



RI Medicaid

Provider Reference Manual

Chiropractor

Version 1.0
November 2024

Revision History

| Version | Date | Sections Revised | Reason for Revision |
|----------------|---------------|-------------------------|----------------------------|
| 1.0 | November 2024 | All Sections | Document Created |
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Introduction

The Rhode Island Executive Office of Health and Human Services (EOHHS), in conjunction with Gainwell Technologies, developed provider manuals for all RI Medicaid providers. The purpose of this guide is to assist Medicaid providers with Medicaid policy, coverage information and claim reimbursement for this program. General information is found in the [General Guidelines Reference Manual](#). The Gainwell Technologies Customer Service Help Desk is also available to answer questions not covered in these manuals.

Gainwell Technologies can be reached by calling:

- 1-401-784-8100 for local and long-distance calls
- 1-800-964-6211 for in-state toll calls or border community calls

Provider Participation Guidelines

To participate in the Medicaid Program, providers must be located and performing services in Rhode Island or in a [border community](#). Consideration will be given to out-of-state providers if the covered service is not available in Rhode Island.

Provider Enrollment

Gainwell Technologies is the fiscal agent for EOHHS and the Medicaid Program, and as the fiscal agent is responsible for the enrollment, assignment of provider numbers, claims processing and reconciliation.

Providers who wish to enroll with RI Medicaid, should view the instructions in the [General Guidelines Reference Manual](#)

Before a provider can begin seeing RI Medicaid members, an active enrollment is required.

How to Enroll

Enrollment is completed using the RI Medicaid Healthcare Portal (HCP). To access the RI Medicaid Portal, the following link should be utilized: <https://www.riproviderportal.org>.

Step-by-step enrollment instruction can be found on the portal home page. The Healthcare Portal Resource Page can be accessed using the following link: <http://www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx>.

On the Healthcare Portal site, you find guides which include: Provider Enrollment User Guide, Trading Partner User Guide, and OPR Provider User Guide.

Key Information Needed to Enroll

To enroll as a Chiropractor Provider, you will need the following information:

- Address Information, including postal code + 4
- Tax ID – either EIN or SSN
- Completed W-9 as an attachment, including signature

- You may also need to attach some federally required disclosures.
- If enrolling independently or associating to group:
 - Individual NPI (National Provider Identification) and Taxonomy Code
- If enrolling a group:
 - Group NPI (National Provider Identification) and Taxonomy Code

Trading Partner Enrollment

In order to submit Medicaid claims electronically, it is necessary to be enrolled as a Trading Partner. If the organization or person who will submit claims for Chiropractic services is *already* a Trading Partner, it is not necessary to enroll again. Otherwise, it *is* necessary enroll as a Trading Partner.

To enroll as a Trading Partner, go to the Healthcare Portal at this link:

<https://www.riproviderportal.org/hcp/provider/Home/TradingPartnerEnrollment/tabid/931/Default.aspx>

Once there, follow these steps:

1. Scroll to the bottom, and on the left side of the page where it says, “Would you like to enroll as a Trading Partner?”, click on the blue link “Click Here to Enroll”. This will bring you to the Trading Partner Enrollment Application Welcome page.
2. Click Continue at the bottom of the page.
3. On the new page, complete the fields with a red asterisk in each section and select the continue button to move forward to the next page. You will enter:
 - Your Name
 - Your Tax IS/Social Security Number
 - Your contact information
 - EDI information
 - Profile information, including name, address, EDI information
4. When the next page populates displaying X12 transactions, check the 837 professional transaction and the 999 transaction as displayed below.

837P Healthcare Claim: Professional

999 Functional Acknowledgement

5. Check off online webservices as displayed below
 - Message Center
 - Prior Authorization (PA)
 - Remittance Advice
 - Remittance Advice Payment Amount
6. Select continue, and the Covered provider section populates. This is where you add your NPI, Tax ID, and Provider Type. The Provider Type for Chiropractor is NPI.
7. The next page will populate with Trading Partner Agreement. You **MUST** click on Trading Partner Agreement, then check off box to accept – type in provider name, Title, and select Submit.
8. When the next page populates, select **confirm** and then **write down the tracking number** for your trading partner enrollment. Once you have completed that, select **Exit**.

Reimbursement of Claims

Claims Billing Guidelines

Claims should be submitted electronically. If a paper claim must be submitted, the claim should be billed on the CMS 1500 claim form. Instructions for completing the [CMS 1500 claim form](#) are located on the Executive Office of Health and Human Services (EOHHS) website.

Requirement to Verify Eligibility

To ensure that a patient is enrolled in Medicaid and therefore that Chiropractic services provided to the patient may be reimbursed by Medicaid, the Chiropractic must first **verify** the beneficiary's Rhode Island Medicaid eligibility. Eligibility information is located on the Health Care Portal and is available 24 hours per day, seven days per week. The member's eligibility must be verified, by the chiropractor, on **each date of service**.

Timely Filing Guidelines

The Rhode Island Executive Office of Health and Human Services has a claim submission restriction of **365 days** from the date the service was provided to Medicaid recipients.

Gainwell Technologies must receive a claim for services for Medicaid clients within 365 days of the date of service in order to process claims for adjudication.

Any claim with a service date over 365 days and a remittance advice date from Gainwell Technologies over ninety (90) days will be denied for timely filing. Denials must be for reasons other than timely filing to be considered.

Claims Submission Formats

Providers have a choice of using Electronic Claim submission or Paper Claim Submission.

Electronic claims are the preferred method for claim submission. Chiropractic services are submitted using HIPPA compliant software and electronic claim type 837 professional.

To submit claims electronically, providers have access to the free [Provider Electronic Solutions](#) (PES) software. The software along with written instructions for download and setup can be found on the EOHHS website.

Paper claims are to be submitted using the 02/2012 version of the CMS 1500 professional claim form, which providers will need to purchase. Claim forms can be purchased at medical supply stores

Reimbursement Guidelines

Payment for services is made by EFT (electronic funds transfer) only. You will set this up during enrollment.

Payment frequency is determined by the State Fiscal Year (SFY) Claims Payment and Processing Schedule. The schedule can be found [here](#) on the EOHHS website.

The reimbursement rates for Chiropractors are listed in the Fee Schedule. Chiropractors cannot, by law, be paid more than the amount allowed in the published fee schedule.

Patient Liability

The Medicaid Program reimbursement is considered payment in full. The provider is not permitted to seek further payment from the recipient in excess of the Medicaid Program rate.

Out of State

Out-of-state chiropractor visits can be considered for payment on the basis of medical necessity. Medical necessity is determined by the patient's signs and symptoms at point of visit. Such services will require prior authorization. Refer to [prior authorization](#) for guidelines and procedures.

Prior Authorization

When requesting authorization, medical justification must be documented.

Out of State providers will be required to request prior authorization. Out of State providers must be enrolled in RI Medicaid and show proof of enrollment.

For in state chiropractor providers. You will be required to submit a prior authorization after the twelfth (12th) visit with a member within a 365-day period. This means that if the thirteenth (13th) visit would be within 365 days of the member’s first visit, you must submit a prior authorization in order to be reimbursed for that thirteenth (13th) visit. You will need to attach clinical notes with the prior authorization form for consideration of the service being covered past the initial twelve (12) visits within a 365-day period.

Reimbursable Chiropractor Procedure Codes

The following table lists all chiropractor services reimbursable through the Medicaid Program. The table shows the procedure code, service description and the number of units.

| Procedure Code | Description | Units |
|----------------|--|--------|
| 98940 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS | 1 UNIT |
| 98941 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS | 1 UNIT |
| 98942 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS | 1 UNIT |

Non-Covered Chiropractor Procedure Codes

The following procedure codes are not payable for chiropractors:

- 72040-RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL
- 97012- PHYSICAL MEDICINE TREATMENT TO ONE AREA; TRACTION, MECHANICAL
- 99070- SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED
WI

- 97014- PHYSICAL MEDICINE TREATMENT TO ONE AREA; ELECTRICAL STIMULATION (UNATTENDED)
- 97112- THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE,
- 72100- RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL
- 97110- THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND
- 97124- PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; MASSAGE
- 97010- PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS
- 99203- OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE
- G0283- ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S), OTHER THAN WOUND CARE, AS PART
- 99213- OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A
- 29581- APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM, BELOW KNEE
- 99205-OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE
- 97140-MANUAL THERAPY TECHNIQUES, MANIPULATION, MANUAL LYMPHATIC DRAINAGE, ONE OR MORE REGIONS
- 99204-OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE
- 98943-CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE REGIONS

- 99215-OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A
- 99202-OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE
- 99212-OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A
- 97035-APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES
- 97032-APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES
- 97024-PHYSICAL MEDICINE TREATMENT TO ONE AREA; DIATHERMY

Appendix

Claims Preparation Instructions

[CMS 1500 Claim Form](#)

[CMS1500 Claim Form Instructions](#)

Error Status Codes

[ESC Code List \(English\)](#)

Explanation of Benefits (EOB) Codes

[EOB Codes and Messages List \(English\)](#)

[EOB Codes and Messages List \(Spanish\)](#)

Third Party Liability Carrier and Coverage Codes

[Third Party Liability \(TPL\) Carrier Codes](#)

[Third Party Liability \(TPL\) Coverage Codes](#)