519.7 CHIROPRACTIC SERVICES

TABLE OF CONTENTS

SECTION **PAGE NUMBER**

Background 2

Policy 2

519.7.1 Covered Services 2

519.7.2 Prior Authorization 2

519.7.3 Non-Covered Services 3

Glossary 3

References 4

Change Log 4

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519.7 CHIROPRACTIC SERVICES

BACKGROUND

West Virginia Medicaid coverage of chiropractic services is limited to treatment of the spine and to diagnostic radiological examinations related to covered chiropractic services. These services must be provided by an individual currently licensed under West Virginia law to practice chiropractic medicine, or under the laws of the State where the practice is conducted, and is eligible to participate in the West Virginia Medicaid program.

POLICY

The member must have 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 member's condition and provide reasonable expectation of recovery or improvement of function.

519.7.1 Covered Services

Services are limited to a combined total of 20 visits per event of physical therapy, occupational therapy, osteopathic manipulation, Chronic Pain Management programs, and chiropractic treatment. All services beyond the initial 20 treatments require prior authorization.

Chiropractors may submit claims using the appropriate basic and mid-level new patient evaluation and management (E&M) procedure codes.

West Virginia Medicaid reimburses chiropractors for the professional and technical components of specific covered diagnostic radiology services if the chiropractor performs both parts of the procedure. Medicaid will provide reimbursement for only one interpretation of an x-ray and will not pay for a second confirmatory x-ray.

The manual manipulation must be directed to the spine to correct the subluxation. The precise level of the subluxation must be specified in the medical record and the symptoms pertinent to the treatment must be described. The patient's symptoms must be related to the documented level of subluxation. For example, if pain is the symptom, the pain's location must be stated and an indication given as to whether the listed vertebrae can cause the pain in the identified area.

For acute subluxation, the member is being treated for a new injury and the expected result of treatment is improvement in the member's condition. Chronic subluxation is not expected to completely resolve and the result of treatment is to be some functional improvement. Once the member's functional status has remained stable for the condition being treated, further manipulative treatment is considered "maintenance therapy" and is not covered.

519.7.2 Prior Authorization

All requests for covered services requiring prior authorization must be submitted to the appropriate utilization management contractor (UMC) for medical necessity determination. Nationally accredited, evidence-based, medically appropriate criteria, such as InterQual, or other medical appropriateness

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criteria approved by the Bureau for Medical Services (BMS), is utilized for reviewing medical necessity of services requested.

An x-ray report must be submitted with the prior authorization request for spinal manipulations beyond the initial 20 treatments. The x-ray must be taken no more than three months prior to the date the additional spinal manipulations would be rendered in order to substantiate the necessity for continuing chiropractic care. The x-ray requirement is waived for pregnant women.

Retrospective authorization is available by the UMC in the following circumstances:

- A procedure/service denied by the member's primary payer, providing all requirements for the primary payer have been followed, including appeal processes; or
- Retroactive West Virginia Medicaid eligibility.

Refer to *Chapter 100, General Administration and Information* for additional information.

519.7.3 Non-Covered Services

Chiropractic manipulation is not covered when:

- An absolute contraindication exists, such as:
  - Acute/healed fractures and dislocations, with signs of instability;
  - Malignancies that involve the vertebral column;
  - Infection of bones or joints of the vertebral column; or
  - Signs and symptoms of myelopathy or cauda equine syndrome.
- Mechanical or electrical equipment is used.
- The x-ray does not support one of the primary covered diagnoses.

When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, then the treatment is considered maintenance therapy. Maintenance therapy is not covered by West Virginia Medicaid.

Adjunctive therapies that are not covered include, but are not limited to:

- Laboratory tests;
- Mobile radiology services;
- X-rays for soft tissue diagnosis;
- Maintenance therapy; and
- Hot and cold packs therapy.

Non-Covered services are not eligible for West Virginia Department of Health and Human Resources (DHHR) Fair Hearings or Desk/Document Reviews. See 42 § 431.220 When a hearing is required for more information.

GLOSSARY

Definitions in *Chapter 200, Definitions and Acronyms* apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

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Chiropractic Manipulation: Application of a controlled force to restore normal articular function.

Manual Manipulation: Use of the hands directed to the spine to correct subluxation. This refers to chiropractic services only.

Subluxation: A lack of motion, fixation, or abnormal motion of an articular joint, causing physiological changes within the joint that may result in joint inflammation, pain, nerve irritation, muscle spasm, swelling, joint cartilage damage, and loss of normal range of motion.

REFERENCES

West Virginia State Plan Sections 3.1-A(6)(c), 3.1-B(6)(c), Supplement 2 to Appendices 3.1-A and 3.1-B in section (6)(c) and 4.19-B reference chiropractic services.

CHANGE LOG

REPLACE	TITLE	EFFECTIVE DATE
Entire Chapter	Chiropractic Services	January 15, 2016
Entire Chapter	519.7.1, *Covered Services* Changed 12 treatments to 20 without prior authorization for non-ABP members. Added coverage of new patient E&M codes.	October 1, 2019
Entire Chapter	Remove exclusion of physical therapy services and add description of combined 20 visits.	April 1, 2020

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