



Connecticut Medical Assistance Program

Policy Transmittal 2021-41

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Provider Bulletin 2021-65

September 2021

Effective Date: October 1, 2021

Contact: dana.robinson-rush@ct.gov

TO: Chiropractors, Physicians, Physician Assistants, Advanced Practice Registered Nurses (APRNs), Outpatient Hospitals and Federally Qualified Health Centers (FQHCs)

RE: Medicaid Coverage of Chiropractic Services

In accordance with recently enacted state law in section 331 of Public Act 21-2 of the June 2021 Special Session, effective for dates of service October 1, 2021 and forward, chiropractic services will be reinstated as a covered service under the Connecticut Medical Assistance Program (CMAP) for HUSKY Health members.

Chiropractic Services:

- Approved chiropractic services for adults can be performed in the independent office setting, as well as federally qualified health centers (FQHCs) and outpatient hospital settings.
- It will be a covered benefit under HUSKY A, C, and D. There is no change to Chiropractic services as currently covered under HUSKY B.
- Covered chiropractic services, as required by federal regulations at 42 C.F.R. § 440.60(b)(2) and state regulations in sections 17b-262-539 and 17b-262-540 of the Regulations of Connecticut State Agencies, include only manual manipulation of the spine within the chiropractor’s scope of practice. To implement those requirements, payment will be made only for treatment of diagnoses related to the spine (see section below for additional guidance).
- All chiropractic services for HUSKY Health members under 21 years old will continue to require prior authorization.

Diagnosis Restrictions:

HUSKY Health members age 21 years and older can be referred to chiropractic services for treatment of **specific** spinal diagnoses that are in the Fee Schedule Instructions on the CMAP Web site as Table 20.

Fee Schedule:

Chiropractors will be reimbursed using rates found on the chiropractor fee schedule (see below):

Procedure Code	Description	Rate
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions	\$15.12
98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions	\$20.72
98942	Chiropractic manipulative treatment (CMT); spinal, five regions	\$27.22
98943	Chiropractic manipulative treatment (CMT); extraspinal, one or more regions other than spine	\$14.17

**Please note that these procedure codes are also listed on the physician office and outpatient fee schedule.*

Federally Qualified Health Centers:

When an eligible provider (i.e.: licensed chiropractor, physician and APRNs) performs chiropractic services within a federally qualified health center setting, an encounter can be billed with the appropriate procedure codes detailing the chiropractic service performed during the visit. These billing details are for informational purposes only.

Outpatient Hospitals:

Procedure codes 98940, 98941 and 98942 are currently payable on CMAP Addendum B for outpatient hospital facility payment. In the outpatient hospital setting, chiropractic services will be considered an all-inclusive payment to the hospital and there will be no separate reimbursement for professional services.

Prior Authorization Required:

HUSKY Health members must be referred by their primary care provider to receive chiropractic services. As required by section 17b-262-542(a)(1), prior authorization is required for more than five (5) visits per member per provider per month. Medically necessary chiropractic services reimbursed by the HUSKY Health plan will be restricted to treat diagnoses related to the spine only. A list of approved diagnosis codes is posted to Fee Schedule Instructions as Table 20 on the CMAP Web site.

Provider Enrollment:

To enroll, providers must go to the www.ctdssmap.com Web site and select "Provider" and then "Provider Enrollment" from the Home page to access the enrollment Wizard. Providers are encouraged to read all instructions prior to proceeding with the online enrollment process. Providers should gather all data required prior to beginning the enrollment process, as an incomplete application cannot be saved. In addition, an application remaining idle for more than 20 minutes will disconnect the provider from the enrollment Wizard.

Once the online application is submitted, providers should take note of the Application Tracking Number (ATN). Once the application has been submitted, the provider should download a copy of the completed application for record keeping purposes. The ATN will allow providers to track the status of their enrollment application by selecting "Provider Enrollment Tracking" from the provider main menu on the www.ctdssmap.com Web site Home page.

Previously Enrolled Providers:

Providers who have previously been enrolled in CMAP but **are not currently active** must contact the Provider Assistance Center to request a re-enrollment Application Tracking Number (ATN) to initiate the application process. Once you receive the ATN, you can begin using the Provider Re-enrollment Wizard located at www.ctdssmap.com to re-enroll. From the Home page, go to "Provider", then "Provider Re-enrollment" from the www.ctdssmap.com Home page.

Accessing the Fee Schedules:

The updated fee schedules can be accessed and downloaded on the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I accept" button and proceed to click on the appropriate fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open".

Accessing CMAP Addendum B:

CMAP's Addendum B can be accessed via the www.ctdssmap.com Web site by selecting the "Hospital Modernization" Web page. CMAP's Addendum B (Excel) is located under "Important Messages – Connecticut Hospital Modernization".

Table 20 - ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage:

To access the ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage List from the www.ctdssmap.com Web site, go to “Provider” and then to “Provider Fee Schedule Download”. Click “I Accept” at the end of the Connecticut Provider Fee Schedule End User License Agreements and then click on “Fee Schedule Instructions” in the red text at the top of the page. Scroll down to Table 20 - ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage.

For questions about billing or if further assistance is needed to access the fee schedules on the Connecticut Medical Assistance Program Web site, please contact the Provider Assistance Center, Monday

through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

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Date Issued: September 2021