



REIMBURSEMENT POLICY STATEMENT OHIO MEDICAID

Policy Name	Policy Number	Effective Date
Chiropractic Care – Spinal Manipulation	PY-1328	10/01/2021-07/31/2023

Reimbursement Policy Statement: Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, n

(,)-10.1100



