

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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Chiropractor claims for spinal x-rays to be mass adjusted or reprocessed

As announced in *Indiana Health Coverage Programs (IHCP) Bulletin [BT201504](#)*, the IHCP increased reimbursement rates for providers billing physician services paid on a fee-for-service (FFS) basis for dates of service (DOS) on or after February 1, 2015. The limitation associated with the maximum allowable reimbursement for any combination of component spinal x-rays, billed by a chiropractor, was not updated at that time. As a result, chiropractic claims for component spinal x-rays were paid or denied inappropriately with explanation of benefits (EOB) 6123 – *Maximum reimbursement for any combination of spinal series x-ray components to a chiropractor is \$44.76 per year.*



Effective June 5, 2015, the reimbursement limitation for a series of component spinal x-rays will be updated to equal the rate for a complete spinal x-ray, which is currently set at \$56.60. This update will apply retroactively to FFS claims with DOS on or after **February 1, 2015**. Claims with DOS on or after February 1, 2015, that posted with EOB 6123 will be mass adjusted or mass reprocessed. Providers will begin seeing the adjusted or reprocessed claims on the Remittance Advice (RA) dated June 9, 2015, identified with internal control numbers (ICNs) that begin with region codes 56 (mass adjusted) or 80 (mass reprocessed). The net difference will be paid and reflected on the RA. Providers may refer to the chiropractic code set on the [Code Sets](#) page at indianamedicaid.com for a complete list of the procedure codes applicable to this reimbursement limitation.

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