TO: Interested Parties

FROM: Anthony Marple, Director, Office of MaineCare Services

SUBJECT: Proposed Rule: MaineCare Benefits Manual, Chapter III, Section 15, Chiropractic Services

DATE: June 23, 2009

This letter gives notice of a proposed rule: MaineCare Benefits Manual, Chapters III, Section 15, Chiropractic Services. The Department proposes to change the pricing modifier requirement for global services to require the use of Modifiers with the implementation of the new claims system.

Rules and related rulemaking documents may be reviewed at and printed from the Office of MaineCare Services website at, http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html or for a fee, interested parties may request a paper copy of rules by calling 207-287-9368. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 1-800-423-4331.

A concise summary of the proposed rule is provided in the Notice of Agency Rule-making Proposal. This notice also provides information regarding the rule-making process. Please address all comments to the agency contact person identified in the Notice of Agency Rule-making Proposal.
Notice of Agency Rule-making Proposal

AGENCY:  Department of Health and Human Services, Office of MaineCare Services

RULE TITLE OR SUBJECT: MaineCare Benefits Manual, Chapter III, Section 15, Chiropractic Services

PROPOSED RULE NUMBER:

CONCISE SUMMARY: The Office of MaineCare Services is proposing changes to the MaineCare Benefits Manual, Chapter III, Section 15, Chiropractic Services. The Department proposes to change the pricing modifier requirement for global services to require the use of modifiers with the implementation of the new claims system.


THIS RULE WILL ___ WILL NOT ___ HAVE A FISCAL IMPACT ON MUNICIPALITIES.

STATUTORY AUTHORITY: 22 M.R.S.A., § 42, § 3173, §3174-FF (3)(A)

PUBLIC HEARING: A public hearing will not be held for this rulemaking unless 5 or more individuals request one.

DEADLINE FOR COMMENTS: Comments must be received by midnight August 7, 2009.

AGENCY CONTACT PERSON: Derrick Grant, Comprehensive Health Planner
AGENCY NAME: Office of MaineCare Services
ADDRESS: 442 Civic Center Drive
11 State House Station
Augusta, Maine 04333-0011

TELEPHONE: 207-287-9370 FAX: (207) 287-9369 TTY: 1-800-423-4331 or 207-287-1828 (Deaf or Hard of Hearing)
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MAINECARE SERVICES

Chapter 101

MAINECARE BENEFITS MANUAL, CHAPTER III, SECTION 15

CHIROPRACTIC SERVICES

ALLOWANCES FOR CHIROPRACTIC SERVICES

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Note: These modifier changes will take effect with the implementation of the new claims system. Providers will be given notification of use of new modifiers at least thirty days prior to implementation. New modifiers will not be used until then.

DEFINITIONS


**Modifiers:** A modifier is a two-character code added as a suffix to the procedure code. Use of a modifier indicates that a service has been altered by some specific circumstance, but there are no changes in its definition or code. The Department uses standard industry wide modifiers as identified in the American Medical Association’s publication of Current Procedural Terminology and the Healthcare Common Procedure Coding System.

**MODIFIERS:** A modifier provides the means by which a provider can indicate that a service or procedure that has been performed has been altered by some specific circumstance, but not changed in its definition or code.

**Pricing Modifiers:** Radiology services are comprised of two parts, the professional component and the administrative and technical component. A provider may be reimbursed for supplying the professional component, the administrative and technical component, or both. Allowances for radiology services are computed by multiplying the relative value units assigned to a procedure by the established conversion factor. When billing for the Professional component or the Administrative and Technical component, each of these radiology services must include an appropriate modifier in addition to the procedure code for payment. When billing for Total Professional, Administrative and Technical radiology services (global), no modifier is necessary; modifiers TC and 26 shall be used when appropriate. Please refer to the Department’s current billing instructions for additional information on modifier usage and payment.

**PAYMENT CALCULATION**

**Basic Value:** The MaineCare Program pays for radiology services based on the units system. Providers will be reimbursed the basic value multiplied by the number of units. Please refer to the Department’s current billing instructions for additional information regarding the conversion factor and modifier usage.
**SECTION 15  CHIROPRACTIC SERVICES**

Established: 9/15/80

Last Updated: 4/1/07

**FEE SCHEDULE**

The following Fee Schedule represents the only procedure codes chiropractors may use to bill MaineCare. The member can be billed for any non-covered service only if the member has been informed that he/she is liable for payment for non-covered services. This must be done prior to the provision of services. Documentation of the prior notification must be included in the member’s records.
<table>
<thead>
<tr>
<th>ALLOWED AGE</th>
<th>PROC CODE</th>
<th>DESCRIPTION</th>
<th>MAXIMUM ALLOWANCE</th>
<th>BASIC VALUE</th>
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<tr>
<td>All Ages</td>
<td>72020 *</td>
<td>Radiologic Examination, Spine, Single View, Specify Level</td>
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<tr>
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<td>Radiologic Examination, Spine, Cervical; Complete, Including Oblique and Flexion and/or Extension Studies</td>
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<td>Radiologic Examination, Spine; Lumbosacral; Two or Three Views</td>
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# CHIROPRACTIC SERVICES FEE SCHEDULE

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<tr>
<th>ALLOWED AGE</th>
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<th>DESCRIPTION</th>
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<td>Radiologic Examination, Spine, Lumbosacral; Complete, Including Bending Views</td>
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<td>All Ages</td>
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<td>Radiologic Examination, Spine; Lumbosacral; Bending Views Only, Minimum of Four Views</td>
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<td>All Ages</td>
<td>98940</td>
<td>Chiropractic Manipulative Treatment; Spinal, One to Two Regions</td>
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<td>Chiropractic Manipulative Treatment; Spinal, Three to Four Regions</td>
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<td>Chiropractic Manipulative Treatment; Spinal, Five Regions</td>
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*Note: These procedure codes may require a modifier in addition to the procedure code for payment.*