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## Chiropractic Services

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### 4.220 Chiropractic Services

#### 4.220.1 Definitions

- (a) “Chiropractic services” means treatment by means of manual manipulation of the spine in accordance 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 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 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) Diagnostic imaging 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 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 for services beyond published annual limits that can be found on the Department of Vermont Health Access website.
  - (3) Chiropractic services for children ages five and under require prior authorization and documentation of medical necessity from a Medicaid enrolled primary care provider working within their scope of practice.

#### 4.220.6 Non-Covered Services

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