



CHIROPRACTORS AND SOONERCARE Q&A

1. Who is eligible to receive chiropractic services?

A. Chiropractic services are covered for adults 21 and older with Expansion Healthy Adult and Title 19 eligibility.

2. Is the AT modifier required?

A. No, the AT modifier is not required.

3. Where is the fee schedule located?

A. The fee schedule is available on the OHCA secure provider portal under the Resources tab and on the OHCA [public website](#).

4. Do Chiropractors need a contract to perform services, even if a provider already has a Medicare primary/Medicaid secondary contract?

A. Yes, providers must be contracted to receive reimbursement for covered services provided to eligible members. Current Medicare contracted providers must separately apply to have a Medicaid contract to render chiropractor services to FFS members.

5. Are evaluations a covered service?

A. Yes, E&M codes 99202, 99203, 99212, and 99213 are covered.

6. Is the contract date, the date of submission or date of completion of the contract, and can the contract be backdated?

A. The effective date is the date all required information and documentation is received by OHCA and the provider has been screened. OHCA can consider backdate requests on a case-by-case basis during processing when the appropriate request is submitted with all other required documentation. If you would like the application to be backdated, please submit a written request for consideration during processing. If the request is made during the application process, add the written request to the required documents. If the application has processed, a Settlement Agreement Request [form](#) is required.

7. Is there a limit to chiropractic services?

A. Yes, 12 visits per calendar year, regardless of injury or episode. The member would be responsible for any additional visits exceeding the limit.



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

[okhca.org](#)
[mysoonerca.org](#)



PHONE

Admin: 405-522-7300
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8. Are chiropractors reimbursed for x-rays and physical therapy?

A. X-rays and physical therapy are a covered service for SoonerCare members but not compensable to chiropractors. Additionally, these services are not billable to the member.

9. Can prior authorizations for chiropractic services be backdated ?

A. No. PAs cannot be backdated for chiropractic services.

10. Does Medicaid have the same two diagnosis codes per region requirement as Medicare?

A. No, OHCA does not have a two diagnosis per region requirement.

11. How can we tell if a member has had chiropractic visits?

A. The member's visits can be checked on the OHCA secure provider portal under the eligibility tab, by selecting treatment history. Search results are based off paid claims.

12. Does Medicaid pay the coinsurance and deductible of Medicare?

A. Yes, the Medicare coinsurance and deductible are paid a certain percentage by SoonerCare.



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