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 Chiropractic Services
 

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~~7304~~ ~~4.220~~ Chiropractic Services ~~01/15/2010, 09~~

#### 4.220.1 Definitions

For the purposes of this rule, the term:

“Chiropractic services” means treatment by methods of manual manipulation of the spine in accordance to 42 CFR § 440.60.

#### 4.220.2 Covered Services

~~Covered chiropractic services are limited to the treatment to correct a subluxation of the spine. Coverage is limited to treatment by means of manipulation of the spine and then only if such treatment is to correct a subluxation of the spine. Coverage is limited to ten treatments per beneficiary per calendar year. Exceptional or unusual circumstances may justify a request by the chiropractor for additional coverage. Requests must contain full clinical data, x-rays or other documentation as may be required by the Office of Vermont Health Access, to evaluate the medical necessity for continued care.~~

#### 4.220.3 Qualified Providers

~~Chiropractic services must be provided by a Services furnished by a licensed chiropractor working within the scope of his or her practice and enrolled in Vermont Medicaid. certified to meet the standards for participation in Medicare are covered.~~

#### 4.220.4 Conditions for Coverage

The existence of the subluxation ~~may~~ shall be demonstrated by means of:

- (a) ~~An x-ray taken at a time reasonably proximate to the initiation of the course of treatment supplied by the beneficiary taken by a provider other than a chiropractor no earlier than three months prior to initiation of care, or~~
- (b) ~~Adherence to the clinical review criteria developed by the Vermont Chiropractic Association and the Vermont Medicaid Program. A copy of the clinical review record must be kept on file by the chiropractor and be made available upon request. A physical examination conducted by the provider performing the correction of the subluxation.~~

~~An x-ray will be considered "reasonably proximate" if:~~

~~In the case of a low grade chronic subluxation complex, it is taken no more than 12 months prior to the initiation of the course of treatment. A re-evaluation x-ray must be performed before the beginning of the third year of continuous care; or~~

~~In the case of an acute subluxation, it is taken no earlier than three months prior to the initiation of care (This would justify a course of treatment for a maximum of three months.)~~

#### 4.220.5 Prior Authorization and Documentation Requirements

~~(a) Chiropractic services for beneficiaries under the age of 12 require prior authorization from the Office-Department of Vermont Health Access (OVHA) for the following:- Clinical review data pertinent to the need for treatment must be submitted in writing.~~

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- (1) Beneficiaries under the age of 12, or
- (2) Beneficiaries age 12 and older who have exceeded 10 treatments for correction of subluxation in the calendar year.

(a)(b) Chiropractic services for children age five and under require prior authorization and require documentation from the primary care physician demonstrating medical necessity of chiropractic treatment.

#### —4.220.6 Non-Covered Services

Medicaid does not cover an x-ray ordered solely for the purpose of demonstrating a subluxation of the spine. Any charges incurred for the chiropractic x-ray must be borne by the beneficiary, ~~beneficiary's family, friends or such other community resources as may be available.~~

~~Payment for chiropractic treatment will be made at the lower of the actual charge or the Medicaid rate on file.~~