

# WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

## CHIROPRACTIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
98940	CHIROPRACTOR MANIPULATION TREATMENT: SPINAL, ONE TO TWO REGIONS	CHIROPRACTIC	Required - Beyond Service Limits	No Restriction	PRICED		<p><b>Alternative Benefit Plan Members</b> Can receive a maximum of 24 sessions in a calendar year. An additional six treatments can be authorized if OT and PT services have not been utilized during Chiro treatments.</p> <p><b>Fee-for-Service Benefit Plan Members</b> PA Required after 20 sessions in a calendar year of codes 98940, 98942 and 98941. Appropriate documentation Required.</p>
98941	CHIROPRACTOR MANIPULATION TREATMENT: SPINAL, THREE TO FOUR REGIONS	CHIROPRACTIC	Required - Beyond Service Limits	No Restriction	PRICED		<p><b>Alternative Benefit Plan Members</b> Can receive a maximum of 24 sessions in a calendar year. An additional six treatments can be authorized if OT and PT services have not been utilized during Chiro treatments.</p> <p><b>Fee-for-Service Benefit Plan Members</b> PA Required after 20 sessions in a calendar year of codes 98940, 98942 and 98941. Appropriate documentation Required.</p>
98942	CHIROPRACTOR MANIPULATION TREATMENT: SPINAL, FIVE REGIONS	CHIROPRACTIC	Required - Beyond Service Limits	No Restriction	PRICED		<p><b>Alternative Benefit Plan Members</b> Can receive a maximum of 24 sessions in a calendar year. An additional six treatments can be authorized if OT and PT services have not been utilized during Chiro treatments.</p> <p><b>Fee-for-Service Benefit Plan Members</b> PA Required after 20 sessions in a calendar year of codes 98940, 98942 and 98941. Appropriate documentation Required.</p>
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	CHIROPRACTIC	Required - Beyond Service Limits	No Restriction	PRICED	Maximum of 1 authorized unit per calendar year for Service Code	RADIOLOGY SERVICES PERFORMED BY CHIROPRACTIC SERVICE PROVIDERS OVER THE LIMITS SPECIFIED IN CHAPTER 519.7 CHIROPRACTIC SERVICES REQUIRE PA
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	CHIROPRACTIC	Required - Beyond Service Limits	No Restriction	PRICED	Maximum of 1 authorized unit per calendar year for Service Code	RADIOLOGY SERVICES PERFORMED BY CHIROPRACTIC SERVICE PROVIDERS OVER THE LIMITS SPECIFIED IN CHAPTER 519.7 CHIROPRACTIC SERVICES REQUIRE PA
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	CHIROPRACTIC	Required - Beyond Service Limits	No Restriction	PRICED	Maximum of 1 authorized unit per calendar year for Service Code	RADIOLOGY SERVICES PERFORMED BY CHIROPRACTIC SERVICE PROVIDERS OVER THE LIMITS SPECIFIED IN CHAPTER 519.7 CHIROPRACTIC SERVICES REQUIRE PA
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	CHIROPRACTIC	Required - Beyond Service Limits	No Restriction	PRICED	Maximum of 1 authorized unit per calendar year for Service Code	RADIOLOGY SERVICES PERFORMED BY CHIROPRACTIC SERVICE PROVIDERS OVER THE LIMITS SPECIFIED IN CHAPTER 519.7 CHIROPRACTIC SERVICES REQUIRE PA
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	CHIROPRACTIC	Required - Beyond Service Limits	No Restriction	PRICED	Maximum of 1 authorized unit per calendar year for Service Code	RADIOLOGY SERVICES PERFORMED BY CHIROPRACTIC SERVICE PROVIDERS OVER THE LIMITS SPECIFIED IN CHAPTER 519.7 CHIROPRACTIC SERVICES REQUIRE PA

<b>72072</b>	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	<b>CHIROPRACTIC</b>	Required - Beyond Service Limits	No Restriction	PRICED	Maximum of 1 authorized unit per calendar year for Service Code	RADIOLOGY SERVICES PERFORMED BY CHIROPRACTIC SERVICE PROVIDERS OVER THE LIMITS SPECIFIED IN CHAPTER 519.7 CHIROPRACTIC SERVICES REQUIRE PA
<b>72074</b>	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF 4 VIEWS	<b>CHIROPRACTIC</b>	Required - Beyond Service Limits	No Restriction	PRICED	Maximum of 1 authorized unit per calendar year for Service Code	RADIOLOGY SERVICES PERFORMED BY CHIROPRACTIC SERVICE PROVIDERS OVER THE LIMITS SPECIFIED IN CHAPTER 519.7 CHIROPRACTIC SERVICES REQUIRE PA
<b>72080</b>	THORACOLUMBAR JUNCTION, MINIMUM OF 2 VIEWS SHOULD INCLUDE EXAMINATION OF THE THORACOLUMBAR JUNCTION	<b>CHIROPRACTIC</b>	Required - Beyond Service Limits	No Restriction	PRICED	Maximum of 1 authorized unit per calendar year for Service Code	RADIOLOGY SERVICES PERFORMED BY CHIROPRACTIC SERVICE PROVIDERS OVER THE LIMITS SPECIFIED IN CHAPTER 519.7 CHIROPRACTIC SERVICES REQUIRE PA
<b>72082</b>	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE IF PERFORMED (EG, SCOLIOSIS EVALUATION); 2 OR 3 VIEWS	<b>CHIROPRACTIC</b>	Required - Beyond Service Limits	No Restriction	PRICED	Maximum of 1 authorized unit per calendar year for Service Code	RADIOLOGY SERVICES PERFORMED BY CHIROPRACTIC SERVICE PROVIDERS OVER THE LIMITS SPECIFIED IN CHAPTER 519.7 CHIROPRACTIC SERVICES REQUIRE PA
<b>72100</b>	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	<b>CHIROPRACTIC</b>	Required - Beyond Service Limits	No Restriction	PRICED	Maximum of 1 authorized unit per calendar year for Service Code	RADIOLOGY SERVICES PERFORMED BY CHIROPRACTIC SERVICE PROVIDERS OVER THE LIMITS SPECIFIED IN CHAPTER 519.7 CHIROPRACTIC SERVICES REQUIRE PA
<b>72110</b>	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	<b>CHIROPRACTIC</b>	Required - Beyond Service Limits	No Restriction	PRICED	Maximum of 1 authorized unit per calendar year for Service Code	RADIOLOGY SERVICES PERFORMED BY CHIROPRACTIC SERVICE PROVIDERS OVER THE LIMITS SPECIFIED IN CHAPTER 519.7 CHIROPRACTIC SERVICES REQUIRE PA
<b>72114</b>	RADIOLOGIC EXAMINATION, SPINE, LUMBROSACRAL, COMPLETE, INCLUDING BENDING VIEWS, MINIMUM OF 6 VIEWS	<b>CHIROPRACTIC</b>	Required - Beyond Service Limits	No Restriction	PRICED	Maximum of 1 authorized unit per calendar year for Service Code	RADIOLOGY SERVICES PERFORMED BY CHIROPRACTIC SERVICE PROVIDERS OVER THE LIMITS SPECIFIED IN CHAPTER 519.7 CHIROPRACTIC SERVICES REQUIRE PA
<b>72120</b>	RADIOLOGIC EXAMINATION, SPINE, LUMBROSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	<b>CHIROPRACTIC</b>	Required - Beyond Service Limits	No Restriction	PRICED	Maximum of 1 authorized unit per calendar year for Service Code	RADIOLOGY SERVICES PERFORMED BY CHIROPRACTIC SERVICE PROVIDERS OVER THE LIMITS SPECIFIED IN CHAPTER 519.7 CHIROPRACTIC SERVICES REQUIRE PA
<b>EPSDT</b>	EPSDT SERVICE	<b>CHIROPRACTIC</b>	<b>REQUIRED</b>	Age <= 20 years old	<b>NOT PRICED</b>		<b>For program requirements and additional resources, please visit the following website: <a href="https://dhhr.wv.gov/HealthCheck/Pages/default.aspx">https://dhhr.wv.gov/HealthCheck/Pages/default.aspx</a></b>
<b>OON Service</b>	OUT-OF-NETWORK SERVICE	<b>CHIROPRACTIC</b>	<b>REQUIRED</b>	No Restriction	<b>NOT PRICED</b>		For WV Medical, Acentra Health will add a placeholder for an Out-of-Network (OON) Provider. This provider should be selected as the servicing provider for all out-of-network authorization requests. The 'Out-of-Network' provider will be available as a servicing provider for all request types/service codes.