




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MASSHEALTH
TRANSMITTAL LETTER CRP-18
December 2002

TO: Chiropractors Participating in MassHealth
FROM: Wendy E. Warring, Commissioner 
RE: *Chiropractor Manual* (Age Limitations for Chiropractor Services)

Effective January 1, 2003, the Division will no longer cover chiropractor services for members who are 21 years of age or older. The Division's current budget appropriation requires these changes, at a minimum, to cover expected deficiencies.

The attached regulations, which describe these changes, are effective January 1, 2003.

This transmittal letter and the revised regulations are available on the Division's Web site at www.mass.gov/dma. If you have any questions about this transmittal letter, please contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Chiropractor Manual

Pages 4-1 and 4-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Chiropractor Manual

Page 4-1 and 4-2 — transmitted by Transmittal Letter CRP-17

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441.401: Introduction

130 CMR 441.000 establishes the requirements for the provision and reimbursement of chiropractor services under MassHealth. All chiropractors participating in MassHealth must comply with the regulations of the Division governing MassHealth, including but not limited to Division regulations set forth in 130 CMR 441.000 and in 130 CMR 450.000.

441.402: Definitions

The following terms used in 130 CMR 441.000 shall have the meanings given in 130 CMR 441.402 unless the context clearly requires a different meaning. The reimbursability of services defined in 130 CMR 441.402 is not determined by these definitions, but by application of regulations elsewhere in 130 CMR 441.000 and in 130 CMR 450.000.

Chiropractic Manipulative Treatment — the correction of misalignments, subluxations, or segmental joint dysfunction of the bony articulations of the vertebral column, the pelvis, and adjacent areas.

Chiropractor — one who is licensed to practice chiropractic manipulation to correct interference with spinal nerves by adjusting the spinal column.

Office Visit — a visit by a MassHealth member to a chiropractor's office for evaluation and management services. These services do not include chiropractic manipulative treatment.

Primary Care Clinician (PCC) — a provider of managed care to MassHealth members. The PCC must meet the requirements of 130 CMR 450.118(B). The PCC must be a MassHealth-participating provider and must sign a PCC provider agreement with the Division.

Subluxation — a segmental joint dysfunction, misalignment, fixation, or abnormal spacing of the vertebrae.

441.403: Eligible Members

- (A) (1) MassHealth Members. The Division covers chiropractor services only when provided to eligible MassHealth members, subject to the restrictions and limitations in the Division's regulations. The Division's regulations at 130 CMR 450.105 specifically state, for each coverage type, which services are covered and which members are eligible to receive those services.
- (2) Age Limitations. In addition to any other restrictions and limitations set forth in 130 CMR 441.000 and 450.000, the Division covers chiropractor services only when provided to eligible MassHealth members under age 21.
- (3) Recipients of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, see 130 CMR 450.106.

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(B) For information on verifying member eligibility and coverage type, see 130 CMR 450.107.

441.404: Provider Eligibility

The Division only pays chiropractors who are participating in MassHealth on the date of service. Chiropractors must meet the following eligibility requirements.

(A) In-State Providers. To be eligible to participate in MassHealth, an in-state chiropractor must:

- (1) be licensed by the Massachusetts Board of Registration of Chiropractors;
- (2) be an active MassHealth provider; and
- (3) participate in the Medicare program as a chiropractor.

(B) Out-of-State-Providers. To be eligible to participate in MassHealth, an out-of-state chiropractor must:

- (1) obtain a MassHealth provider number and maintain active provider status;
- (2) participate in his or her own state's medical assistance program;
- (3) be currently licensed as a chiropractor in his or her own state, or in a state that does not license chiropractors, be legally authorized to perform the services of a chiropractor in that state; and
- (4) participate in the Medicare program as a chiropractor.

441.405: Out-of-State Chiropractor Services

(A) The Division pays out-of-state chiropractors for reimbursable services provided to an eligible MassHealth member when the chiropractor practices in a community of Connecticut, Maine, New Hampshire, New York, Rhode Island, or Vermont that is within 50 miles of the Massachusetts border and he or she provides reimbursable services to a member who resides in a Massachusetts community near the border of the chiropractor's state. The out-of-state chiropractor's office must be more accessible to the member than the office of an in-state chiropractor who participates in MassHealth.

(B) Prior authorization is required from the Division before a chiropractor whose office is located in a community more than 50 miles from the Massachusetts border may provide reimbursable chiropractor services to a member. Prior authorization will not be granted if the Division determines that the chiropractor's office is less accessible to the member than the office of any other chiropractor participating in MassHealth. All requests for prior authorization must be submitted in accordance with the instructions found in Subchapter 5 of the *Chiropractor Manual*. The Division does not pay for reimbursable services provided at a site more than 50 miles from the Massachusetts border unless the chiropractor obtains prior authorization from the Division before the delivery of service. The Division does not grant retroactive requests for prior authorization.