Connecticut Department of Social Services
Medical Assistance Program **Provider Bulletin 2013-20**
www.ctdssmap.com **April 2013**

TO: Chiropractors, Physicians, Physician Assistants, Advanced Practice Registered Nurses
RE: Prior Authorization Requirements – Independent Chiropractic Services

This bulletin provides guidance to independent chiropractic providers concerning the prior authorization requirements for all chiropractic services administered to HUSKY A, B, C, and D members under the age of 21. This change was recently introduced in provider bulletin PB 2013-05 issued in January 2013, which outlines the elimination of the independent chiropractic benefit from the Medicaid State Plan, as required by section 9(e) of Public Act 12-1 (December Special Session).

As outlined in PB 2013-05, effective March 1, 2013 chiropractic services for HUSKY A, C, and D members are only available under EPSDT Special Services. All EPSDT Special Services require prior authorization (PA). Additionally, effective March 1, 2013 chiropractic services for HUSKY B members require PA.

General requirements for authorization of services under EPSDT Special Services and HUSKY B include:

- Chiropractic services must be medically necessary and ordered by a physician (licensed pursuant to Sec. 20-13 of the Connecticut General Statutes), APRN, or PA, who is enrolled with the CT Medical Assistance Program.
- The physician, APRN or PA must evaluate the member for the diagnosis or condition for which referral to a chiropractor has been ordered.
- The ordering provider must also document alternate measures tried and the results of those trials prior to prescribing chiropractic services.
- Chiropractic services must be authorized prior to administering services.
- Prior authorization determinations will be based upon review of submitted clinical information and will conform to the DSS statutory definition of medical necessity.

Initial Request to complete Evaluation:

Independent chiropractors must complete an Outpatient Prior Authorization request form – checking off the box indicating this is a request for a Chiropractic Evaluation.

Providers must obtain and submit with the Outpatient Prior Authorization Request Form the following in order to process the initial Chiropractic request:

- Physician, PA, APRN signed prescription for chiropractic services
- Clinical documentation from ordering provider
- Copy of pertinent medical records documenting the examination of the condition and diagnosis for which the referral for chiropractic treatment was made
- Description of alternate measures and subsequent results of those measures already tried by the ordering practitioner to manage member's condition

Note:

CHN will review the request within two business days. Authorization for the initial chiropractic evaluation/assessment will be for one visit.

Once the chiropractor's evaluation is completed, the provider should submit requests for chiropractic treatment with the following information:

For initial requests for Chiropractic treatment:

The provider must complete an Outpatient Prior Authorization request form – checking off the box indicating this is an initial request for Chiropractic treatment. Treatment requests must include:

- The frequency and duration of treatment requested
- Results of the initial Chiropractic Evaluation or Assessment with treatment plan and modalities to be performed
- A treatment plan which includes goals of Chiropractic treatment and plan to transition to self-management

Initial requests will be reviewed within two business days

For requests to reauthorize treatment:

The provider must complete an Outpatient Prior Authorization request form – checking off the box indicating this is a reauthorization request, which must include:

- Updated clinical information in order to determine medical necessity of continued chiropractic services
- A minimum of previous four visit/encounter notes
- Documentation of progress to established goals
- Documentation of a self-management program that has been developed in conjunction with treatment program

Reauthorization requests will be reviewed within 14 business days

Note:

When continued chiropractic care is recommended, the chiropractor should submit a request for reauthorization at least 14 to 21 days prior to the end date of the initial services.

Chiropractor Fee Schedule:

The chiropractor fee schedule will be utilized for review of services for authorization and subsequent payment. The fee schedule can be accessed by going to the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. From this Web page, go to "Provider," then "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."

Prior Authorization Form:

Providers may access the Outpatient Prior Authorization form on the HUSKY Health site: http://www.huskyhealth.com. To request an authorization, providers may use one of three methods:

- Phone: 1-800-440-5071 and follow the prompts
- Fax: (203) 265-3994
- Clear Coverage Web based portal: Clear Coverage provides a one stop system for entering in authorization requests. The provider is able to follow the authorization request from entry to completion.

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, Monday through Friday between the hours of 8:00 a.m. and 7:00 p.m.