



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

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Mark D. Birdwhistell
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Commissioner

Chiropractor (85) Provider Letter: A-10

October 3, 2006

Dear Kentucky Medicaid Provider:

Re: *KyHealth Choices* – Prior Authorization Requirements for Chiropractic Services

The Department for Medicaid Services (DMS) implemented Prior Authorization (PA) requirements for chiropractic services under *KyHealth Choices* effective August 1, 2006.

On August 9, 2006 DMS issued a letter advising providers that the PA requirements for chiropractic services were under review and would not be required until September 15, 2006. However, providers were directed to continue to obtain PA for the required services and were advised that claims would not be denied for failure to obtain a PA.

Effective October 1, 2006 Chiropractic services will not require PA for both adults and children, and the following overall Chiropractic visit limits will apply per calendar year for both children and adults.

Global Choices Plan: 26
Comprehensive Choices Plan: 26
Optimum Choices Plan: 26
Family Choices Plan: 26

The 26 visit limit will begin with visits received on or after July 1, 2006.

Any additional treatment needed which exceeds the calendar year visit limit will not be covered for adults (21 years of age or older) but may be covered under the EPSDT Program for children (under age 21). For children, a PA would be needed based on medical necessity, treatment plan, and proof of continued improvement in the child's condition.

(please see reverse side)

Kentucky Medicaid Provider

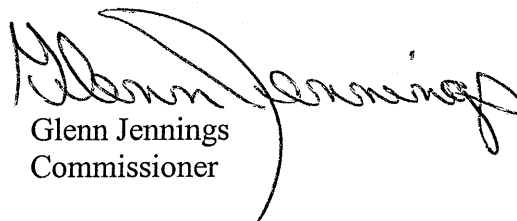
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DMS will monitor the cost of chiropractic benefits over the next 6-9 month period, and based on increased utilization DMS may consider reinstating the PA process.

Thank you for your continued patience as we implement the PA process. If you have any questions, please contact SHPS at 1-800-292-2392 or *KyHealth Choices* at 1-800-635-2570.

Sincerely,



Glenn Jennings
Commissioner

Xc: Chiropractor (85) Provider Letter: A-10

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