

**NEW YORK STATE  
MEDICAID PROGRAM**

**CHIROPRACTOR MANUAL  
POLICY GUIDELINES**

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## Section I – Requirements for Participation in Medicaid

This section outlines the requirements for participation in the New York State Medicaid Program.

### Who May Provide Care

A person meeting the qualifications of State Education Law, Article 132, may provide chiropractor services. License requirements are established by the New York State Department of Education (NYSED), and can be found at:

<http://www.op.nysed.gov/article132.htm>

A chiropractor must be licensed and currently registered by the NYSED, or if in practice in another state, must meet the certification requirements of the appropriate agency of the state in which he/she practices. Additional minimum standards, as specified under Medicare requirements, must also be met.

### Limited Chiropractic Service Coverage

Covered chiropractic services are limited to those services approved by **Medicare**. Medicare limits payment for chiropractic services to treatment by a state licensed chiropractor by means of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

**The New York State Medicaid Program will only reimburse an enrolled chiropractor for deductibles and/or coinsurance, as appropriate, when Medicare approves the procedure.**

No other services provided by a Medicaid enrolled chiropractor will be reimbursed.

Medicare does not pay for X-rays taken by a chiropractor or any other diagnostic or therapeutic service provided by a chiropractor.

Coverage is provided by Medicare for X-rays taken and interpreted by doctors of medicine or osteopathy.

X-rays, when taken by a chiropractor (when permitted by licensure) **will not be reimbursed**. However, a chiropractor may order an X-ray to determine or to demonstrate the existence of a subluxation of the spine. When the X-ray is taken and interpreted by an appropriate Medicaid enrolled provider, Medicare deductible and coinsurance for the X-ray may also be available under Medicaid.

## Medicaid Enrollment

**Chiropractors** must be enrolled in eMedNY in order to claim for Qualified Medicare Beneficiary coinsurance and deductible payments. Enrollment is limited to chiropractors entitled to bill Medicare for chiropractic services to QMBs.

Confirmation of Medicare requirements will be satisfied initially by submission of a Medicare award letter or other current proof of Medicare participation. Subsequently, evidence of Medicare participation will be satisfied by the presence of an appropriate Medicare approved amount as reported on the EOMB and transcribed onto the Medicaid claim form. New York State Licensure will be confirmed independently.

Disqualification from Medicare participation shall constitute a disqualification from participation in the Medicaid Program as well. Loss of licensure shall serve to bar a chiropractor from billing Medicaid.

## Section II – Chiropractic Services

The New York State Medicaid Program will only reimburse an enrolled chiropractor for deductibles or coinsurance, as appropriate, when Medicare approves the procedure.

### Scope of Services

**Covered chiropractic services** are limited to those services approved by Medicare. Medicare limits payment for chiropractic services to treatment by a state licensed chiropractor by means of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

No other services provided by a Medicaid enrolled chiropractor will be reimbursed.

Medicare does not pay for X-rays taken by a chiropractor or any other diagnostic or therapeutic service provided by a chiropractor. Coverage is provided by Medicare for X-rays taken and interpreted by doctors of medicine or osteopathy. X-rays, when taken by a chiropractor (when permitted by licensure) will not be reimbursed.

## Section III – Basis of Payment for Services Provided

Medicaid payment to Medicaid enrolled **chiropractors** is limited to deductibles and coinsurance, as appropriate, for Medicare approved services. A chiropractor must accept assignment of Medicare claims for QMBs. Medicaid enrolled chiropractors are also prohibited from billing QMBs for payment of any deductible or coinsurance costs. The combined Medicaid and Medicare payments must be considered as payment in full for chiropractic services provided to QMBs by Medicaid enrolled chiropractors.

A chiropractor supplier whose QMB claim is denied approval by Medicare may not bill Medicaid for any deductible or coinsurance for that claim.

### Coverage of Medicare Coinsurance and Deductibles for Chiropractors

#### Limited Enrollee Coverage

The Medicaid Program permits payment toward Medicare deductibles and coinsurance, as appropriate, for certain Medicare Part B services provided *to a select group of elderly and disabled Medicare beneficiaries with low income and limited assets*. These individuals are known as **Qualified Medicare Beneficiaries** (QMBs).

QMBs are individuals who have applied to Medicaid through the local department of social services and have been determined eligible for Medicaid payment, as appropriate, of Medicare premiums, deductibles and coinsurance for Medicare approved services.

#### Identification of QMBs

QMBs are individuals determined eligible to receive QMB benefits through the New York State Medicaid program.

***Not all Medicaid enrollees who have Medicare Part B coverage are QMBs.***

Entitlement to QMB benefits must be confirmed by accessing the Department's Medicaid Eligibility Verification System (MEVS).

It is crucial to note that the mere presentation of the Department's Common Benefit Identification Card or other appropriate documents is not sufficient to confirm an individual's entitlement to QMB services. A provider must confirm an individual's current QMB eligibility by accessing MEVS prior to the provision of each service.

For QMBs, one of the two unique identifiers below must appear in the MEVS response in order to confirm QMB eligibility.

**MDCR COIN/DEDUC:** This message and/or coverage code **09** are returned in the **Medicaid** coverage field and identify a Qualified Medicare Beneficiary. This QMB response means that **only** coinsurance and deductible payments, as appropriate, for **Medicare approved** services are reimbursable for this enrollee.

**QMB:** This message is returned in the **Medicare** coverage field and indicates that the enrollee is a Qualified Medicare Beneficiary. This QMB response means that **only** coinsurance and deductible payments, as appropriate, for **Medicare approved** services are reimbursable for this enrollee.

When the QMB message is returned **without** coverage code **09** or MDCR COIN/DEDUC (as stated above), this means that the enrollee has Medicaid benefits as well as QMB benefits. For example, the message **MA ELIGIBLE** or coverage code **01** may be returned in the Medicaid coverage field along with **QMB** in the Medicare field.

### Limited Payment Coverage

Medicaid payment to Medicaid enrolled chiropractors is limited to deductibles and coinsurance, as appropriate, for Medicare approved services. *A chiropractor must accept assignment of Medicare claims for QMBs.*

Medicaid enrolled chiropractors are also prohibited from billing QMBs for payment of any deductible or coinsurance costs.

***The combined Medicaid and Medicare payments must be considered as payment in full for chiropractic services provided to QMBs by Medicaid enrolled chiropractors.***

A chiropractor whose QMB claim is denied approval by Medicare may not bill Medicaid for any deductible or coinsurance for that claim.

## Section IV – Ordering Services

A chiropractor may order an X-ray to determine or to demonstrate the existence of a subluxation of the spine.

When the X-ray is taken and interpreted by an appropriate Medicaid enrolled provider, Medicare deductible and coinsurance for the X-ray may also be available under Medicaid.

## Section V – Definitions

For the purposes of the Medicaid Program and as used in this Manual, the following term is defined to mean:

### **QMBs**

Qualified Medicare Beneficiaries (QMBs) are a select group of elderly and disabled Medicare beneficiaries with low income and very limited assets whom have been determined eligible to receive QMB benefits for certain Medicare Part B services through the local departments of social services for Medicaid payment, as appropriate, of Medicare premiums, deductibles and coinsurance for Medicare approved services.