
Chiropractic Services

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

4.220.1 Definitions

(a) ~~For the purposes of this rule, the term~~ “Chiropractic services” means treatment by ~~methods~~ means of manual manipulation of the spine in accordance ~~to~~ with 42 CFR § 440.60(b).

(b) “Subluxation” is a term used to describe a spinal vertebra that is out of position in comparison to the other vertebrae.

4.220.2 Covered Services

(a) Covered chiropractic services are limited to manual manipulation of the spine ~~the treatment~~ to correct a subluxation of the spine.

4.220.3 Qualified Providers

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

4.220.4 Conditions for Coverage

(a) All chiropractic services must be medically necessary according to Health Care Administrative Rule 4.101 Medical Necessity for Covered Services.

(b) The existence of the subluxation shall be demonstrated by means of:

- (1) ~~An x-ray~~ Diagnostic imaging ~~supplied by the beneficiary taken ordered~~ by a medical provider other than a chiropractor no earlier than three months prior to initiation of care, or
- (2) A physical examination conducted by the provider-chiropractor 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., Except that, for children ages 6-11, prior authorization is not required for pediatric chiropractic providers with identified credentials (Doctor of Chiropractic [DC], certification by the Academy Council of Chiropractic Pediatrics [ACCP]).
- (2) Beneficiaries aged 12 and older who have exceeded 10 treatments for correction of subluxation in the calendar year. for services beyond published annual limits that can be found on the Department of Vermont Health Access website.
- ~~(2)~~
- (3) Chiropractic services for children ages five and under require prior authorization and ~~require~~ documentation of medical necessity from a Medicaid enrolled primary care provider working within their scope of practice.
~~the primary care physician demonstrating medical necessity of chiropractic treatment.~~

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4.220.5 Non-Covered Services

- (a) Medicaid does not cover ~~an x-ray~~medical imaging ordered solely for the purpose of demonstrating a subluxation of the spine. Any charges incurred for the chiropractic ~~imaging x-ray must to solely demonstrate a subluxation can~~ be billed to borne by the beneficiary when written notice is given to the beneficiary prior to performing the procedure.
- (b) Adjunctive therapies performed by chiropractors are not covered.