

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2023174 DECEMBER 14, 2023

IHCP updates prior authorization requirements for select chiropractic services

In accordance with *Indiana Administrative Code 405 IAC 5-12* and Indiana Health Coverage Programs (IHCP) guidelines for chiropractic services, the IHCP will require prior authorization (PA) for the chiropractic procedure codes listed in Table 1, effective for dates of service on or after Jan. 15, 2024.



The PA changes will be reflected in the next regular update to the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](#). The *Additional Notes* section of the fee schedule will also be updated to include that PA is required in some cases for provider type 15 (Chiropractor) for procedure codes 98940, 98941, 98942 and 98943.

As a reminder, the IHCP limits reimbursement for chiropractic services (including manipulative treatment, physical medicine and office visits) to a total of 50 units per member per calendar year, up to five of which may be for office visits. Additional treatments may be authorized with PA, based on medical necessity.

This PA information applies to services delivered under the fee-for-service (FFS) delivery system. Questions regarding FFS PA requirements should be directed to Kepro Customer Service at 866-725-9991. Questions regarding FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#). Individual managed care entities (MCEs) establish and publish PA, billing and reimbursement information within the managed care delivery system. Questions regarding managed care PA, billing or reimbursement should be directed to the MCE with which the member is enrolled.

Table 1 – Chiropractic procedure codes that will require prior authorization for dates of service on and after Jan. 15, 2024

Procedure code	Description
97012	Application of mechanical traction
97014	Application of electrical stimulation
97016	Application of blood vessel compression device
97018	Application of hot wax bath

Table 1 – Chiropractic procedure codes that will require prior authorization for dates of service on and after Jan. 15, 2024 (Continued)

Procedure code	Description
97022	Application of whirlpool therapy
97024	Application of heat wave therapy
97026	Application of low energy heat
97028	Application of electrical stimulation with therapist present, each 15 minutes
97032	Application of electrical stimulation with therapist present, each 15 minutes
97033	Application of hot and cold baths, each 15 minutes
97034	Application of hot and cold baths, each 15 minutes
97035	Application of ultrasound, each 15 minutes
97036	Application of water therapy using a special tank, each 15 minutes
97039	Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes
97110	Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes
97113	Therapy procedure using water pool to exercises, each 15 minutes
97124	Therapy procedure using massage, each 15 minutes
97139	Other therapeutic procedure
97140	Therapy procedure using manual technique, each 15 minutes

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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