

VERMONT MEDICAID CHIROPRACTIC SERVICES REQUEST FORM

Patient Name: _____ Medicaid ID Number: _____ Date of birth: ___/___/___
 Chiropractor name: _____ VT. Medicaid Provider #: _____ NPI #: _____ Taxonomy # _____
 Office contact person: _____ Telephone number: _____ Fax number: _____
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Diagnoses / Subluxation: _____/_____ Code (s) _____/_____

Confirmation of Subluxation: By Radiographic Study (date) ___/___/___ By Physical Exam (date) ___/___/___

Note problem / concern that brought patient to your office: _____

Date of onset: ___/___/___ Date treatment started for this problem: ___/___/___

Number of chiropractic visits to date - this calendar year: _____ Date of last chiropractic visit: ___/___/___

Circle percentage of progress made since start of treatment: [10%] [20%] [30%] [40%] [50%] [60%] [70%] [80%] [90%] [100%]

Progress made: Identify specifics _____

Is treatment considered: Corrective Supportive Chronic Pain Control Other _____

Pain Assessment: Site: _____ Initial pain level: 1 2 3 4 5 6 7 8 9 10 Current pain level: 1 2 3 4 5 6 7 8 9 10

Is this condition the result of an injury or accident? (Yes) (No). If yes, explain: _____

Functional loss (in relation to ADL's): Sitting Prolonged Sitting Grooming Sleeping Lifting Standing
 Prolonged Standing Walking Prolonged Walking Other _____

Requested Procedure: _____ Requested CPT Procedure Code: _____

Number of additional visits being requested: _____ Visit frequency: _____ From: _____ To: _____

Is rehabilitation incorporated into the patient's treatment program? (Yes) (No). Explain: _____

What are the treatment goals for this patient? _____

Reimbursement to chiropractors is limited to the following CPT codes: 98940, 98941 and 98942.

Coverage is limited to treatment by means of manipulation of the spine and then only if such treatment is to correct a subluxation of the spine. The existence of subluxation is required and must be documented.

Coverage is limited to ten treatments per person, per calendar year. Exceptional or unusual circumstances may justify a request by a chiropractor for additional coverage. (Medicaid Rule M640). A summary of the specific exceptional or unusual circumstances must be attached to the prior authorization request.

Chiropractic services for all beneficiaries under 12 years of age require authorization prior to services being provided.

Requests for beneficiaries under the age of 5 require a primary care provider / pediatrician recommendation to support medical necessity.

Chiropractic services for beneficiaries 12 years of age and older do not require a prior authorization for the ten treatments per person, per calendar year limit allowed under Medicaid Rule M640.

X Signature of Requesting Chiropractor: _____ Date: _____