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## Chiropractic Services

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### 4.220 Chiropractic Services

#### 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.

#### 4.220.3 Qualified Providers

Chiropractic services must be provided by a licensed chiropractor working within the scope of his or her practice and enrolled in Vermont Medicaid.

#### 4.220.4 Conditions for Coverage

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

- (a) An x-ray supplied by the beneficiary taken by a provider other than a chiropractor no earlier than three months prior to initiation of care, or
- (b) A physical examination conducted by the provider performing the correction of the subluxation.

#### 4.220.5 Prior Authorization and Documentation Requirements

- (a) Chiropractic services require prior authorization from the Department of Vermont Health Access for the following:
  - (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.
- (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.