
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) Payment for covered chiropractor’s services shall be based on the lesser of the chiropractor’s usual and customary actual billed charges or the fixed upper limit per procedure established by the Department using a Kentucky Medicaid Fee Schedule developed from a resource-based relative value scale (RBRVS).
- (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.
- (2) For services provided on or after July 1, 1990, chiropractors practicing in geographic areas with no more than one (1) primary care physician per 5,000 population, as reported by the United States Department of Health and Human Services, shall be reimbursed at the lesser of the chiropractors’ usual and customary actual billed charges or up to 125 percent of the fixed upper limit per procedure established by the Department.