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State/Territory Name:  Tennessee

State Plan Amendment (SPA) #: 21-0006

This file contains the following documents in the order listed:

1) Approval Letter  
2) Summary Form (with 179-like data)  
3) Approved SPA Pages
March 7, 2022

Mr. Stephen M. Smith  
Director, Division of TennCare  
310 Great Circle Road  
Nashville, TN 37243

Re: Tennessee State Plan Amendment (SPA) Transmittal #21-0006

Dear Mr. Smith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) #21-0006. This amendment allows coverage of chiropractors’ services for adults.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440.441, and 447. This letter is to inform you that Tennessee Medicaid SPA #21-0006 was approved on March 04, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Tandra Hodges at 404-562-7409 or via email at Tandra.Hodges@cms.hhs.gov.

Sincerely,

[Redacted]

James G. Scott, Director  
Division of Program Operations

cc: Aaron Butler
### 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

**Federal Statute/Regulation Citation:**  
42 CFR 440, 441 and 447.

**Page Number of the Plan Section or Attachment:**  
Attachment 3.1-A, pages 3  
Attachment 3.1-B, pages 3  
Attachment 3.1.A.1, Item 6.c. (New)  
Attachment 3.1.B.1, Item 6.c. (New)  
Attachment 4.19B, Item 6.c. (New)

**Proposed Effective Date:** January 1, 2022

**Federal Budget Impact (Amounts in Whole dollars):**  
a. FFY 2021: $0  
b. FFY 2022: $0

**Plan Approved - One Copy Attached**

**Effective Date of Approved Material:** January 1, 2022

**Remarks:**  
Authorized pen and ink change to block #7 to add:  
Attachment 3.1.A.1, Item 6.c (New)  
Attachment 3.1.B.1, Item 6.c (New)  
Attachment 4.19B, Item 6.c (New)

**Instructions on Back**
AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.
   [X] Provided [ ] No limitations [X] With limitations*
   [ ] Not provided.

c. Chiropractors’ services
   [X] Provided [ ] No limitations [X] With limitations*
   [ ] Not provided.

d. Other practitioners’ services.
   [X] Provided: Identifies on attached sheet with description of limitations, if any.
   [ ] Not provided.

7. Home health services.

   a. Intermittent or part-time nursing services provided by a home health agency or by a registered
      nurse when no home health agency exists in the area.
      Provided: [ ] No limitations [X] With limitations*

   b. Home health aide services provided by a home health agency.
      Provided: [ ] No limitations [X] With limitations*

   c. Medical supplies, equipment, and appliances suitable for use in the home.
      Provided: [ ] No limitations [X] With limitations*

*Description provided on attachment.
6.c. Chiropractor’ Services

Coverage is limited to medically necessary services furnished by chiropractors licensed in accordance with State law and practicing within the scope of their license.
STATE: TENNESSEE

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP(S): Children Under 21, Pregnant Women

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law
   a. Podiatrists’ Services
      [X] Provided: [ ] No limitations [X] With limitations*
   b. Optometrists’ Services
      [X] Provided [ ] No limitations [X] With limitations*
   c. Chiropractors’ Services
      [X] Provided: [ ] No limitations [X] With limitations*
   d. Other Practitioners’ Services
      [X] Provided: [ ] No limitations [X] With limitations

7. Home Health Services
   a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
      [X] Provided: [ ] No limitations [X] With limitations*
   b. Home health aide services provided by a home health agency.
      [X] Provided: [ ] No limitations [X] With limitations*
   c. Medical supplies, equipment, and appliances suitable for use in the home.
      [X] Provided: [ ] No limitations [X] With limitations*
   d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
      [X] Provided: [ ] No limitations [X] With limitations*

*Description provided on attachment.

TN No. 21-0006
Supersedes Approval Date 03/04/22 Effective Date 01/1/22
TN No. 89-17
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

6.c. Chiropractors’ Services

Coverage is limited to medically necessary services furnished by chiropractors licensed in accordance with State law and practicing within the scope of their license.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6.c. Chiropractors’ Services

Payment for chiropractors’ services is made at 75 percent of the rates established by Medicare.

TN No. 21-0006
Supersedes
TN No. New

Approval Date 03/04/22
Effective Date 01/01/22