

Modifier Coding Alert

Reader Questions: Skip 51 With CMT Codes

Question: A patient with a complaint of back pain presented to the doctor. After identifying subluxation, the doctor performed Chiropractic Manipulative Therapy (CMT) for three vertebrae in two regions. Do I apply modifier 51 in this scenario?

Minnesota Subscriber

Answer: You do not need to use modifier 51 (Multiple procedures) in this scenario.

Here's why: The beauty of CMT codes is that they already have a multiplier built into their descriptors. Code 98940 (Chiropractic manipulative treatment [CMT]; spinal, 1-2 regions) is for 1-2 regions and then the number of regions increases from there. You should only use one code as the code descriptors illustrate: 98941 (...3-4 regions), 98942 (...5 regions), and 98943 (...extraspinal, 1 or more regions). Additionally, you shouldn't use a modifier 51 with CMT.

Important: CMT codes are based on the regions treated, not the number of vertebrae. So if your provider treats three vertebrae in two regions, 98940 is the correct code and you don't need a modifier.

Tip: When reporting CMT codes, remember to report only the code once when a physician performs manipulation on more than one vertebra of the same spinal region.

Make sure that your diagnosis supports the levels of subluxation. If you report 3-4 regions (98941) then you must have at least three subluxation diagnosis codes.