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State/Territory Name: MN

State Plan Amendment (SPA) #: 25-0029

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 2, 2026

John Connolly, Director
Minnesota Department of Human Services
Federal Relations Unit
540 Cedar Street, PO Box 64983
Saint Paul, MN 55164

Re: Minnesota State Plan Amendment - 25-0029

Dear Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0029. This amendment eliminates Medicaid coverage of chiropractic services for individuals older the age of 21,

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act implementing federal statute 42 CFR § 440.60(b). This letter is to inform you that Minnesota's Medicaid SPA 25-0029 was approved on January 2, 2026, with an effective date of January 1, 2026.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the M Minnesota State Plan.

If you have any questions, please contact Rhonda Gray at 410-786-6140 or via email at Rhonda.Gray@cms.hhs.gov.

Sincerely,

Wendy E. Hill Petras, Acting Director
Division of Program Operations

cc: Alley Zoellner
Patrick Hultman
Leah Montgomery

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER
2 5 — 0 0 2 9 2. STATE
MN

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT XIX XXI

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440.60(b) and Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ (1,211,369)
b. FFY 2027 \$ (2,061,778)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Page 24 (10-15) (12-06)

Attachment 3.1-B Page 23 (10-15) (12-06)

Attachment 4.19-B Page 15 (17-12)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
same

9. SUBJECT OF AMENDMENT

Eliminates Medicaid coverage of chiropractic services for individuals older than 21.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

15. RETURN TO

Patrick Hultman
Minnesota Department of Human Services
Federal Relations Unit
540 Cedar Street, PO Box 64983
Saint Paul, MN 55164

12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

October 29, 2025

FOR CMS USE ONLY

16. DATE RECEIVED

October 29, 2025

17. DATE APPROVED

January 2, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill-Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director for the Division of Program Operations

22. REMARKS

*Box 7: State authorized pen and ink change on 01/02/2026

STATE: MINNESOTA
Effective: January 1, 2026
TN: 25-0029
Approved: January 2, 2026
Supersedes: 12-06, 10-15, 98-01, (94-07)

ATTACHMENT 3.1-A
Page 24

6.c. Chiropractors' services.

** This section intentionally left blank

- ~~Coverage is limited to medically necessary evaluation and manual manipulation of the spine for treatment of incomplete or partial dislocations, and the x-rays that are needed to support a diagnosis of subluxation.~~
- ~~Payment for manual manipulation of the spine of a recipient is limited to six manipulations per month and, effective January 1, 2011, twelve manipulations per year unless prior authorization for a greater number of manipulations is obtained.~~
- ~~Payment is limited to one annual evaluation unless prior authorization for additional evaluations is obtained.~~

STATE: MINNESOTA
Effective: January 1, 2026
TN: 25-0029
Approved: January 2, 206
Supersedes: 12-06, 10-15, 98-01 (94-07)

ATTACHMENT 3.1-B
Page 23

6.c. Chiropractors' services.

** This section intentionally left blank

- ~~Coverage is limited to medically necessary evaluation and manual manipulation of the spine for treatment of incomplete or partial dislocations, and the x-rays that are needed to support a diagnosis of subluxation.~~
- ~~Payment for manual manipulation of the spine of a recipient is limited to six manipulations per month and, effective January 1, 2011, twelve manipulations per year unless prior authorization for a greater number of manipulations is obtained.~~
- ~~Payment is limited to one annual evaluation unless prior authorization for additional evaluations is obtained.~~

STATE: MINNESOTA
Effective: January 1, 2026
TN: 25-0029
Approved: January 2, 2026
Supersedes: 17-12 (11-30b, 11-19,
07-12, 04-15(a), 97-21)

ATTACHMENT 4.19-B
Page 15

6.c. Chiropractors' services.

** This section intentionally left blank and has been deleted
effective January 1, 2026

~~Chiropractors are paid using the same methodology as item~~
~~5.a., Physicians' services.~~

~~The base rates as described in this item are adjusted by the following~~
~~clauses of Supplement 2 of this Attachment.~~

~~w. Professional services rate decrease 2011~~
~~ee. Supplemental payment for medical education~~