

## 101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

### 101 CMR 328.00: CHIROPRACTIC SERVICES

#### Section

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#### 328.01: General Provisions

- (1) Scope, Purpose, and Effective Date. 101 CMR 328.00 governs the rates of payment to be used by all governmental units in making payments to eligible providers of chiropractic services to publicly aided individuals. Rates for services rendered to individuals covered by M.G.L. c. 152 (Workers' Compensation Act) are set forth at 114.3 CMR 40.00. 101 CMR 328.00 is effective for services rendered on and after June 1, 2012.
- (2) Disclaimer of Authorization of Services. 101 CMR 328.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 101 CMR 328.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services provided to publicly aided individuals.
- (3) Rate as Full Payment. The rates of payment under 101 CMR 328.00 are full compensation for all services rendered by the provider in connection with the provision of chiropractic services. Any patient resources or third party payments on behalf of a publicly aided patient shall reduce the amount of the governmental purchaser's obligation for these services.
- (4) Authority. 101 CMR 328.00 is adopted pursuant to M.G.L. c. 118E.

#### 328.02: General Definitions

As used in 101 CMR 328.00, unless the context otherwise requires, terms shall have the meanings ascribed in 101 CMR 328.02.

Eligible Provider of Chiropractic Services — an individual licensed under and meeting the requirements of M.G.L. c. 112, §§ 89 through 97 and who also meets such conditions of participation as have been or may be adopted from time to time by a governmental unit.

EOHHS — the Executive Office of Health and Human Services established under M.G.L. c. 6A.

Established Patient — a patient who has received professional services from the chiropractor within the past three years.

Governmental Unit — the Commonwealth, any department, agency, board, or commission of the Commonwealth, and any political subdivision of the Commonwealth.

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Individual Consideration — rates of payment to eligible providers for procedures performed in exceptional circumstances are determined on an individual consideration (I.C.) basis by the governmental unit upon receipt of a bill which describes the services rendered. The determination of rates of payment for authorized I.C. procedures is in accordance with the following criteria:

- (a) time required to perform the procedure;
- (b) degree of skill required;
- (c) severity or complexity of the patient's disorder or disability;
- (d) policies, procedures, and practices of other third party purchasers of care, governmental and private;
- (e) prevailing chiropractic ethics and accepted customs; and
- (f) such other standards and criteria as may be adopted from time to time by EOHHS.

New Patient — a patient who has not received any professional services from the chiropractor within the past three years.

Publicly Aided Individual — a person for whose medical and other services a governmental unit is in whole or part liable under a statutory program, including those persons covered under M.G.L. c. 41 § 100.

Visit — a face-to-face meeting between an eligible provider of chiropractic services and a publicly aided individual.

328.03: General Rate Provisions and Rates

(1) General Rate Provision. The rates of payment contained in 101 CMR 328.00 are full compensation for authorized chiropractic services rendered to publicly aided individuals as well as for any administrative or supervisory duties in connection with patient care.

(2) Rates. The rates of payment for authorized chiropractic services to which 101 CMR 328.00 applies are the lower of the eligible provider's usual and customary fee or the rates listed as follows.

<b>Procedure Code</b>	<b>Allowable Fees</b>	<b>Procedure Description</b>
98940	\$24.67	Chiropractic manipulative treatment (CMT); spinal, one to two regions
98941	\$30.64	spinal, three to four regions
98942	\$37.18	spinal, five regions
99201	\$17.67	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> <li>• a problem focused history;</li> <li>• a problem focused examination; and</li> <li>• straightforward medical decision making</li> </ul>

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99202	\$27.33	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> <li>• an expanded problem focused history;</li> <li>• an expanded problem focused examination; and</li> <li>• straightforward medical decision making.</li> </ul>
99203	\$40.04	Office or other outpatient visit for the evaluation and management of a new patient which requires these three key components: <ul style="list-style-type: none"> <li>• a detailed history;</li> <li>• a detailed examination; and</li> <li>• medical decision making of low complexity.</li> </ul>
99204	\$50.35	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> <li>• a comprehensive history;</li> <li>• a comprehensive examination; and</li> <li>• medical decision making of moderate complexity.</li> </ul>
99205	\$57.94	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> <li>• a comprehensive history;</li> <li>• a comprehensive examination; and</li> <li>• medical decision making of high complexity.</li> </ul>
99211	\$8.37	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem (s) are minimal.
99212	\$17.67	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> <li>• a problem focused history;</li> <li>• a problem focused examination;</li> <li>• straightforward medical decision making.</li> </ul>
99213	\$27.12	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> <li>• an expanded problem focused history;</li> <li>• an expanded problem focused examination;</li> <li>• medical decision making of low complexity.</li> </ul>
99214	\$40.83	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> <li>• a detailed history;</li> <li>• a detailed examination;</li> <li>• medical decision making of moderate complexity.</li> </ul>

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99215	\$52.09	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"><li>• a comprehensive history;</li><li>• a comprehensive examination;</li><li>• medical decision making of high complexity.</li></ul>
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(3) Radiological Services. The payment rates for X rays are set forth in 114.3 CMR 18.00: *Radiology*.

(4) Orthotic Devices, Orthopedic Supports, and Braces. The payment rates for orthotic devices, orthopedic supports, and braces are set forth in 114.3 CMR 34.00: *Prostheses, Prosthetic Devices, and Orthotic Devices*.

(5) Nutritional Supplements. The payment rate for nutritional supplements is equal to the adjusted acquisition cost, plus the dispensing fee for over-the-counter drugs specified in 114.3 CMR 31.00: *Prescribed Drugs*. The adjusted acquisition cost is the price paid to a supplier by an eligible provider for nutritional supplements, after adjustment for quantity discounts and excluding all associated costs such as, but not limited to, shipping, handling, and insurance costs.

(6) Billing for Multiple Services Performed During an Office Visit.

(a) Separate charges may be assessed for examinations, chiropractic manipulations, and supportive services performed during the course of a single visit, subject to the provisions of 101 CMR 328.01(2) and 101 CMR 328.02. In addition, consistent with the language of the Current Procedural Terminology (CPT) regarding the use of evaluation and management services, the chiropractic manipulative treatment (CMT) codes include a pre-manipulation patient assessment. Additional evaluation and management services may be reported separately only if the patient's condition requires a significant separately identifiable evaluation and management procedure that extends beyond customary preservice and postservice work.

(b) A charge may be assessed for supportive services only if a chiropractic manipulation is also performed during the course of the same visit.

(c) For separate charging for each service to be allowed, a minimum length of visit must be satisfied for each possible combination of services; examples include the following.

Manipulation plus the use of either of the following codes: 99201 or 99212: 20 minutes

Manipulation plus brief supportive service: 20 minutes

Manipulation plus the use of either 99201 or 99212 plus brief supportive service: 30 minutes

Substitutions:

An intermediate-level exam, using codes 99203 or 99214, add 15 minutes.

A comprehensive exam using either code 99204 or 99215, add 20 minutes.

Longer supportive service instead of a brief supportive service, add 15 minutes.

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328.04: Administrative Bulletins

EOHHS may issue administrative bulletins to clarify its policy on, and interpretation of, substantive provisions of 101 CMR 328.00, and to publish procedure code updates and corrections. Updates may reference coding systems including but not limited to the American Medical Association's Current Procedural Terminology (CPT). The publication of such updates and corrections will list

- (1) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
- (2) deleted codes for which there are no corresponding new codes; and
- (3) codes for entirely new services that require pricing. EOHHS will designate these codes as individual consideration (I.C.).

328.05: Severability

The provisions of 101 CMR 328.00 are severable, and if any provision of 101 CMR 328.00 or application of such provision to any eligible provider or any circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 328.00 or the application of such provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 328.00: M.G.L. c. 118E.