PROVIDER BULLETIN No. 15-44

Date: October 1, 2015

TO: Nebraska Medicaid Chiropractors

FROM: Calder Lynch, Director
Division of Medicaid & Long-Term Care

BY: Leah Spencer, Program Specialist, RN
Division of Medicaid & Long-Term Care

RE: Medicaid Coverage of Chiropractic Services

Please share this information with administrative clinical, and billing staff.

The purpose of the provider bulletin is to clarify limitations of chiropractic services for Nebraska Medicaid fee-for-service clients.

Nebraska Administration Code (NAC) 471 5-004.01 states that manual manipulation (by means of the hands) is the only covered treatment for spinal subluxation. Any manual devices used by chiropractors in performing manipulation of the spine will not be reimbursed separately. Additionally, providers should note the following coverage restrictions:

- Spinal manual manipulation is a covered service only when the services rendered have a direct therapeutic benefit and provide reasonable expectation of recovery or improvement of function. No more than one treatment per day is covered.
- Primary diagnosis codes for spinal subluxation are required for coverage. Effective October 1, 2015, Nebraska Medicaid will only cover primary diagnosis codes in the M99.01-99.05 series specifying subluxation. The precise level of the subluxation must be specified to substantiate a claim for manipulation of the spine. The secondary diagnosis must support medical necessity for treatment. A diagnosis of "pain" is not sufficient to support medical necessity of treatment.
- Clients aged 21 and older are limited to 12 treatments per calendar year.
- Clients aged 20 and younger are limited to 18 treatments in the initial 5 months from the date of the first visit for the reported diagnosis. After the 5th month, a maximum of 1 treatment per month is covered until the age of 21.

- Nebraska Medicaid will calculate and track the number of therapy services as they are paid to providers and enforce limits.
- Billing of a primary diagnosis that is different from the original diagnosis requires documentation of medical necessity that substantiates the new diagnosis.

To determine a client's current chiropractic service limits, you may contact Nebraska Medicaid Customer Service Line at 877-255-3092. Please have the clients name, recipient number, and date of birth ready. The Customer Services Line can identify the most recent services billed to Nebraska Medicaid.

For questions concerning this bulletin, please contact Leah Spencer, Program Specialist, RN at 402-471-9368, or leah.spencer@nebraska.gov