



Ohio Revised Code

Section 5164.061 Chiropractic services.

Effective: June 13, 2022

Legislation: House Bill 136 - 134th General Assembly

(A) As used in this section:

(1) "Prescriber" has the same meaning as in section 4729.01 of the Revised Code, but does not include a dentist, optometrist, or veterinarian.

(2) "Prior authorization requirement" means any practice in which coverage of a health care service, device, or drug is dependent upon a recipient or health care practitioner obtaining approval from the medicaid program prior to the service, device, or drug being performed, received, or prescribed, as applicable.

(B)(1) The medicaid program shall cover evaluation and management services provided by a chiropractor if the chiropractor is licensed to practice chiropractic under Chapter 4734. of the Revised Code.

(2) The medicaid director may adopt rules under section 5164.02 of the Revised Code to cover other services provided by a chiropractor under the medicaid program.

(3) With respect to the coverage described in this section, all of the following apply:

(a) A chiropractor may provide covered services in any location, including a hospital or nursing facility.

(b) The medicaid program shall not impose a prior authorization requirement on covered services.

(c) The medicaid program shall not make coverage contingent upon the medicaid recipient first receiving a referral, prescription, or treatment from a prescriber.

(C) If a service described in this section could be provided by either a chiropractor licensed under



Chapter 4734. of the Revised Code or a licensed health professional other than a chiropractor, the medicaid program shall pay the chiropractor the same amount for the service that it pays the licensed health professional.
