



REIMBURSEMENT POLICY STATEMENT INDIANA MEDICAID

Policy Name		Policy Number	Effective Date
Chiropractic Care		PY-1329	11/01/2021-02/28/2023
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

Reimbursement Policy Statement.....	1
A. Subject.....	2
B. Background.....	2
C. Definitions.....	2
D. Policy.....	2
E. Conditions of Coverage.....	3
F. Related Policies/Rules.....	3
G. Review/Revision History.....	3
H. References.....	3



A. Subject

Chiropractic Care

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS/ICD-10 code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Chiropractic is a health care discipline which emphasizes the inherent recuperative power of the body to heal itself without the use of drugs or surgery.

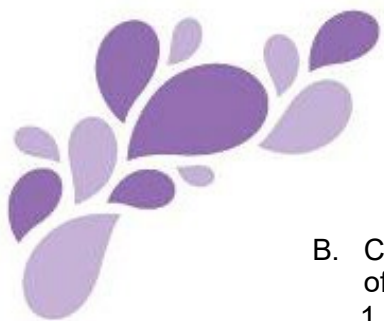
C. Definitions

- **Billing provider** – Chiropractors with specialty 150.
- **Healthy Indiana Plan (HIP) Basic** – The Healthy Indiana Plan is a health insurance program offered by the state of Indiana for qualified adults ages 19–64 within certain income levels. There are five types of HIP plans: HIP Plus, HIP Basic, HIP State Plan Plus, HIP State Plan Basic and HIP Maternity for pregnant women.
- **Hoosier Healthwise** – Hoosier Healthwise is a health care program for low income parents/caretakers, pregnant women and children. The program covers medical care like doctor visits, prescription medicine, mental health care, dental care, hospitalizations, surgeries and family planning at little or no cost to the member or the member's family. Hoosier Healthwise covers:
 - Children up to age 19
 - Pregnant women

There are three benefit packages in Hoosier Healthwise. Standard Plan, Children's Health Insurance Program (CHIP); and Presumptive Eligibility for Pregnant Women (PEPW).

D. Policy

- I. CareSource follows the Indiana Administrative Code, Chiropractic Services Provider Reference Module, and Chiropractic Services Codes Provider Code Tables for payment of Chiropractic Services.
 - A. Payment may be made only for designated procedure codes as noted in the Indiana Medicaid Chiropractic Services - Services Codes Provider Code Tables.



B. Chiropractors must bill with a diagnosis codes to indicate the medical necessity of the service provided.

1. Only the ICD-10 diagnosis codes listed in the Chiropractic Services Codes Provider Code Tables will be reimbursed.

NOTE: Per Indiana Medicaid, *HIP Basic* does **not** cover chiropractic manipulation services (procedure codes 98940–98943).

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.

F. Related Policies/Rules

Medical Necessity Determination Policy

G. Review/Revision History

DATE		ACTION
Date Issued	05/26/2021	
Date Revised		
Date Effective	11/01/2021	
Date Archived	02/28/2023	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Indiana Administrative Code. (n.d.) Rule 405 IAC 5-12- Chiropractic Services. Retrieved April 21, 2021 from www.casetext.com
2. Indiana Family & Indiana Family & Social Services. Chiropractic Services Provider Reference Module. Retrieved April 21, 2021 from www.in.gov
3. Indiana Family & Indiana Family & Social Services. Chiropractic Services - Services Codes Provider Code Tables Module. Retrieved April 21, 2021 from www.in.gov
4. The Association of Chiropractic Colleges. (n.d.). Chiropractic Paradigm/Scope & Practice. Retrieved April 21, 2021 from www.chirocolleges.org
5. Indiana Health Coverage Programs. (2020, March 10). BT202018 IHCP clarifies billing for HIP chiropractic services. Retrieved April 21, 2021 from www.provider.indianamedicaid.com
6. CareSource. (2021, April 21). Healthy Indiana Plan (HIP) Benefits & Services. Retrieved April 22, 2021 from www.caresource.com
7. CareSource. (2021, April 21). Hoosier Healthwise (HHW) Benefits & Services. Retrieved April 22, 2021 from www.caresource.com

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.