

## XXXV Chiropractic Services

## A. Definitions

- (1) "Resource-based relative value scale (RBRVS) unit" is a value based on Current Procedural Terminology (CPT) codes established by the American Medical Association assigned to the service which takes into consideration the physicians' work, practice expenses, liability insurance, and a geographic factor based on the prices of staffing and other resources required to provide the service in an area relative to national average price.
- (2) "Usual and customary charge" refers to the uniform amount the individual physician charges in the majority of cases for a specific medical procedure or service.
- (3) "Covered chiropractic services" shall include the following:
  - (a) An evaluation and management service;
  - (b) Chiropractic manipulative treatment;
  - (c) Diagnostic X-rays;
  - (d) Application of a hot or cold pack to one (1) or more areas;
  - (e) Application of mechanical traction to one (1) or more areas;
  - (f) Application of electrical stimulation to one (1) or more areas; and
  - (g) Application of ultrasound to one (1) or more areas.

## B. Reimbursement

- (1) Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Chiropractic Services. The agency's fee schedule rate was set as of January 1, 2014, and is effective for services provided on or after that date. All rates are published on DMS's website at <http://www.chfs.ky.gov/dms/fee.htm>.
- (2) If there is no RBRVS based fee the Department shall set a reasonable fixed upper limit for the procedure consistent with the general rate setting methodology. Fixed upper limits not determined in accordance with the principle shown in this section (if any) due to consideration of other factors (such as recipient access) shall be specified herein. RBRVS units shall be multiplied by the Non-anesthesia Related Services dollar conversion factor of \$29.67 to arrive at the fixed upper limit.

## C. Reimbursement Exceptions.

- (1) Payment for individuals eligible for coverage under Medicare Part B is made, in accordance with Sections A and B and items (1) through (4) and (6) of this section within the individual's Medicare deductible and coinsurance liability.

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- (2) Procedures specified by Medicare and published annually in the Federal Register and which are commonly performed in the chiropractor's office are subject to outpatient limits if provided at alternative sites and shall be paid adjusted rates to take into account the change in usual site of services.

D. Assurances. The state hereby assures that (1) payment for chiropractor services are consistent with efficiency, economy, and quality of care (42 CFR 447.200); and (2) payments for services do not exceed the prevailing charges in the locality for comparable services under comparable circumstances (42 CFR 447.325).