



Connecticut Medical Assistance Program

Policy Transmittal 2012-18

PB 2012-55

October 2012

Roderick L. Bremby, Commissioner

Effective Date: November 1, 2012

Contact: Nina Holmes @ (860) 424-5486

TO: Chiropractors, Physicians, Advance Practice Registered Nurses (APRN) and Physician Assistants (PA)
RE: State Funded Coverage for Chiropractic Services

The purpose of this policy transmittal is to inform providers of a new state-funded program for independent chiropractic services effective for dates of service November 1, 2012 and forward. Section 17 of Public Act 12-1 of the June 12th Special Session authorized \$250,000 for chiropractic services for Medicaid recipients and authorized the Department to adopt regulations to implement this coverage.

Coverage under the new state-funded chiropractic program is limited to **HUSKY A, C, and D** members who are 21 years of age and older, **AND not** eligible for Medicare.

“State-Funded Chiropractic Services for Adults” Regulation

The Department has published a proposed regulation which is effective pending completion of the full regulatory process. Key provisions include:

- All services must be ordered by a licensed physician, APRN, or PA who is enrolled in the CT Medical Assistance Program
- The order must include a diagnosis, along with the recommended type, length, and frequency of chiropractic services
- All services must meet the definition of medical necessity
- Coverage will be limited to the following pain-related diagnoses of the spine or neck:

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| 721.0-721.91 | Spondylosis and allied disorders |
| 722.0-722.93 | Intervertebral disc disorders |
| 723.0-723.5 | Other disorders of cervical region |
| 724.00-724.9 | Other and unspecified disorders of back |
| 729.2 | Neuralgia, neuritis, and radiculitis, unspecified |
| 737.0-737.9 | Curvature of spine |
| 738.2 | Acquired deformity of neck |
| 738.5 | Other acquired deformity of back or spine |
| 739.1-739.4 | Nonallopathic lesions, not otherwise specified |
| 839.00-839.59 | Other, multiple, and ill-defined dislocations |
| 846.0-846.9 | Sprains and strains of sacroiliac region |
| 847.0-847.9 | Sprains and strains of other and unspecified parts of back |

- All services require prior authorization
- The Department has the authority to **limit services to 12 visits per member**
- Once the appropriated expenditure amount has been reached, all subsequent prior authorization requests and services will be denied
- This regulation incorporates all of the provisions, except as superseded, of the existing Medicaid “Requirements for Payment of Chiropractic Services,” which currently applies to coverage for Medicaid recipients under age 21.

Please note, the state-funded chiropractic program is not a Medicaid benefit, therefore transportation to and from chiropractic appointments is not covered.

Accessing the regulation:

Copies of the proposed regulation may be obtained on the DSS web site: www.dss.state.ct.us. Go to "Publications" and then to "Updates".

Prior Authorization Requirement:

In order to manage the state-funded chiropractic services program, **all** chiropractic services for HUSKY A, C and D members age 21 and older will require prior authorization. All claims for state-funded chiropractic services that are not prior authorized will be **denied**. Providers shall submit requests for prior authorization to CHNCT utilizing the Authorization Request Form located online at www.huskyhealth.com. Select “For Providers,” then “Provider Bulletins and Updates and Forms,” then “Outpatient Authorization Request Form.” Providers should select “Professional/Surgical Services” under section 15 “Authorization Service Requested.” Fax all requests, including the order from the licensed physician, APRN, or physician assistant to CHNCT at (203) 265-3994.

Chiropractor Fee Schedule:

Providers will be reimbursed according to the chiropractor fee schedule located on the Connecticut Medical Assistance Program Website (see below for information on accessing the fee schedule). Please note, since the state-funded chiropractic program is specific to pain-related diagnoses of the spine or neck **CPT code 98943 (chiropractic manipulative treatment; extraspinal, 1 or more regions) is not payable under the state-funded chiropractic program.**

Accessing the Fee Schedule:

The fee schedule for independent chiropractic services can be accessed and downloaded by going to the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. From this web page, go to "Provider", then to "Provider Fee Schedule Download", click on "I Accept", then select "Chiropractor" fee schedule. To access the CSV file press and hold the control key while clicking the CSV link, then select "Open".

Responsible Unit: DSS, Division of Health Services, Nina Holmes, Policy Consultant, (860) 424-5486.

Date Issued: October 2012.

Chiropractic Services for HUSKY Health Members under the age of 21

No changes have been made to independent chiropractic coverage for HUSKY Health members (including HUSKY B members) **under the age of 21**. Medically necessary chiropractic services will continue to be covered under the Medicaid and HUSKY B program. Current prior authorization requirements as outlined in the "Requirements for Payment of Chiropractic Services" will apply.

Providers are reminded that chiropractic services are not a covered benefit for Charter Oak members.

Chiropractic Services for Dually Eligible Members

Additionally, no changes have been made to chiropractic services that are covered under the Medicaid program for the dually eligible HUSKY Health population (members with both Medicare and Medicaid coverage). As outlined in PB 2003-24, for dually eligible HUSKY Health members, independently enrolled chiropractors may submit Medicare primary claims for the deductible or co-insurance as outlined in Chapter 5, Claims Submission - Section 5.7. Please note: if Medicare denies a chiropractic claim for a dually eligible member, these services will **not** be covered under the state-funded program.

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Posting Instructions: Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical