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State of Minnesota
HOUSE OF REPRESENTATIVES
NINETIETH SESSION

H. F. No. 1357

02/16/2017 Authored by Gruenhagen
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act
1.2 relating to human services; modifying coverage of chiropractic services under
1.3 medical assistance; amending Minnesota Statutes 2016, section 256B.0625,
1.4 subdivision 8e; repealing Minnesota Rules, part 9505.0245.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2016, section 256B.0625, subdivision 8e, is amended to
1.7 read:

1.8 Subd. 8e. **Chiropractic services.** ~~Payment for~~ (a) Medical assistance covers chiropractic
1.9 services is and related services, which are limited to one annual evaluation and 24 visits per
1.10 year unless prior authorization of a greater number of visits is obtained.

1.11 (b) Medical assistance may cover medically necessary therapy and evaluation and
1.12 management services provided by an individual licensed to practice under section 148.06
1.13 if the service is otherwise a covered medical assistance service and is within the individual's
1.14 scope of practice. The commissioner, in consultation with the Health Services Policy
1.15 Committee established in subdivision 3c, shall specify which therapy and evaluation and
1.16 management services are covered. Covered therapy and evaluation and management services
1.17 shall be limited to those related to a chiropractic plan of care.

1.18 Sec. 2. **REPEALER.**

1.19 Minnesota Rules, part 9505.0245, is repealed.

APPENDIX
Repealed Minnesota Rule: 17-3153

9505.0245 CHIROPRACTIC SERVICES.

Subpart 1. **Definitions.** The following terms used in this part have the meanings given them.

A. "Chiropractic service" means a medically necessary health service provided by a chiropractor.

B. "Chiropractor" means a person licensed under Minnesota Statutes, sections 148.01 to 148.108.

Subp. 2. **Payment limitations.** Medical assistance payment for chiropractic service is limited to medically necessary manual manipulation of the spine for treatment of incomplete or partial dislocations and the x-rays that are needed to support a diagnosis of subluxation.

A. Payment for manual manipulations of the spine of a recipient is limited to six manipulations per month and 24 manipulations per year unless prior authorization of a greater number of manipulations is obtained.

B. Payment for x-rays is limited to radiological examinations of the full spine; the cervical, thoracic, lumbar, and lumbosacral areas of the spine; the pelvis; and the sacroiliac joints.

Subp. 3. **Excluded services.** The following chiropractic services are not eligible for payment under the medical assistance program:

- A. laboratory service;
- B. diathermy;
- C. vitamins;
- D. ultrasound treatment;
- E. treatment for a neurogenic or congenital condition that is not related to a diagnosis of subluxation;
- F. medical supplies or equipment supplied or prescribed by a chiropractor; and
- G. x-rays not listed in subpart 2.