Specific treatment goals
 - Objective measures to evaluate effectiveness of treatment

Subsequent Visits

Documentation required for subsequent visits include:

- History
 - Review of chief complaint
 - Changes since last visit
 - System review, if relevant
- Physical exam
 - Exam of area of spine involved in diagnosis
 - Assessment of change in patient condition since last visit
 - Evaluation of treatment effectiveness
 - Documentation of treatment provided on day of visit

Noncovered Services

- Acupressure
- Diagnosis for acute or chronic pain
- Laboratory services
- Medical supplies or equipment supplied or prescribed by a chiropractor
- Physiotherapy modalities including:
 - Diathermy
 - Ultrasound
- Treatment for a neurogenic or congenital condition not related to a diagnosis of subluxation

- Vitamins or nutritional supplements or counseling
- X-rays, other than those needed to support a diagnosis of subluxation
- Chiropractic services for members 21 years of age and older.

Authorization Requirements

Authorization is required for any combination of procedure codes 98940, 98941 and 98942 in excess of six per month or 24 per calendar year. Submit the authorization request for only the number of units in excess of the benefit coverage allowed. If your patient needs eight treatments in a month, your request needs to ask for two additional treatments, not eight.

To request an authorization, use the [MHCP MN-ITS Interactive User Guide \(PDF\)](#) to log in to MN-ITS and submit a MN-ITS Interactive Authorization Request or submit both the [Medical Authorization Form \(DHS-4695\) \(PDF\)](#) and the [Chiropractic Authorization Form \(DHS-4878\) \(PDF\)](#) to the [authorization medical review agent](#).

Authorization Criteria

The diagnosis of subluxation may be demonstrated using X-ray or physical examination. If submitting X-rays (or radiologic report) as documentation of the diagnosis, the X-ray must be no older than 12 months before the start of treatment.

Documenting subluxation by physical examination

Use evaluation of musculoskeletal or nervous system to identify the following:

- Pain or tenderness evaluated in terms of location, quality and intensity
- Asymmetry or misalignment identified on a sectional or segmental level
- Range of motion abnormality (changes in active, passive and accessory joint)
- Tissue, tone changes in the characteristics of contiguous, or associated soft tissues, including skin, fascia, muscle, and ligament

Two of the above criteria are required to demonstrate subluxation based on physical examination. One of these criteria must be:

- Asymmetry or misalignment, or
- Range of motion abnormality

Whether demonstrating the subluxation by X-ray or physical exam, submit the documentation required for [initial visits](#) and [subsequent visits](#) to support the authorization request for additional units of care.

Billing

Use [MN-ITS 837P Professional](#) claim type. Refer to the [MN-ITS User Guide](#) for chiropractic services for claim completion instructions.

Diagnosis Codes

Submit the most applicable ICD diagnosis codes when billing for subluxation on claims.

Chiropractic Services

Code	Brief Description
98940	Chiropractic manipulative treatment, 1-2 spinal regions
98941	Chiropractic manipulative treatment, 3-4 spinal regions
98942	Chiropractic manipulative treatment, 5 spinal regions

Evaluation and Management Services

Code	Description
99202	New patient outpatient visit, total time 15-29 minutes
99203	New patient office or other outpatient visit, 30-44 minutes
99204	New patient office or other outpatient visit, 45-59 minutes
99205	New patient office or other outpatient visit, 60-74 minutes
99211	Office or other outpatient visit for the evaluation and management of established patient that may not require presence of healthcare professional
99212	Established patient office or other outpatient visit, 10-19 minutes
99213	Established patient office or other outpatient visit, 20-29 minutes
99214	Established patient office or other outpatient visit, 30-39 minutes
99215	Established patient office or other outpatient visit, 40-54 minutes

X-ray Codes

X-ray Code	Brief Description	X-ray Code	Brief Description
72020	X-ray of spine, 1 view	72040	X-ray of upper spine, 2-3 views
72050	X-ray of the upper spine, 4-5 views	72052	X-ray of upper spine, 6 or more views
72070	X-ray of middle spine, 2 views	72072	X-ray of middle spine, 3 views
72074	X-ray of middle spine, minimum of 4 views	72080	X-ray of middle and lower spine, 2 views
72081	X-ray of entire middle and lower spine, 1 view	72082	X-ray of entire middle and lower spine, 2-3 views
72083	X-ray of entire middle and lower spine, 4-5 views	72084	X-ray of entire middle and lower spine, minimum 6 views
72100	X-ray of lower and sacral spine, 2-3 views	72110	X-ray of lower and sacral spine, minimum of 4 views
72114	X-ray lower and sacral spine, minimum of 6 views	72120	X-ray lower and sacral spine, 2-3 views bending views
72170	X-ray of pelvis, 1-2 views	72190	X-ray of pelvis, minimum of 3 views
72200	X-ray of joint between lower spine and hip bone, 1-2 views	72202	X-ray of joint between lower spine and hip bone, 3 or more views
72220	X-ray of sacrum and tailbone, minimum of 2 views		

Payment Limitations

Payment for X-rays is limited to radiological examinations of the full spine:

- Cervical
- Thoracic
- Lumbar
- Lumbosacral
- Pelvis
- Sacroiliac joints

Legal References

[Minnesota Statutes, 256B.0625](#), subdivision 8e (Chiropractic services)

[Minnesota Rules, 9505.0245](#) (Chiropractic Services)

[Minnesota Statutes, 148.01 to 148.106](#) (Chiropractors)

[Code of Federal Regulations, title 42](#), section 440.60(b) (Medical or other remedial care provided by licensed practitioners, chiropractors)