

WAC 182-531-1050 Manipulative therapy. (1) The medicaid agency pays for manipulative therapy only when:

(a) Provided by an osteopathic physician licensed under chapter 18.57 RCW or naturopathic physicians licensed under chapter 18.36A RCW; and

(b) Billed using the appropriate CPT codes that involve the number of body regions involved.

(2) The agency allows an osteopathic physician or naturopathic physician to bill the agency for an evaluation and management (E&M) service in addition to the manipulative therapy when one of the following apply:

(a) The physician diagnoses the condition requiring manipulative therapy and provides it during the same visit;

(b) The existing related diagnosis or condition fails to respond to manipulative therapy or the condition significantly changes or intensifies, requiring E&M services beyond those included in the manipulation codes; or

(c) The physician treats the client during the same encounter for an unrelated condition that does not require manipulative therapy.

(3) The agency pays for ten manipulations per client, per calendar year. The agency evaluates a request for manipulations that is in excess of the limitations or restrictions according to WAC 182-501-0169. Payment for each manipulation includes a brief evaluation as well as the manipulation.

(4) The agency does not pay for physical therapy services performed by osteopathic physicians or naturopathic physicians.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 15-03-041, § 182-531-1050, filed 1/12/15, effective 2/12/15. WSR 11-14-075, recodified as § 182-531-1050, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090. WSR 10-19-057, § 388-531-1050, filed 9/14/10, effective 10/15/10. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 01-01-012, § 388-531-1050, filed 12/6/00, effective 1/6/01.]