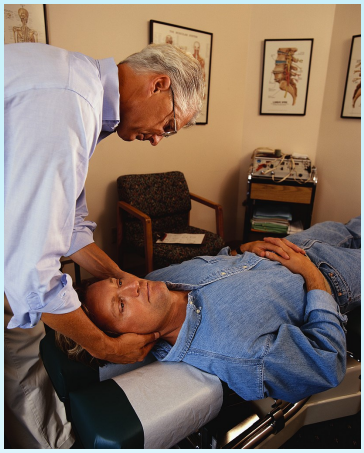
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202231 APRIL 26, 2022

IHCP clarifies service limitations for chiropractic services



Chiropractic services are available to Indiana Health Coverage Programs (IHCP) members, pursuant to restrictions outlined in the individual's benefit plan, when necessitated by a condition-related diagnosis.

Prior authorization (PA) is not required for office visits. Muscle testing services, both manual and electrical, do require PA. Specific criteria pertaining to PA for chiropractic services can be found in *Indiana Administrative Code 405 IAC 5-12*.

The IHCP limits reimbursement for chiropractic services to a total of 50 units per member per calendar year. Additional treatments may be authorized with PA and are based on medical necessity. The 50 units can be a combination of office visits, spinal manipulation or physical medicine services. However, the IHCP limits chiropractic office visits to five per year; that is, up to five of the 50 units can be office visits.

Chiropractic service for Hoosier Healthwise Package C individuals are limited to five visits and 14 therapeutic physical medicine treatments per member per year. If PA for medical necessity is approved, 36 additional treatments will be covered.

Managed care entities (MCEs) may require 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.

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