




HEALTH CARE
AUTHORITY

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Letter of Direction #18

Date: October 1, 2024

To: Turquoise Care Managed Care Organizations

From: Dana Flannery, Director, Medical Assistance Division 

Subject: Chiropractic Services

Title: Billing and Reimbursement Guidelines for Chiropractic Services

This letter of direction provides the Turquoise Care (TC) Managed Care Organizations (MCOs) with information on implementation of and reimbursement for Chiropractic Services to improve quality, access, and cost-effectiveness of needed chiropractic services for eligible members.

Effective October 1, 2024, MCOs will allow and reimburse chiropractic services for all adults enrolled in managed care who have a primary diagnosis of neck pain, back pain, musculoskeletal pain or headaches.

- 1. Provider Eligibility Requirements:** Providers must meet the following qualification and enrollment requirements:
 - a. Maintain a current New Mexico chiropractic license as outlined in the New Mexico Chiropractic Physician Practice Act.
 - b. Hold a Doctor of Chiropractic diploma from a Council on Chiropractic Education accredited or board-accepted equivalent chiropractic college, as outlined in the New Mexico Chiropractic Physician Practice Act.
 - c. Enroll with NM Medicaid as a Provider Type (PT) 341 with Taxonomy 111N00000X and bill according to Medicaid requirements, including rendering and referring provider rules.
 - d. Complete the credentialing and contracting process with each MCO whose members they intend to serve under this chiropractic service.
- 2. MCO Member Eligibility Requirements:** Members with a primary diagnosis of neck pain, back pain, musculoskeletal pain or headaches for chiropractic services.
- 3. Covered Services:** MCO's **must** allow and reimburse for:
 - a. Evaluation and management codes that are used when addressing a new injury or condition, and clinical issues regarding non-procedural treatments.
 - b. Manual manipulation or adjustment of the spine to correct or treat back pain, neck pain, musculoskeletal pain, headaches, or other related conditions.

4. **Limitations:** Annual benefit limit of \$2,000.
5. **Prior Authorization:** Prior Authorization is not required.
6. **Billing Requirements and Reimbursement:**
 - a. Billing should include Taxonomy 111N00000X.
 - b. **Procedure Codes:** Table 1: Covered Chiropractic Services Procedure Codes includes procedure codes that are approved for coverage of Chiropractic Services.

Table 1: Covered Chiropractic Services Procedure Codes

Procedure Code	Description
99202	New patient outpatient visit, total time 15-29 minutes
99203	New patient office or other outpatient visit, 30-44 minutes
99204	New patient office or other outpatient visit, 45-59 minutes
99212	Established patient office or other outpatient visit, 10-19 minutes
99213	Established patient office or other outpatient visit, 20-29 minutes
99214	Established patient office or other outpatient visit, 30-39 minutes
98940	Chiropractic manipulative treatment, 1-2 spinal regions
98941	Chiropractic manipulative treatment, 3-4 spinal regions
98942	Chiropractic manipulative treatment, 5 spinal regions

- c. **Diagnosis Codes:** All diagnosis codes must support medical necessity and be coded to the highest level of specificity, and the primary diagnosis must be supported by x-ray or documented by physical examination. The precise level of subluxation must be listed as the primary diagnosis. The neuromusculoskeletal condition necessitating the treatment must be listed as the secondary diagnosis.
 - d. MCOs must allow and reimburse chiropractic services at rates no lower than the fee schedule rates found at [Fee Schedules - New Mexico Human Services Department \(nm.gov\)](https://www.nm.gov/health-services/fee-schedules).
7. **Submitting a Claim for Chiropractic Services:** The MCOs must allow and reimburse providers who have met the requirements and provide Chiropractic Services from October 1, 2024. MCOs will allow providers 90 days from the date of this LOD to submit a claim and avoid a timely filing denial.

This LOD will sunset in the New Mexico Administrative Code (NMAC) 8.308.9 and Managed Care Policy Manual.