



S.F. No. 595 – MinnesotaCare and medical assistance programs chiropractic services coverage modification provision

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Bill Overview

S.F. 595 expands coverage of chiropractic and related services in the medical assistance (MA) and MinnesotaCare programs. Existing law limits payment for chiropractic services to one annual evaluation and 24 visits per year unless prior authorization for more visits is obtained. Covered services include manual spinal manipulation to treat subluxation, evaluation and management services, and x-rays necessary to support a subluxation diagnosis. This bill would require MA and MinnesotaCare to cover all chiropractic-related services recommended by a licensed chiropractor using generally accepted chiropractic standards of care. These services include, but are not limited to, manual therapy, spinal manipulation, therapeutic exercises, and x-rays. S.F. 595 retains the limit on the number of chiropractic visits without receiving prior authorization at 24 per year. The bill also repeals the subdivision on chiropractic care in chapter 256L (governing MinnesotaCare), which results in the required chiropractic coverage under MinnesotaCare matching the required coverage under MA.



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