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## FISCAL IMPACT REPORT

SPONSOR: Herrera DATE TYPED: 1/29/03 HB 91  
 SHORT TITLE: Medicaid Reimbursement for Chiropractor SB \_\_\_\_\_  
 ANALYST: Maloy

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY03	FY04	FY03	FY04		
			\$1,566.5	Recurring	General fund
			\$4,822.3	Recurring	Federal/ Medicaid
			\$6,388.8	Recurring	Total

### SOURCES OF INFORMATION

Responses Received From  
 Human Services Department

### SUMMARY

#### Synopsis of Bill

House Bill 91 proposes to require Medicaid to reimburse licensed chiropractic physicians for services rendered within their scope of practice.

#### Significant Issues

Currently, Medicaid does not reimburse for services prescribed by licensed chiropractors. Including chiropractors and their services in the Medicaid program is an expansion of the program.

### FISCAL IMPLICATIONS

It is estimated that including chiropractors in the Medicaid program would result in a need for approximately \$6,388.8 to support the added eligible providers and services. This figure is based on 12% of all Medicaid recipients (both fee-for-service and managed care) having two visits to a Chiropractor on an annual basis. The estimated recurring impact is \$1,566.5 to the general fund and \$4,822.3 to federal funds.

**ADMINISTRATIVE IMPLICATIONS**

The Medical Assistance Division (MAD) would have to create a new service category, promulgate new regulations, write new billing instructions, and update the Medicaid Management Information System (MMIS) to allow new procedure codes and providers for the new provider type and specialty.

These administrative functions can be absorbed by existing staff and budget resources.

**SUBSTANTIVE ISSUES**

Medicare does cover some chiropractic services, but on a very limited basis.

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