Subject: Chiropractic Care*

Effective Date: March 26, 2002

Department(s): Utilization Management

Policy: Chiropractic care is reimbursable under health plans administered by QualCare, Inc., provided that the following conditions are met:

1. Chiropractic care is a covered benefit under the specific Plan or the Plan has an option that covers chiropractic care

2. The member is being treated by the chiropractor for a neuro-musculoskeletal disorder

3. The member is at least 18 years of age

4. There is clear documentation of medical necessity, including but not necessarily limited to:
   - The member’s chief complaint (with mode and date of onset), present history and relevant past history
   - Review of pertinent medical consultations, with diagnostic studies and/or procedures

5. For Plans in which precertification is required, the member or the chiropractor must precertify services before the initial chiropractic visit.

Objective: To provide proper and consistent reimbursement and to assure appropriate utilization of resources
Procedure:

1. The chiropractor must maintain and provide, upon request, progress notes for each treatment session that are detailed and legible to others besides the writer and contain the following information:

   - Clear, concise subjective information
   - Detailed objective findings
   - Complete and detailed assessments
   - Results of physical examinations, including orthopedic and neurologic findings
   - A specific treatment plan

2. Re-evaluation will generally be performed at approximately the 12th visit or 30 to 45 days after the initial visit, whichever comes first. A progress note may be requested by the Plan at the time of the re-evaluation.

3. A written report of the content and result of the re-evaluation visit for the same diagnosis may be requested to be submitted to the Plan’s chiropractic reviewer to re-assess ongoing medical necessity.

4. If improvement is not documented by the end of thirty days after the initiation of chiropractic care, treatment should be modified or the member referred for other care. If care is modified at 30 days but no improvement is documented within the subsequent 30 days of chiropractic care, chiropractic treatment should stop and the member should be referred to a medical physician for evaluation.

5. Once the chiropractic reviewer has determined that maximum therapeutic benefit has been achieved, continuing chiropractic care will not be reimbursed.

6. The Plan will reimburse initial chiropractic evaluation and re-examinations; other reimbursement shall be limited to manipulation only, regardless of other modalities employed.
7. Radiographic studies performed by a chiropractor shall be limited to plain films of the spine, including CPT Codes 72010 through 72120. QualCare shall not provide reimbursement for any other radiographic studies performed by, or in the office of, a chiropractor.

8. Braces and orthotics are not specified to be within the scope of practice of chiropractic according to New Jersey Statutes title 45, Chapter 9. Accordingly, QualCare shall not reimburse a chiropractor for the provision of braces or orthotics, and shall not provide reimbursement for these when prescribed by a chiropractor, except in-shoe orthotics when these are covered by the specific Plan.

References


New Jersey Statutes Annotated, Title 45, Chapter 9, State Board of Chiropractic Examiners Statutes


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Shekelle P. Spinal manipulation in chiropractic and osteopathy. *UpToDate* 14.2 (April 2006) at www.utdol.com accessed 07/10/06


Kemper KJ. Complementary and alternative medicine for children: does it work? *Arch Dis Child* 2001;84:6-9 (Jan)


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.