



Wyoming Medicaid

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Chiropractic Policy for Clients under 21

As specified under EPSDT, chiropractic services for Medicaid clients under the age of 21 will be covered as long as they are determined to be medically necessary.

Medical necessity, as described in section 3.4 of the Wyoming Medicaid CMS-1500 Provider Manual, is defined as a service used to diagnose, treat, cure, or prevent illness. These services are reasonably suspected to relieve pain, improve and preserve health, and/or be essential for life.

Services will NOT be considered medically necessary if:

1. No improvement is documented within the initial 2 weeks unless the treatment is modified
2. No improvement is documented within 30 days despite modification of chiropractic treatment
3. The maximum therapeutic benefit has been achieved
4. The chiropractic manipulation is being performed in asymptomatic person or persons without an identifiable clinical condition
5. The chiropractic care is occurring in persons whose condition is neither regressing nor improving.

Billing Requirements:

All claims for children under the age of 21 must include documentation of medical necessity. This documentation may be a letter from the client's primary physician or medical notes from the chiropractic provider.



Help identify and combat Medicaid Fraud by visiting the website or contacting the Fraud Hotline:

- <https://health.wyo.gov/healthcarefin/program-integrity/>

• 1-855-846-2563

WYhealth is a Medicaid health management and utilization management program offered by the Wyoming Department of Health through Optum. Medicaid clients and providers will benefit from a wide array of programs and services offered and coordinated by Optum. Visit <https://www.wyhealth.net/tpa-ap-web/> for more information.



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Wyoming Medicaid, Provider Relations, PO Box 667, Cheyenne, WY 82003

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<https://wymedicaid.portal.conduent.com/>

Deployment Information:

- Deployment Date: 8/16/2021
- Deployment Time: 10:00 AM
- Audience: Chiropractors
 - Taxonomies: 111N00000X