



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MASSHEALTH
TRANSMITTAL LETTER CRP-20
June 2004

TO: Chiropractors Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: *Chiropractor Manual* (Revisions to Required Claims Attachments)

This letter transmits revisions to the chiropractor regulations. These revisions are effective July 1, 2004.

MassHealth is committed to improving its business relationship with providers. In keeping with the administrative simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, a requirement for claims attachments has been modified to facilitate claims adjudication.

Currently, providers who submit claims for chiropractic services must attach a referral letter from the primary-care provider. This claims attachment requirement will be changing for paper and electronic claims with dates of service on or after July 1, 2004. Effective July 1, 2004, MassHealth will permit chiropractors to maintain the primary-care provider letter on file in their office rather than submitting it with the claim for adjudication.

The requirement to **obtain and maintain** this letter is not being removed and continues to be in full force and effect according to MassHealth regulations. Chiropractors are still required to obtain a referral letter from the primary-care provider that states the reason for the referral.

All other attachments required under chiropractor regulations including, but not limited to, other forms and invoices must continue to be submitted for proper adjudication of claims. Please refer to All Provider Bulletin 125, dated September 2003, for information on procedures for submitting paper attachments with electronic claims.

Periodically, MassHealth may ask chiropractic providers to verify that they have obtained the referral letter. In cases where MassHealth reviews have revealed provider noncompliance with the recordkeeping requirements of 130 CMR 450.205(A) through (C), MassHealth may pursue any legal remedies available to it including, but not limited to, recovery of overpayments and imposing sanctions in accordance with the provisions of 130 CMR 450.234 through 450.260.

This transmittal letter and the attached pages are available on MassHealth's Web site at www.mass.gov/masshealth.

If you have any questions about this transmittal letter, please contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Chiropractor Manual

Pages 4-5 and 4-6

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Chiropractor Manual

Pages 4-5 and 4-6 — transmitted by Transmittal Letter CRP-15

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(H) supportive services such as, but not limited to, nutritional counseling, educational services, and printed materials;

(I) physiotherapy, physical therapy, muscular stimulation, heat packs, or massage; and

(J) vitamins, minerals, food supplements, or other such supplies.

441.411: Payment for Services

To receive payment for medically necessary chiropractor services, the chiropractor must comply with the following conditions.

(A) For members who are not enrolled in the PCC Plan, the chiropractor must obtain and maintain, in the member's medical record, a copy of the primary-care provider's written referral.

(B) For members enrolled in the PCC Plan, the chiropractor must enter the PCC referral number on the claim form. A copy of the PCC's written referral must be maintained in the member's medical record.

441.412: Recordkeeping Requirements

(A) Federal and state regulations require that all MassHealth providers maintain complete written medical records of all patients who are MassHealth members. Medical records must comply with the provisions of 233 CMR 4.04. All records must be kept for a minimum of six years after the date of service. Payment for maintaining the member's medical record is included in the fee for chiropractic services. Each medical record must contain sufficient information to document fully the nature, extent, quality, and necessity of the care furnished to the member for each date of service claimed for payment. If the documentation is not sufficient to justify the service for which payment is claimed by the provider, MassHealth will not pay for the service or, if payment has been made, may consider such payment to be an overpayment subject to recovery in accordance with MassHealth's administrative and billing regulations at 130 CMR 450.000.

(B) The medical records must contain the following:

- (1) MassHealth member identification, including name, address, telephone number, date of birth, and the MassHealth member's identification number;
- (2) a complete medical history;
- (3) examination results, including a description of the chief complaint and diagnosis;
- (4) a written referral from the member's primary-care provider or PCC;
- (5) copies of X rays, with interpretations;
- (6) copies of all prior-authorization requests for out-of-state services;
- (7) the date and nature of each visit, including a complete description of services furnished, written and signed by the chiropractor;

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- (8) when more than one visit is indicated, a treatment plan for future visits written and signed by the chiropractor, which is updated on an ongoing basis to reflect changes in the member's presenting symptoms;
- (9) upon completion of treatment, a summary of the treatment and the member's current condition;
- (10) recommendations for additional treatment, signed and dated by the chiropractor; and
- (11) if the medical record or any component included therein is released for use by another party, the medical record must also contain a release form signed by the member. Release of the medical record to MassHealth for authorized use does not require the member's consent.

441.413: Rates of Payment

- (A) The Massachusetts Division of Health Care Finance and Policy determines the maximum allowable fees for chiropractor services. Payment is subject to the conditions, exclusions, and limitations set forth in 130 CMR 441.000. Payment for a service will be the lower of the following:
 - (1) the provider's usual and customary fee; or
 - (2) the maximum allowable fee listed in the applicable Division of Health Care Finance and Policy fee schedule and the applicable sections of 130 CMR 450.000.

- (B) Maximum allowable fees for chiropractor services include payment for all aspects of service delivery including administrative costs. Providers may not bill separately for services such as, but not limited to, the following:
 - (1) telephone contacts;
 - (2) information and referral services; and
 - (3) recordkeeping.

REGULATORY AUTHORITY

130 CMR 441.000: M.G.L. c 118E, ss. 7 and 12.