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TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

LSA Document #02-49(F)

DIGEST

Amends 405 IAC 5-12-2, 405 IAC 5-12-3, and 405 IAC 5-12-7 to limit Medicaid coverage for chiropractic services for all recipients. Repeals 405 IAC 5-12-6. Effective 30 days after filing with the secretary of state.

405 IAC 5-12-2 **405 IAC 5-12-6**
405 IAC 5-12-3 **405 IAC 5-12-7**

SECTION 1. 405 IAC 5-12-2 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-12-2 Office visits
Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15; IC 25-10-1-1

Sec. 2. Medicaid reimbursement is available for chiropractic office visits and ~~services associated with such visits,~~ **spinal manipulation treatments or physical medicine treatments,** subject to the following restrictions:

(1) Reimbursement is limited to ~~five (5)~~ **a total of fifty (50) office** visits **or treatments** per recipient per year **which includes a maximum reimbursement of no more than five (5) office visits per recipient per year.**

(2) Reimbursement is not available for the following types of extended or comprehensive office visits:

(A) New patient detailed.

~~(A)~~ **(B)** New patient comprehensive.

~~(B)~~ **(C)** Established patient detailed.

~~(C)~~ **(D)** Established patient comprehensive.

(3) New patient office visits are reimbursable only once per provider per lifetime of the recipient. As used in this section, "new patient" means one who has not received any professional services from the provider or another provider of the same specialty who belongs to the same group practice within the past three (3) years.

~~(4) A total of fifty (50) therapeutic physical medicine treatments, as defined by applicable procedure code, are reimbursable per recipient, per year.~~

(Office of the Secretary of Family and Social Services; 405 IAC 5-12-2; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3314; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; filed May 1, 2003, 10:45 a.m.: 26 IR 2861)

SECTION 2. 405 IAC 5-12-3 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-12-3 Chiropractic x-ray services
Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15; IC 25-10-1-1

Sec. 3. Medicaid reimbursement is available for chiropractic x-ray services, subject to the following restrictions:

(1) Reimbursement is limited to one (1) series of full spine x-rays per recipient per year. Component x-rays of the series are individually reimbursable; however, if components are billed separately, total reimbursement is limited to the allowable amount for the series. Prior authorization is not required.

(2) Reimbursement for localized spine series x-rays, and for x-rays of the joints or extremities, is allowable only when the x-rays are necessitated by a condition-related diagnosis. Prior authorization is not required.

(3) Diagnostic radiological exams of the head and vascular system, as defined by the applicable procedure code, are not reimbursable.

(4) Diagnostic ultrasound exams, as defined by the applicable procedure code, are not reimbursable.

(5) X-rays that may be necessitated by the failure of another practitioner to forward, upon request, x-rays or related documentation to a chiropractic provider, are not reimbursable. ~~Under IC 16-39-1-2,~~ Chiropractors are entitled to receive x-rays from other providers at ~~the other providers' actual cost~~ **no charge to the recipient** upon a ~~patient's~~ **recipient's** written request to the other providers and upon reasonable notice.

(Office of the Secretary of Family and Social Services; 405 IAC 5-12-3; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3314; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; filed May 1, 2003, 10:45 a.m.: 26 IR 2861)

SECTION 3. 405 IAC 5-12-7 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-12-7 Durable medical equipment

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15; IC 25-10-1-1

Sec. 7. Medicaid reimbursement is **not** available for durable medical equipment (DME) ~~subject to the following restrictions:~~ **provided by chiropractors.**

~~(1) DME items for which no reimbursement is allowed are those items specified by 405 IAC 5-19-1(b)(2).~~

~~(2) All items of DME provided by a chiropractor on a rental basis and having a first month rental charge of fifty dollars ($50) or greater require prior authorization in order to be reimbursable.~~

~~(3) All items of DME provided by a chiropractic provider on a rental basis require prior authorization for rental periods subsequent to the first month, irrespective of the rental charge.~~

~~(4) Items of DME provided by a chiropractic provider on a purchase basis and having a total charge of fifty dollars ($50) or greater require prior authorization in order to be reimbursable.~~

(Office of the Secretary of Family and Social Services; 405 IAC 5-12-7; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3315; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; filed May 1, 2003, 10:45 a.m.: 26 IR 2862)

SECTION 4. 405 IAC 5-12-6 IS REPEALED.

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