



CHIROPRACTIC SERVICES

This document is subject to change. Please check our web site for updates.

This provider manual outlines policy and claims submission guidelines for claims submitted to the North Dakota Health Enterprise MMIS.

This document covers services provided by a doctor of chiropractic that is licensed under North Dakota (ND) statutes and is enrolled with ND Medicaid.

COVERED SERVICES

- Manual manipulation of the spine for treatment of subluxations (incomplete or partial dislocation) demonstrated by x-rays or exam; and
- Determined to be medically necessary.

A complete list of Medicaid covered diagnoses and procedure codes are available at:

www.nd.gov/dhs/services/medicalserv/medicaid/cpt.html

NON-COVERED SERVICES

- Examinations and consultations;
- Laboratory services;
- Vitamins or nutritional counseling;
- Acupressure or Acupuncture;
- Treatment for a neurogenic or congenital condition that is not related to a diagnosis of subluxation;
- Medical supplies or equipment supplied or prescribed by a chiropractor;
- X-rays, other than those needed to support a diagnosis of subluxation;
- Exercise counseling, activities of daily living counseling;

- Physiotherapy modalities including, but not limited to ultrasound, diathermy, electrical muscle stimulation, interferential current, russian stimulation, and application of hot/cold packs.

LIMITATIONS AND CODING PROCEDURES

Payment for manual manipulation of the spine is limited to one manipulation per day and may not exceed 12 manipulations per calendar year. ND Medicaid will allow reimbursement to chiropractors for Evaluation and Management (E/M) office and other outpatient services – New Patient (99201-99203). These E/M services may be billed in addition to the chiropractic manipulative treatment (98940-98942) ONLY when the patient has not received any professional (face-to-face) services from the chiropractor, or another chiropractor of the same group practice, within the past three years.

Payment for x-rays may not exceed two (2) per year and are limited to radiological examinations of the full spine; the cervical, thoracic, lumbar, and lumbosacral areas of the spine.

SERVICE AUTHORIZATIONS

A service authorization is required for services exceeding the limit of 12 manipulations per calendar year. The provider must complete and submit the following form to ND Medicaid, prior to the member's receipt of additional services:

[SFN 481 Service Limits Service Authorization Request](#)

BILLING GUIDELINES

Providers must bill for services using the North Dakota Web Portal using the electronic claims submission web pages or Electronic Data Exchange transaction. The claim must include a valid National Provider Identification number (NPI) and taxonomy code.