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**STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS**

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**22 December 2004**

**WDVA Bulletin No. 694**

**TO: County Veterans Service Officers**

**SUBJECT: Chiropractic Services Wm. S. Middleton VA Hospital**

At a recent USDVA partnership meeting several CVSO's requested information on chiropractic care. This bulletin contains two attachments that outline chiropractic care procedures for the Wm. S. Middleton VA Hospital. Procedures at other VA Medical Centers serving Wisconsin Veterans should be very similar as these procedures are extracted from USDVA Directives.

This bulletin is informational only and does not reflect any policy or policy change of the Wisconsin Department of Veterans Affairs. It is being published at the request of the USDVA to notify CVSO's of these procedures. Any questions regarding these procedures should be directed to Jo Clough, Health Systems Specialist (608) 280-7094 or Jone Pederson, Chief, Patient Administration Services (608) 280-7078.

The bulletin contains 2 enclosures.

Wm. S. Middleton VA Hospital Chiropractic Services Guide for Primary Care Provisions October 1, 2004

Wm. S. Middleton VA Hospital Chiropractic Services and Billing Resources Guide October 1, 2004



## Wm. S. Middleton VA Hospital Chiropractic Services Guide for Primary Care Providers October 1, 2004

- Like Medicare, the VA covers limited chiropractic services when performed by a chiropractor licensed by the state or jurisdiction in which he/she resides.
- Access to chiropractic care will be through consultation from the patient's primary care provider or another VHA clinician providing care for the condition for which chiropractic care may be helpful. These conditions may include radiculopathy, degenerative disc disease, facet joint disorders, or osteoarthritis.
- To initiate a Chiropractic referral, the Primary Care Provider should submit a Physical Therapy consult. The Physical Therapist will complete a spinal evaluation and develop a treatment plan. If Chiropractic care is deemed appropriate, the Physical Therapist will complete a Fee Basis request that is submitted electronically to Fee Service for processing.
- The VA will not authorize or pay for chiropractic x-rays.
- The treating chiropractor may not solicit veterans to purchase herbal or nutritional supplements or vitamins nor should the treating chiropractor discourage patients from receiving vaccinations or necessary medical treatment. While the Madison VAMC will not limit choices that patients may make regarding their care, it is clear the medical center does not endorse or reimburse the provision of these services.
- VHA has recommended guidelines for the provision of chiropractic treatments as follows:
  - (a) Two treatments twice per week over 4 -6 weeks followed by a Chiropractic re-evaluation
  - (b) Older patients may do better with adjustments less often than 3 times a week but over a longer time frame (6 week period)
  - (c) As a general rule, patients should be showing at least some improvement in this period of time
  - (d) While "complex" patients may show less functional improvement/pain relief in this period, they should have at least some documented improvements
  - (e) If the patient is not showing any improvement, then additional adjustments are unlikely to do anything and the treatment plan needs to be revised
- Chapter 15, Section 30.5 of the Benefits Policy Manual states that chiropractic maintenance therapy is not medically reasonable or necessary, and is not payable under the Medicare Program. VA will use the same standard.

- Medicare will not pay for chiropractic treatments to extraspinal regions that include the head, upper and lower extremities, ribcage, and abdomen. VA will use the same standard.
- Like Medicare, the VA will authorize treatment when a veteran has a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment, and the manipulative services rendered must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function. As stated in the Medicare guidelines, the veteran must have a subluxation of the spine as demonstrated by x-ray or physical exam.

Please refer all questions to:

Jo Clough, Health Systems Specialist

Phone: 608-280-7094

Jone Pederson, Chief, Patient Administration Services

Phone: 608-280-7078



## Wm. S. Middleton VA Hospital Chiropractic Services and Billing Resource Guide October 1, 2004

- Like Medicare, the VA covers limited chiropractic services when performed by a chiropractor licensed by the state or jurisdiction in which he/she resides. The chiropractor must hold a Doctor of Chiropractic degree from a chiropractic college accredited by the Council of Chiropractic Education.
- A statement must be submitted by the chiropractic provider that he/she “does not have a physical or mental health condition that would adversely affect his/her ability to carry out the clinical duties requested and will satisfactorily discharge his/her professional and ethical obligations.” Mental and physical health status must be re-verified every 2 years.
- Chiropractors providing services to veterans must submit a copy of their license to the Madison VA Hospital Patient Administration Services. Licenses should be faxed to Patient Administration Services at 608-280-7148.
- The patient’s Primary Care Provider via a consult to Physical Therapy initiates access to chiropractic care. The Physical Therapist will complete a spinal evaluation and develop a treatment plan. If Chiropractic care is deemed appropriate, the Physical Therapist will complete a Fee Basis request that is submitted electronically to Fee Service for processing. The Chief of Staff’s Office will review referrals and provide general oversight of Chiropractic Fee Basis care.
- Before payment can be made for services, a signed note must be submitted to Fee Service containing the following:
  - Dates of treatment
  - Time length of each visit
  - Frequency of treatment
  - Patient’s response to treatment
  - Patient’s progress
  - Plan/goals of treatment
  - CPT and ICD-9 Codes
- Per the Code of Federal Regulations, 38 CFR 17.56 (d), payment by the VA for chiropractic services shall constitute payment in full and the provider or agent for the provider may not impose any additional charge on a veteran or his or her health care insurer for services. The VA cannot share cost with another third party (federal or private).
- The VA will not pay for x-rays.

- The treating chiropractor may not solicit veterans to purchase herbal or nutritional supplements or vitamins nor should the treating chiropractor discourage patients from receiving vaccinations or necessary medical treatment. While the Madison VAMC will not limit choices that patients may make regarding their care, it is clear the medical center does not endorse or reimburse the provision of these services.
- VHA has recommended guidelines for the provision of chiropractic treatments as follows:
  - (f) Two treatments twice per week over 4-6 weeks followed by a Chiropractic re-evaluation
  - (g) Older patients may do better with adjustments less often than 3 times a week but over a longer time frame (6 week period)
  - (h) As a general rule, patients should be showing at least some improvement in this period of time
  - (i) While "complex" patients may show less functional improvement/pain relief in this period, they should have at least some documented improvements
  - (j) If the patient is not showing any improvement, then additional adjustments are unlikely to do anything and the treatment plan needs to be revised
- Chapter 15, Section 30.5 of the Benefits Policy Manual states that chiropractic maintenance therapy is not medically reasonable or necessary, and is not payable under the Medicare Program. VA will use the same standard.
- Medicare will not pay for chiropractic treatments to extraspinal regions that include the head, upper and lower extremities, ribcage, and abdomen. VA will use the same standard.
- Claims for medically necessary services rendered must contain the Acute Treatment modifier (AT) to reflect such services provided or the claim will be denied. The AT modifier must be added to every one of your claims that use CPT4 codes 98940, 98941, 98942.
- Clinical documentation must reflect that the care provided is active/corrective treatment.
- VA will authorize treatment when a veteran has a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment, and the manipulative services rendered must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function. The patient must have a subluxation of the spine as demonstrated by x-ray or physical exam. The precise level of the subluxation must be specified to substantiate a claim for manipulation of the spine.
- The following documentation requirements apply whether the subluxation is demonstrated by x-ray or by physical examination:

History

Description of the present illness including:

- Mechanism of trauma
- Quality and character of symptoms/problem
- Onset, duration, intensity, frequency, location, and radiation of symptoms
- Aggravating or relieving factors
- Prior interventions, treatments, medications, secondary complaints

- Symptoms causing patient to seek treatment

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