

WCA Help Desk FAQ: Medicaid Coverage of Extraspinal Manipulation

Q: What changed for Wisconsin Medicaid chiropractic coverage?

- ForwardHealth will cover CPT code 98943 for chiropractic manipulative treatment of one or more extraspinal regions.
- Providers may use 98943 once per date of service and may bill it in conjunction with spinal manipulation codes 98940, 98941, or 98942 when medically appropriate.

Q: When did Medicaid start accepting CPT code 98943?

- The new coverage is effective for dates of service on and after January 1, 2026.
- ForwardHealth announced the change in Update 2026-12, published in May 2026.

Q: Can 98943 be billed with a spinal manipulation code?

- Yes. ForwardHealth states that 98943 may be used with spinal CMT codes 98940, 98941, and 98942.
- However, 98943 may only be billed once per date of service.

Q: How should I code 98943?

- Use CPT code 98943 for chiropractic manipulative treatment of one or more extraspinal regions.
- Continue to use the appropriate diagnosis code supported by the patient record, including segmental and somatic dysfunction codes when applicable.
- Common extraspinal diagnosis codes include M99.06 for lower extremity and M99.07 for upper extremity.
- The documentation should clearly identify the extraspinal region treated and support medical necessity for the service.

Q: Does 98943 follow the same prior authorization rules as spinal manipulation codes?

- Yes. ForwardHealth states that 98943 follows the same prior authorization rules as 98940, 98941, and 98942.

Q: What is the reimbursement for 98943?

- The reimbursement amount listed for 98943 is \$28.86. Providers should verify current rates through ForwardHealth before billing.

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Public/ProcedureLicenseAgreement.aspx>

Q: Can denied 98943 claims be appealed?

- Based on conversations with Medicaid, denied claims for 98943 with dates of service on or after January 1, 2026, may be appealed.
- When appealing, include documentation supporting the extraspinal manipulation, the date of service, and any related spinal manipulation billed on the same date.

Q: Was Medicaid also asked to cover therapies?

- Yes. The WCA-supported state budget provision approved last year included state funding for both extra spinal manipulation and therapies. According to Medicaid, the addition of 98943 is the first step in the process and that therapies may be added at a later date.

Q: How did this coverage expansion happen?

- This expanded access was the result of WCA advocacy efforts during the 2025-2027 Wisconsin state budget.
- The WCA worked with pro-chiropractic legislators to include state funding for the expansion and a directive for Medicaid to seek federal approval for the federal matching funds.

Q: What is happening with the proposed spell-of-illness policy change?

- Wisconsin Medicaid had been considering a policy change from the current 20 visits per spell of illness policy to a 20 visits per calendar year policy.
- Through WCA advocacy, Medicaid has agreed not to move forward with that change as a simple policy update and instead to pursue any change through the administrative rules process.
- The WCA remains opposed to the proposed limitation and continues to support use of the normal administrative rules process for any substantive policy change of this nature.