



Connecticut Medical Assistance Program
Policy Transmittal 2013-18

PB 2013-39
 July 2013

Roderick L. Bremby, Commissioner

Effective Date: August 1, 2013
 Contact: Nina Holmes @ (860) 424-5486

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

The purpose of this policy transmittal is to inform providers that the state-funded program for independent chiropractic services will be reinstated effective for dates of service August 1, 2013 and forward. In the State Fiscal Year 2014-2015 state budget that was approved in June 2013, the Connecticut General Assembly re-authorized \$250,000 for state-funded chiropractic services for adult Medicaid recipients. That funding is governed by section 17b-278h of the Connecticut General Statutes, which authorizes this program and directs the Department to adopt regulations to implement rules for this coverage.

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

Regulation for “State-Funded Chiropractic Services for Adults”

The Department published public notice of a proposed regulation for the “Requirements for Payment of State-Funded Chiropractic Services for Adults” in the Connecticut Law Journal on October 23, 2012, which was also announced in Provider Bulletin 2012-55. The Department is in the process of reviewing and responding to public comments submitted for the proposed regulation. Providers will be notified of any changes to the proposed regulation.

In the interim, providers should obtain a copy of the October 23, 2012 proposed regulation, which, pursuant to section 17b-278h of the Connecticut General Statutes, is effective pending legislative approval of the regulations, by accessing the DSS Web site: www.ct.gov. Go to “Publications” and then to “Updates.” Please note the proposed regulation incorporates all of the provisions, except as superseded, of the existing Medicaid “Requirements for Payment of Chiropractic Services,” which is posted on the Connecticut Medical Assistance Web site: www.ctdssmap.com. Go to “Information” and then “Publications,” and then select “Provider Manuals,” “Chapter 7,” and choose “Chiropractic.”

Key provisions of the “Requirements for Payment of State-Funded Chiropractic Services for Adults” include:

- All services must be medically necessary, according to the statutory definition
- **All** services require prior authorization
- The initial visit for evaluation and diagnosis is not reimbursable
- The Department is limiting services to 12 visits per member per year
- Coverage will be limited to the following pain-related diagnoses of the spine or neck:

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

Once the appropriated expenditure amount of \$250,000 has been reached in each state fiscal year, all subsequent prior authorization requests and services for the remainder of the state fiscal year, including any unused previously authorized services, will be denied.

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

Prior Authorization Requirement:

In order to manage the appropriated funds authorized for the state-funded chiropractic services program, **all** chiropractic services for HUSKY A, C and D clients 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, to CHNCT at (203) 265-3994.

All prior authorization requests will be reviewed for medical necessity. Documentation submitted must contain **all** of the following information for determination of medical necessity:

- A diagnosis, along with the recommended type, length, and frequency of chiropractic services;
- Whether the condition being treated is acute or subacute;
- Prognosis of clinical improvement;
- Progressive treatment plan (type of manipulation, therapeutic exercises, instruction in a home program for self-management);
- Goals of treatment; and
- Functional deficits related to the condition that is being treated.

If all components listed above are not submitted, the prior authorization request will not be processed and will be returned to the provider for completion.

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 reimbursable 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”.

Chiropractic Services for HUSKY A, C, and D Clients UNDER the age of 21

Since funding was not appropriated to reinstate independent chiropractic services for HUSKY A, C,

and D clients **under** the age of 21, chiropractic services continue to be limited to medically necessary services authorized as Early Periodic Screening, Diagnostic and Treatment (EPSDT) special services as outlined in PB 2013-05. All EPSDT special services require prior authorization and a physician’s order. Please refer to PB 2013-05 and PB 2013-20 for more information on the prior authorization process and requirements.

Chiropractic Services for HUSKY B Clients

Medically necessary independent chiropractic services will continue to be covered under the HUSKY B program. Current prior authorization requirements as outlined in PB 2013-20 will apply.

Chiropractic Services for Charter Oak Clients

Providers are reminded that chiropractic services are **not** a covered benefit under the Charter Oak program.

Chiropractic Services for Dually Eligible Clients

No changes have been made to chiropractic services that are covered under the Medicaid program for the dually eligible HUSKY A, C, and D clients (clients with both Medicare and Medicaid coverage). As outlined in PB 2003-24, for dually eligible HUSKY A, C, and D clients, 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 client, 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 Assistance Program Provider Manual by HP Enterprise Services.

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

Date Issued: July 2013.