



Chiropractic

Overview/Reminders 2017

Chiropractic Visits



- Coverage of chiropractic services for subluxation of the spine is limited to one treatment per day for a maximum of 12 treatments per calendar year without prior authorization.
- The chiropractic manipulative treatment includes the pre-manipulation patient assessment and post-service work associated with the procedure.
- All chiropractic services beyond the initial twelve (12) will require prior authorization.
- There is a limit of 24 treatments per calendar year.
- For members with the Alternative Benefit Plan an additional six treatments per year may be authorized if OT and PT services have not been utilized in combination with chiropractic services.

Submitting X-rays: WV Medicaid Provider Manual Chapter 519.7.1



- An x-ray report must be submitted with the prior authorization request for spinal manipulations beyond the initial 12.
 - The x-ray must be taken no more than three months prior to the date the additional spinal manipulations would be rendered in order to substantiate the necessity for continuing chiropractic care.
 - West Virginia Medicaid reimburses chiropractors for the professional and technical components of specific covered diagnostic radiology services if the chiropractor performs both parts of the procedure.
 - Medicaid will provide reimbursement for only one interpretation of an x-ray and will not pay for a second confirmatory x-ray
 - The x-ray requirement is waived for pregnant women.

Most Commonly Omitted Items

- Treatment plan
- Update of progress
 - Number of manipulations that has been performed on the member
 - Possible exacerbations or setbacks
- Home exercise program
 - Whether this be walking, swimming, going to the gym, etc.
- Frequency of visits

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WEBSITE FOR SUBMITTING AUTHORIZATIONS: [HTTPS://PROVIDERPORTAL.KEPRO.COM](https://PROVIDERPORTAL.KEPRO.COM)

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Questions?