NORTH Dakota | Health & Human Services
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ND Medicaid Chiropractic Coverage Updates
March 21, 2024
Q&A

Medicare does not cover modalities however; they are left to patient responsibility as a non-covered service. Why is it considered a contractual obligation for Medicaid?

Currently, these services are only payable to enrolled licensed physical and occupational therapists when ordered by a practitioner of the healing arts as allowed by state law under their scope of practice.

Is there a modifier to use so it denies as PR?

At this time there is not.

Who does reviews for medical necessity?

Currently all SFN 481 – Service Limits Authorization Requests are reviewed by the Utilization Review Administrators.

Is there a good way to find out the patient's client share amounts?

Yes, in the provider portal, go to Member, then Check Eligibility, and the client share (recipient liability) amount that is left for the month is listed under the General Information section. Please note that you may not bill the member up-front for cost share amounts and must bill to Medicaid first. The client share (recipient liability) amount is listed on the remittance advice.

Is the SFN 481 form required before billing the additional E/M services for established patients?

Yes, the SFN 481 is utilized to request additional established patient E/M services as well as additional chiropractic manipulative treatments when the member has reached or exceeded the annual limit.

Is there a place in MMIS portal to see if a patient has another insurance on file with Medicaid as the Primary payer?

Yes, in the provider portal, go to Member, then Check Eligibility, scroll down to the bottom and this information is listed on the TPL Spans section.

How does ND Medicaid handle overpayments?

Overpayments are handled through the adjustment process. If an overpayment was made on a single line on a multiple line claim, adjust the claim and remove the line that was overpaid on. If the

entire claim was an overpayment, adjust the claim and void the entire claim. Instructions on the adjustment process can be found here.

Is it accurate that ND Medicaid does not cover e-stim and ultrasound modalities to chiropractors?
CPT® 97032 – e-stim attended and CPT® 97035 – ultrasound are only reimbursed to physical and occupational therapists. CPT® 97014 – e-stim, unattended is a non-covered service for all providers and will deny as a PR-96 noncovered and the member may be billed.

Regarding ordering of coding, ND Medicaid requires a pain finding after EACH segment. OR Consistent with Medicare - 1 segmental/somatic, then primary neuro/pain, segmental/somatic for following regions then wrapped up with neurological/pain etc. (Referring to slide 15)

ND Medicaid would expect to see a segmental/somatic dysfunction code primary and associated neurological or musculoskeletal symptom or condition listed in addition for each segment of the spine manipulated.

After review of your current "contractual obligation" policy regarding that is inconsistent with Medicare policy, how will you update us?

Any changes related to denial disposition will be communicated on our website in Provider Updates and in published policy.