

## 36 Chiropractor

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Chiropractic services involve the manipulation of the spine and joints as a method of treating disease.

### Covered Services

Medicaid provides coverage for chiropractic manual manipulation of the spine to correct a subluxation if the subluxation has resulted in a neuro-musculoskeletal condition for which manipulation is the appropriate treatment.

Services are limited to Medicaid eligible children under the age of twenty-one and Qualified Medicare Beneficiaries (QMBs).

### Prior Authorization Requirements

Prior authorization is not required for four (4) or less chiropractic office visits (emergent or non-emergent) for children under the age of 21. The visits must be as a result of a Healthy Kids Screening diagnosing spinal subluxation. Prior authorization is required from First Health Services for children under the age of 21 whose treatment exceeds the four visits.

Prior authorization is not required for chiropractic services provided to a QMB recipient.

### Notes

Chiropractic services are limited to the following CPT codes:

- E/M office visit: 99201, 99203, 99211 – 99213
- Physical Therapy, (max 30 min): 97110
- X-Ray (medically necessary views): 72010 – 72040
- Spinal Manipulation: 98940 – 98942

The chiropractic manual manipulative treatment codes include a pre-manipulation recipient assessment. Additional Evaluation and Management (E/M) services may be reported separately using the modifier “-25,” if the recipient’s condition requires a significant separately identifiable E/M service, above and beyond the usual pre-service and post-service work associated with the procedure. The E/M service may be caused or prompted by the same symptoms or conditions for which the chiropractic manipulative treatment (CMT) service was provided. Different diagnoses are not required for the reporting of the CMT and E/M service on the same date.