

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202018 MARCH 10, 2020

IHCP clarifies billing for HIP chiropractic services

The Indiana Health Coverage Programs (IHCP) is clarifying existing policy regarding chiropractic service billing information for Healthy Indiana Plan (HIP) members.

Each HIP benefit plan has a set limit of chiropractic service units per year. Each individual physical medicine treatment and therapy, office visit, or manipulation Current Procedural Terminology (CPT^{®1}) code counts as **1** unit toward a plan's limit. Multiple chiropractic manipulations or physical medicine treatments can be billed in a single day, but each would count separately toward the plan's limit.

Managed care entities (MCEs) may require prior authorization (PA) to determine whether services available on the chiropractic code set are medically necessary. The designation of services performed by chiropractors as **self-referral** does **not** prohibit an MCE from requiring PA to determine medical necessity. The chiropractic code set can be found in *Chiropractic Services Codes*, accessible from the *Code Sets* page at in.gov/medicaid/providers.

HIP Basic

HIP Basic does **not** cover chiropractic manipulation services (procedure codes 98940–98943).

HIP Basic covers a combined annual total of 60 units for the following services:

- Physical therapy
- Occupational therapy
- Speech therapy
- Rehabilitation



Chiropractors can perform rehabilitation and habilitation-related physical medicine treatments and therapies. Physical medicine treatments and therapies as well as office visits on the chiropractic code set that are for rehabilitation count toward the 60-unit limit. Manipulations **cannot** count toward this limit. Radiology, laboratory, diabetic education, and community health worker services on the chiropractic code set do not count toward this limit.

The following chiropractic codes apply to the physical therapy, occupational therapy, speech therapy, and rehabilitation limit:

- **Physical medicine treatments and therapies** (procedure codes 95831, 95832, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032–97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140)
- **Office visits** (procedure codes 99201–99203, 99211–99213)

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HIP Plus

HIP Plus covers six chiropractic manipulations annually (procedure codes 98940, 98941, 98942, 98943).

HIP Plus covers a combined annual total of 75 units for physical therapy, occupational therapy, speech therapy, and rehabilitation. Physical medicine treatments and therapies and office visits on the chiropractic code set that are for rehabilitation count toward the 75-unit limit. Manipulations **cannot** count toward this limit. Radiology, laboratory, diabetic education, and community health worker services on the chiropractic code set do not count toward this limit.

The following codes apply to the physical therapy, speech therapy, occupational therapy, and rehabilitation limit:

- **Physical Medicine Treatments and Therapies** (procedure codes 95831, 95832, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032–97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140)
- **Office visits** (procedure codes 99201–99203, 99211–99213)

HIP State Plan

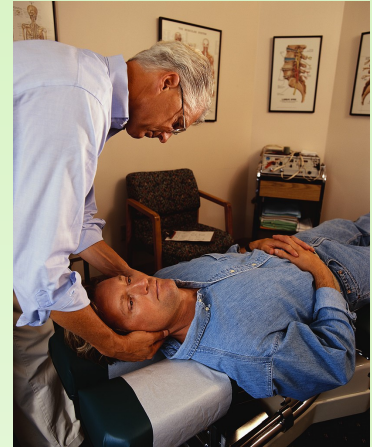
HIP State Plan covers a combined annual total of 50 units for services performed by a chiropractor. This coverage benefit is only for services performed by a chiropractor. Treatments by a physical therapist, occupational therapist, and speech therapist are not included in this benefit limit. The 50 units can be a combination of office visits, manipulation, and physical medicine treatments and therapies. Chiropractic office visits are limited to five per year (for example, up to five of the 50 units can be office visits). Radiology, laboratory, diabetic education, and community health worker services on the chiropractic code set do not count toward this limit. This visit limit is assigned to the provider specialty level, so all physical medicine treatments and therapies, manipulations, and office visits performed by a chiropractor apply to this limit – even if for rehabilitation purposes – and not to any other benefit.

The following chiropractic codes apply to the office visits, manipulation, and physical medicine treatments and therapies limit:

- **Therapies** (procedure codes 95831, 95832, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032–97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140)
- **Manipulations** (procedure codes 98940–98943)
- **Office visits** (5 per year) (procedure codes 99201–99203, 99211–99213)

For more information

For information about services provided through the managed care delivery system – including HIP services – providers must contact the member's MCE or refer to the MCE provider manual. MCE contact information is included in the [IHCP Quick Reference Guide](#) at in.gov/medicaid/providers.



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