

MEMORANDUM

To: Vermont Licensed Chiropractors
From: Judy Jamieson, Provider Relations Specialist
Date: July 9, 2008
Re: Medicaid and VHAP Chiropractic Services

Chiropractic coverage for adults in Medicaid and VHAP is reinstated effective July 1, 2008 per Act 65 of the 2007 Legislative session. Coverage is consistent with Title 8, §4088a, and within the scope of chiropractic practice as defined in Chapter 10 of Title 26 of the Vermont Statutes. Beginning with a July 1, 2008 date of service, allowable and covered services for children and adults will be the same and must be clinically necessary. Coverage is limited to the description of services below.

According to the statute, services of a chiropractor include:

- Diagnosis of conditions related to subluxations, joint dysfunctions, neuromuscular and skeletal disorders to detect, correct or refer in order to restore and maintain health, without providing drugs or performing surgery;
- Use of physical and clinical examinations, conventional radiological procedures and interpretation (X-rays), as well as the use of diagnostic imaging (such as MRI or CT scans) read and interpreted by a person so licensed, and laboratory tests to determine if the chiropractic care is appropriate; and
- Adjunctive therapies approved by the state board of chiropractic, by rule, to be used in conjunction with chiropractic treatment, and limited to physiotherapy modalities (these include ultrasound, diathermy- heat treatment using electricity, laser therapy for pain, heat, cold, electricity, and traction) and rehabilitative exercises; and
- Treatment by adjustment or manipulation of the spine or other joints and connected neuromusculoskeletal tissues and bodily articulations.

The following benefit limits apply to chiropractic services:



- Coverage for all beneficiaries is limited to ten visits per patient per calendar year. For more visits, the chiropractor must submit a prior authorization request, accompanied by sufficient documentation to support the medical necessity of continued care. This may include full clinical data, x-rays, progress notes, or other documentation required by the Office of Vermont Health Access (OVHA) for review.
- Chiropractic services will not be subject to a referral from a primary care provider, however, chiropractors will send primary care providers their case notes from the initial visit within 10 days of that visit.
- Chiropractic services for children under the age of 12 will continue to require prior authorization and related documentation.

A list of Medicaid and VHAP payable CPT codes for chiropractic is enclosed with this memo.

Fee schedules are posted on the OVHA web site at <http://ovha.vermont.gov/for-providers/claims-processing-1>. Please check for new postings the middle of the month.

If you are not currently a Medicaid provider and would like to become enrolled, the Provider Enrollment Agreement and instructions for completion are located at <http://www.vtmedicaid.com/Downloads/forms/agree2007.pdf> (agreement) and <http://www.vtmedicaid.com/Downloads/forms/Enrollment%20guide.pdf> (instructions).

Questions regarding enrollment may be directed to EDS Provider Enrollment at 800-925-8427 or (802) 878-7871.

CPT CODES
JULY 1, 2008

CPT	Procedure Description		
64550	APPLICATION OF SURFACE (TRANS CUTANEOUS) NEUROSTIMULATOR	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MAN.LYMPH.DRAINAGE, MAN.TRACTION), EACH 15 MINUTES
71000-73000 series	X-RAY FOR THE ENTIRE SPINE AND PELVIS AND EXTRA SPINAL EXTREMITIES	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY PROVIDER; EACH 15 MINUTES
97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), W/WRIT.REPORT, EA.15 MIN.
97012	PHYSICAL MEDICINE TREATMENT TO ONE AREA - TRACTION,MECHANICAL	98940	CHIROPRACTIC MANIPULATIVE TREATMENT, SPINAL, ONE TO TWO REGIONS
97014	PHYSICAL MEDICINE TREATMENT TO ONE AREA; ELECTRICAL STIMULATION (UNATTENDED)	98941	CHIROPRACTIC MANIPULATIVE TREATMENT, SPINAL, THREE TO FOUR REGIONS
97018	PHYSICAL MEDICINE TREATMENT TO ONE AREA; PARAFFIN BATH	98942	CHIROPRACTIC MANIPULATIVE TREATMENT, SPINAL, FIVE REGIONS
97022	PHYSICAL MEDICINE TREATMENT TO ONE AREA; WHIRLPOOL	98943	EXTRA SPINAL/EXTREMITY MANIPULATION
97026	PHYSICAL MEDICINE TREATMENT TO ONE AREA; INFRARED	99201	OFFICE/OUTPT.E+M,NEW PATIENT,W/PROBLEM FOCUSED HX+EXAM AND STRAIGHTFORWARD MEDICAL DECISION MAKING
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	99202	OFFICE/OUTPT.E+M,NEW PATIENT,W/EXPANDED PROB.FOCUSHX+EXAM+STRAIGHTFORWARD MEDICAL DECISION MAKING
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	99203	OFFICE/OUTPT. E+M, NEW PATIENT, W/DETAILED HX+EXAM AND MEDICAL DECISION MAKING OF LOW COMPLEXITY
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	99204	OFFICE/OUTPT.E+M,NEW PT.,W/COMPREHENSIVE HX+EXAM AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY
97110	THERAPEUTIC PROCEDURES, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ETC.	99211	OFFICE/OUTPT. E+M, ESTABLISHED PT; THAT MAY NOT REQUIRETHE PRESENCE OF A PHYSICIAN
97112	THERAPEUTIC PX,1 OR MORE AREA,EACH 15 MIN.NEUROMUSC.REEDUCATIN OF MVMNT, BALANCE,CORD.KINESTH. SENSE, POSTURE	99212	OFFICE/OUTPT.E+M,ESTABLISHED PT;PROBLEM FOCUSED HX+OR EXAM +/OR STRAIGHTFORWARD MED.DECISION MAKING
97113	THERAPEUTIC PROC, 1 OR MORE AREAS, EA.15MINS; AQUATIC THERAPY W/THERAPEUTIC EXERCISES (FAIR HEARING, OVHA PA)	99213	OFFICE/OUTPT. E+M, ESTABLISHED PT; EXPANDED HISTORY +OREXAM +/OR MEDICAL DECISION MAKING OF LOW COMPLEXITY
97116	THERAPEUTIC PX, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIRS)	99214	OFFICE/OUTPT.E+M,ESTABLISHED PT;DETAILED HISTORY +OR EXAM +/OR MED.DECISION MAKING OF MOD.COMPLEXITY
97124	THERAPEUTIC PX, 1 OR MORE AREAS, EACH 15 MINUTES;MASSAGE,INCLUDING EFFLEURAGE,PERTRISSAGE &/OR TAPOTEMENT	T1013	SIGN LANGUAGE OR ORAL INTERPRETIVE SERVICES, PER 15 MINUTES