INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

Chiropractic Services

LIBRARY REFERENCE NUMBER: PROMOD00021
PUBLISHED: OCT. 21, 2025
POLICIES AND PROCEDURES AS OF SEPT. 1, 2025
VERSION: 8.0

Revision History

Version	Date	Reason for Revisions	Completed By
1.0	Policies and procedures as of Oct. 1, 2015 Published: Feb. 25, 2016	New document	FSSA and HPE
1.1	Policies and procedures as of April 1, 2016 Published: July 28, 2016	Scheduled update	FSSA and HPE
2.0	Policies and procedures as of May 1, 2017 Published: Aug. 1, 2017	Scheduled update	FSSA and DXC
3.0	Policies and procedures as of July 1, 2018 Published: Oct. 16, 2018	Scheduled update	FSSA and DXC
4.0	Policies and procedures as of July 1, 2019 Published: Nov. 5, 2019	Scheduled update	FSSA and DXC
5.0	Policies and procedures as of June 1, 2020 Published: July 9, 2020	Scheduled update	FSSA and DXC
6.0	Policies and procedures as of July 1, 2021 Published: Sept. 16, 2021	Scheduled update	FSSA and Gainwell
7.0	Policies and procedures as of Feb. 1, 2023 Published: March 9, 2023	Scheduled update	FSSA and Gainwell
8.0	Policies and procedures as of Sept. 1, 2025 Published: Oct. 21, 2025	Scheduled update: • Edited text as needed for clarity • Added PathWays to the initial note • Updated the *Chiropractic Services – Manipulative Treatment, Physical Medicine and Office Visits* section • Updated the *Community Health Worker Services* section	FSSA and Gainwell

Table of Contents

Chiropractic Services

> *Note: The information in this module applies to Indiana Health Coverage Programs (IHCP) services provided under the **fee-for-service (FFS)** delivery system.*
>
> *For information about services provided through the **managed care** delivery system – including Healthy Indiana Plan (HIP), Hoosier Care Connect, Hoosier Healthwise or Indiana PathWays for Aging (PathWays) services – providers must contact the member's managed care entity (MCE) or refer to the MCE provider manual. MCE contact information is included in the IHCP Quick Reference Guide at in.gov/medicaid/providers.*
>
> *For updates to information in this module, see IHCP Bulletins at in.gov/medicaid/providers.*

Introduction

The Indiana Health Coverage Programs (IHCP) covers medically necessary chiropractic services. Information on the scope of practice for chiropractors can be found in *Indiana Code IC 25-10-1-1*.

Billing and Reimbursement for Chiropractors

The IHCP limits claim payment for chiropractors (provider specialty 150) to certain designated procedure codes for chiropractic and related services. Reimbursement is not available for durable medical equipment (DME) or electromyogram (EMG) testing provided by chiropractors.

Additionally, the IHCP reimburses chiropractors for designated services only when such services are necessitated by a condition-related diagnosis approved for chiropractor billing. The IHCP requires that chiropractors bill only with certain International Classification of Diseases (ICD) diagnosis codes to indicate the medical necessity of the service provided.

> *Note: For exceptions to the diagnosis code restriction for chiropractor billing, see the Diabetes Self-Management Training Services section and the Community Health Worker Services section.*

For a list of IHCP-covered procedure codes for chiropractors, as well as a list of the appropriate diagnosis codes for chiropractors to use when billing the services to the IHCP, see *Chiropractic Services Codes*, accessible from the *Code Sets* webpage at in.gov/medicaid/providers.

See the *Claim Submission and Processing* module for general billing and coding information.

Chiropractic Services – Manipulative Treatment, Physical Medicine and Office Visits

Chiropractic services are available to IHCP members, pursuant to restrictions outlined in the individual's benefit plan, when necessitated by a condition-related diagnosis.

Prior authorization (PA) is not required for office visits. PA is required for muscle testing services, both manual and electrical, as well as certain therapeutic procedures. Specific criteria pertaining to PA for chiropractic services can be found in *Indiana Administrative Code 405 IAC 5-12*. Providers can determine

whether PA is required for a given service by consulting the Professional Fee Schedule, accessible from the *IHCP Fee Schedules* webpage at in.gov/medicaid/providers.

The IHCP limits reimbursement for chiropractic services to a total of **50 units per member per calendar year**. Additional treatments may be authorized with PA based on medical necessity. The 50 units can be a combination of office visits, spinal manipulation or physical medicine services. However, the IHCP limits chiropractic *office visits* to five per year; that is, **up to five of the 50 units can be office visits**.

> *Note: Chiropractic services for Hoosier Healthwise Package C members are limited to five visits and 14 therapeutic physical medicine treatments per year. If PA for medical necessity is approved, up to 36 additional treatments will be covered for these members.*

An office visit code is reportable on the same date as a manipulative treatment or a physical medicine service only if the visit constitutes a significant, separately identifiable evaluation and management (E/M) service. The office visit code is then billed with modifier 25 – *Significant, separately identifiable E/M*. The service must be above and beyond the usual preservice and postservice work associated with a manipulation or physical medicine service. Medical record documentation supporting the need for an office visit in addition to the manipulation or physical medicine service must be maintained by the provider and is subject to postpayment review.

New patient office visits are reimbursed only once per provider per lifetime of the member (and only once per three-year period for a provider of the same specialty and in the same practice). Reimbursement is **not** available to chiropractors for the following types of extended or comprehensive office visits:

- New patient detailed
- New patient comprehensive
- Established patient detailed
- Established patient comprehensive

Related Services Covered for Chiropractor Billing

In addition to covered chiropractic services, the IHCP also reimburses chiropractors for certain radiology, laboratory, diabetes self-management training and community health worker services, as indicated on the *Covered Procedure Codes for Chiropractors (Specialty 150)* table in *Chiropractic Services Code*s, accessible from the *Code Sets* webpage at in.gov/medicaid/providers.

These codes are **not** subject to the chiropractic service 50-unit limitation.

Radiology Services

The IHCP reimburses chiropractors for designated radiology procedure codes only when such services are necessitated by a condition-related diagnosis approved for chiropractor billing. PA is not required.

Reimbursement for X-rays is limited to one series of full spine X-rays per member per year. Component X-rays of the series are individually reimbursable; however, if components are billed separately, total reimbursement is limited to the allowable amount for the series.

The IHCP does not reimburse for additional X-rays that could be necessitated by the failure of a practitioner to forward X-rays or related documentation to a chiropractic provider when requested. Chiropractors are entitled to receive X-rays from other providers at no charge to the member upon the member's written request to the other providers and upon reasonable notice.

See the *Radiology Services* module for additional information about this type of service.

Laboratory Services

The IHCP reimburses chiropractors for designated laboratory procedure codes only when such services are necessitated by a condition-related diagnosis approved for chiropractor billing. PA is not required.

See the *Laboratory Services* module for additional information about this type of service.

Diabetes Self-Management Training Services

The IHCP reimburses chiropractors for diabetes self-management training (DSMT) services billed with the appropriate procedure code-modifier combination. The DSMT service must be ordered in writing by a physician or podiatrist licensed under Indiana law, and the chiropractor rendering the service must have specialized training in the management of diabetes. See the *Diabetes Self-Management Training Services* module for additional information.

When billing for DSMT services, chiropractors are not restricted to the set of diagnosis codes approved for the chiropractor specialty.

Community Health Worker Services

The IHCP reimburses designated services performed by a community health worker (CHW) when the CHW meets certification requirements, is employed by an IHCP-enrolled billing provider, and renders the service under the supervision of a qualifying IHCP-enrolled practitioner, including chiropractors.

CHWs do not enroll as providers with the IHCP; therefore, CHW services must be billed under the National Provider Identifier (NPI) of the supervising practitioner.

> *Note: When CHW services are billed under a supervising **chiropractor's** NPI, reimbursement is not restricted to the set of diagnosis codes approved for the chiropractor specialty.*

The billing provider must maintain documentation of appropriate certification for the CHW, as described in the *Provider Enrollment* module. For additional information on billing and reimbursement for CHW services, including allowable procedure codes and claim note requirements, see the *Medical Practitioner Reimbursement* module.