
Chiropractic Services

4.220 Chiropractic Services (5/26/17, GCR 16-120)

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.