

CHAPTER 68
CHIROPRACTIC SERVICES

Authority

N.J.S.A. 30:4D-1 et seq. and 30:4J-8 et seq.

Source and Effective Date

R.2006 d.416, effective October 30, 2006.
See: 38 N.J.R. 2012(a), 38 N.J.R. 5157(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 68, Chiropractic Services, expires on October 30, 2013. See: 43 N.J.R. 1203(a).

Chapter Historical Note

Chapter 68, Manual for Chiropractic Services, was adopted as R.1973 d.369, effective January 1, 1974. See: 5 N.J.R. 414(b), 6 N.J.R. 68(b).

Pursuant to Executive Order No. 66(1978), Chapter 68, Chiropractic Services, was readopted as R.1986 d.309, effective July 7, 1986. See: 18 N.J.R. 1053(b), 18 N.J.R. 1594(a).

Pursuant to Executive Order No. 66(1978), Chapter 68, Manual for Chiropractic Services, was readopted as R.1991 d.377, effective June 28, 1991. See: 23 N.J.R. 1327(a), 23 N.J.R. 2309(a).

Chapter 68, Manual for Chiropractic Services, was repealed and a new Chapter 68, Chiropractic Services, was adopted as R.1996 d.264, effective June 3, 1996. See: 28 N.J.R. 1460(a), 28 N.J.R. 2999(a).

Pursuant to Executive Order No. 66(1978), Chapter 68, Chiropractic Services, was readopted as R.2001 d.184, effective May 9, 2001. See: 33 N.J.R. 976(a), 33 N.J.R. 1918(a).

Chapter 68, Chiropractic Services, was readopted as R.2006 d.416, effective October 30, 2006. As a part of R.2006 d.416, Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was renamed Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS), effective December 4, 2006. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. GENERAL PROVISIONS

10:68-1.1 Purpose

The purpose of this chapter is to provide rules governing the provision of chiropractic services to Medicaid and NJ FamilyCare beneficiaries.

Amended by R.2000 d.451, effective November 6, 2000.
See: 32 N.J.R. 2691(a), 32 N.J.R. 3992(b).

Added "and NJ KidCare" following "Medicaid".
Amended by R.2006 d.416, effective December 4, 2006.
See: 38 N.J.R. 2012(a), 38 N.J.R. 5157(a).

Substituted "FamilyCare" for "KidCare".

10:68-1.2 Scope of services

(a) Coverage of a chiropractor's services shall be limited to treatment by means of manipulation of the spine which the chiropractor is legally authorized by the State to personally perform (see 42 C.F.R. §440.60). The chiropractor may prescribe certain services as outlined in N.J.A.C. 10:68-2, Services Prescribed by the Chiropractor.

1. Services may be provided in the office, the beneficiaries' home, a nursing facility, or a residential health care facility. Services shall not be reimbursed for chiropractic services provided in intermediate care facilities for the mentally retarded (ICF/MRs) or in residential treatment centers.

10:68-1.3 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

"Chiropractor" means a doctor of chiropractic licensed to practice within the scope of that license issued by the New Jersey State Board of Chiropractic Examiners, or by a comparable State agency in the state in which the chiropractor is located; and fulfills those qualification requirements for certification as an eligible provider under Title XVIII of the Social Security Act (Section 1861(r)(5) and 42 U.S.C. §1396d).

"Chiropractic services" means those services personally provided by the chiropractor which are limited to the adjustment and manipulation of the articulations of the spine and related structures and whose purpose is the relief of certain

abnormal clinical conditions of the human body causing discomfort resulting from the impingement upon associated nerves.

“Clinical laboratory services” means professional and technical laboratory services provided by an independent clinical laboratory when ordered and provided by, or under the direction of, a physician or other licensed practitioner of the healing arts, within the scope of his or her practice, as defined by the laws of the state in which the physician or practitioner practices; and when furnished by a laboratory that meets the Clinical Laboratory Improvement Act of 1987 (CLIA). (See N.J.A.C. 10:68-2.4.)

“Consultation” means the advice, counsel, deliberation, diagnosis, and proposed treatment by a specialist when and as requested by an attending physician or the attending’s own patient.

“Nursing facility (NF)” means an institution (or distinct part of an institution) certified by the New Jersey State Department of Health and Senior Services in accordance with N.J.A.C. 8:39 for participation in Medicaid or NJ FamilyCare and primarily engaged in providing:

1. Nursing care and related services for patients who require medical, nursing care, and social services;
2. Rehabilitative services for the rehabilitation of the injured, disabled, or sick; or
3. Health-related care and services on a regular basis to patients who because of a mental or physical condition require care and services above the level of room and board. However, the nursing facility is not primarily for the care and treatment of patients with mental diseases which require continuous 24-hour supervision by qualified mental health professionals.

“Residential health care facility” means a facility, licensed by the New Jersey State Department of Health and Senior Services, which furnishes food and shelter to four or more persons 18 years of age and older who are unrelated to the owner and which provides dietary services, recreational activities, supervision of self-administration of medications, supervision of and assistance in activities of daily living (ADL) and assistance in obtaining health services to one or more of such persons. As used in this chapter, the term “residential health care facility” means a “boarding home for sheltered care” as defined by the New Jersey State Department of Health and Senior Services (see N.J.A.C. 8:43).

Amended by R.2000 d.451, effective November 6, 2000.
See: 32 N.J.R. 2691(a), 32 N.J.R. 3992(b).

In “Nursing facility”, added “or NJ KidCare” following “Medicaid”.
Amended by R.2006 d.416, effective December 4, 2006.
See: 38 N.J.R. 2012(a), 38 N.J.R. 5157(a).

In the introductory paragraph, inserted a comma following “terms”; and in the introductory paragraph of definition “Nursing facility (NF)”, substituted “FamilyCare” for “KidCare”.

10:68-1.4 Application for provider status; chiropractor

(a) Any chiropractor may apply to the New Jersey Medicaid or NJ FamilyCare program for approval as a provider, if he or she is a chiropractor licensed by the State Board of Chiropractic Examiners in accordance with N.J.A.C. 13:44E, or licensed by a comparable state agency in the state in which the chiropractor practices.

(b) See N.J.A.C. 10:49-3 for additional requirements for provider participation.

(c) An applicant shall complete a Provider Application (FD-20; see N.J.A.C. 10:49, Appendix #8) and a Provider Agreement (FD-62; see N.J.A.C. 10:49, Appendix #9). The forms may be obtained from, and shall be submitted to:

Unisys Corporation
Provider Enrollment
PO Box 4804
Trenton, NJ 08650-4804

(d) The application and agreement shall be accompanied by a photocopy of the applicant’s current license as a chiropractor.

(e) The applicant will receive notification of approval or disapproval from the Division’s fiscal agent. If approved, the chiropractor shall be furnished with a provider manual and assigned a Division provider identification number. The chiropractor shall use the assigned provider identification number on all billing documents submitted to the Division’s fiscal agent.

Amended by R.2000 d.451, effective November 6, 2000.
See: 32 N.J.R. 2691(a), 32 N.J.R. 3992(b).

In (a), added “or, NJ KidCare” preceding “program”; in (a) and (c), deleted “Medicaid” preceding “provider” and “Provider” throughout; in (e) substituted “Division’s” for “Medicaid” preceding “fiscal agent”; and substituted “Division” for “Medicaid” preceding “provider identification”.

Amended by R.2006 d.416, effective December 4, 2006.
See: 38 N.J.R. 2012(a), 38 N.J.R. 5157(a).

In (a), substituted “FamilyCare” for “KidCare”.

10:68-1.5 Basis of reimbursement

(a) Reimbursement for covered chiropractic services provided to a Medicaid or NJ FamilyCare beneficiary is provided on the basis of the customary charge (fee-for-service) not to exceed an allowance determined reasonable by the Commissioner of the New Jersey State Department of Human Services and contained in N.J.A.C. 10:68-3.2.

1. In no event shall the charge to the New Jersey Medicaid or NJ FamilyCare program exceed the charge by the provider for identical services to other governmental agencies, or other groups or individuals in the community.

2. The chiropractor may be reimbursed for an initial diagnostic and/or evaluation visit in the absence of manipulation of the spine performed during that visit.