Section 2

Chiropractic Medicine

Table of Contents

1 General Information

This manual is designed to be used in conjunction with other sections of the Utah Medicaid Provider Manual, such as *Section I: General Information of the Utah Medicaid Provider Manual* (*Section I: General Information*).

Chiropractic medicine, as described in this manual, is a benefit of the Utah Medicaid Program for Early Periodic Screening Diagnosis Treatment (EPSDT) eligible children age six and older and pregnant women.

Note: Effective November 1, 2008, non-pregnant adults are NOT eligible for chiropractic services.

1-1 General Policy

All chiropractic services are limited to women and EPSDT-eligible members ages six and up. Chiropractic visits are limited to 12 per year per recipient.

1-2 Fee-For-Service or Managed Care

This manual is not intended to provide guidance to providers for Medicaid fee-for-service members or members enrolled in a managed care plan (MCP). Refer to the provider manual, *Section I: General Information,* for information regarding MCPs and how to verify if a Medicaid member is enrolled in an MCP.

1-3 Definitions

Definitions of terms used in Medicaid programs are available in *Section I: General Information of the Utah Medicaid Provider Manual* (*Section I: General Information*).

2 Provider Participation Requirements

A chiropractic physician must hold a current professional license in the State of Utah and be enrolled as a Medicaid provider to be eligible for Medicaid reimbursement.

2-1 Provider Enrollment

Refer to provider manual, *Section I: General Information* for provider enrollment information.

3 Member Eligibility

A Medicaid member is required to present the Medicaid Identification Card before each service, and every provider must verify each member's eligibility each time and before services are rendered. For more information regarding verifying eligibility refer to provider manual, *Section I: General Information, Verifying Medicaid Eligibility*.

4 Program Coverage

Procedure Codes

Effective January 1, 2013, procedure codes, with accompanying criteria and limitations, have been removed from the provider manual and are now found on the Medicaid website Coverage and Reimbursement Lookup Tool at: https://medicaid.utah.gov.

4-1 Covered Services

Chiropractic services may be provided when medically necessary and include examination, diagnosis and manual manipulations to influence joint and neurophysiological function of the regions of the spine, including x-rays of the spine.

Providers are required to document chiropractic services with the appropriate diagnostic codes, which may only relate to joint and neurophysiological function of the regions of the spine. Chiropractic services are limited to 12 visits per recipient per year. Additional visits require a prior authorization from Utah Medicaid.

Evaluation
The initial encounter evaluation may include an examination, x-rays for diagnostic purposes only, initial reports, instruction, education support, consulting, and the first spinal manipulation. The initial evaluation is included in the code for spinal manipulation.

Subsequent Services and Therapy Sessions
Subsequent encounters may include records, assessment, monitoring of care, reports, and procedures related to spinal manipulation. A client may receive only one treatment per day.

5 Non-Covered Services and Limitations

Medicaid does not cover services not related to manual manipulation of the spine or services specifically prohibited by State Licensing.

Refer to the Coverage and Reimbursement Lookup Tool on the Medicaid website at: https://medicaid.utah.gov for additional non-covered services.

6 Billing

Specific CPT codes must be provided to indicate the specific services provided even when services are billed under the global encounter code.

Specific ICD-10-CM diagnosis codes must be provided when billing.

Refer to the provider manual, *Section I: General Information*, for detailed billing instructions.

6-1 Prior Authorization

Eligible Medicaid recipients are allowed a maximum of 12 chiropractic visits per calendar year. Additional visits require written prior authorization obtained from the Utah Medicaid Prior Authorization Unit.

Failure to obtain prior authorization can result in payment denial by Medicaid. Exceptions may be made, with appropriate documentation, if the service provided is emergent or the member is retro-eligible for the dates of service requested. See the Utah Medicaid website for the prior authorization form, PA requirements and conditions (https://medicaid.utah.gov/prior-authorization). Services requested are justified with sufficient information for approval.

Services must be performed within the period of time specified by the prior authorization, otherwise payment will be denied.

7 References

Current Procedural Terminology, American Medical Association, current edition

ICD-10-CM, International Classification of Diseases, Tenth Revision

HCPCS Medicare Level II, AAPC, Optumlnsight, Inc., current edition

Index