

## PROVIDER BULLETIN

No. 08-20

June 26, 2008

TO: Chiropractors Participating In The Nebraska Medicaid Program.

FROM: Vivianne M. Chaumont, Director  
Division of Medicaid & Long-Term Care

RE: ANNUAL LIMIT FOR CHIROPRACTIC SERVICES FOR ADULTS

PLEASE SHARE THIS INFORMATION WITH ADMINISTRATIVE, CLINICAL AND BILLING STAFF.

Effective July 1, 2008, for adult clients (age 21 and older) manual manipulation of the spine is limited to 12 treatments per calendar year. No more than one treatment per client per day is covered. The Nebraska Medical Assistance Program (NMAP) limits coverage of chiropractic services to treatment of the spine by manual manipulation (i.e., by use of hands only) and certain spinal x-rays.

When billing for manual manipulation, the chiropractor shall include the following information on or with the claim:

1. The initial date of treatment billed to NMAP for the reported diagnosis; and
2. The treatment number (e.g., second, fifth, tenth treatment) of manual manipulation billed to NMAP.

Information regarding whether a portion or all of a client's annual benefit has been used can be obtained by calling Medicaid Inquiry at 1-877-255-3092. Please note that information provided by Medicaid Inquiry will be based on Medicaid paid claims data which may not include all dates of service received by the client.

Medicaid regulations addressing this change will not be printed and mailed. All Medicaid regulations are posted on line at <http://www.dhhs.ne.gov/med/provhome.htm>.

Please contact John Naujokaitis at 402-471-6353 or [john.naujokaitis@dhhs.ne.gov](mailto:john.naujokaitis@dhhs.ne.gov) with questions regarding this Provider Bulletin or regulation change.