

# VHA Office of Community Care - Standardized Episode of Care

Physical Medicine and Rehabilitation

## Chiropractic Continuation of Initial 1.1.9

Active

**Effective Date:** 07-16-2021

**End Date:** 10-01-2021

**Category of Care:** CHIROPRACTIC

**REV:** No

**Pre-certification Required:** No

**QASP:** General Care

### Description:

This authorization covers services associated with the specialty(s) identified for this episode of care, including all medical care listed below relevant to the referred care specified on the consult order. The services below are a continuation of chiropractic care and require a prior evaluation and series of chiropractic care. In this situation, additional lasting improvement for this episode is expected. This includes the rare cases that have not resolved or plateaued within the initial 12-visit trial. Possible explanations for this include severe or emerging complicating factors, substantial change in treatment plan, or unintended gaps in treatment plan.

**Duration:** 30 days

### Procedural Overview:

1. Additional outpatient evaluation and outpatient re-evaluation as clinically indicated for the referred condition indicated on the consult order.
2. Plain film x-ray of the region of complaint specified on the consult order if not yet performed at the VA and is clinically indicated.
  - a. Plain film x-ray imaging only when medically necessary based on widely accepted indications such as clinical suspicion of fracture, dislocation, or other significant pathology. X-ray is not authorized solely for biomechanical/postural assessment, and/or determining manipulative technique approach.
3. Procedures relevant to the referred condition on the consult order including but not limited to: chiropractic manipulative treatment, manual therapy, massage, therapeutic exercise, neuromuscular re-education, acupuncture. Procedures must be performed by chiropractor and are subject to the provider's given state licensure and scope. Services outside of the licensure and scope of the chiropractor must have RFS submitted for review prior to care rendered by another provider.

#### 4. Authorized up to six (6) Chiropractic Visits

Note: Requests for additional chiropractic care beyond this trial must provide documentation of: Objective measures demonstrating the extent of meaningful clinical improvement to date; AND Rationale for the additional treatment requested (e.g. to reach further durable improvement, or for ongoing pain management); AND Any further information supporting the need for additional care

#### Disclaimer:

#### Additional Information:

\* Please visit the VHA Storefront [www.va.gov/COMMUNITYCARE/providers/index.asp](http://www.va.gov/COMMUNITYCARE/providers/index.asp) for additional resources and requirements pertaining to the following:

- \* Pharmacy prescribing requirements
- \* Durable Medical Equipment (DME), Prosthetics, and Orthotics prescribing requirements
- \* Precertification (PRCT) process requirements
- \* Request for Services (RFS) requirements

#### Payable Services:

Clinical Service	Visits/Units	Frequency	Description	Billing Codes
35-Chiropractic	999	N/A	Additional outpatient evaluation and outpatient re-evaluation as clinically indicated for the referred condition indicated on the consult order.	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0463, G0466, G0467, G0468

Clinical Service	Visits/Units	Frequency	Description	Billing Codes
30-Diagnostic radiology	999	N/A	Plain film x-ray of the region of complaint specified on the consult order if not yet performed at the VA and is clinically indicated. a. Plain film x-ray imaging only when medically necessary based on widely accepted indications such as clinical suspicion of fracture, dislocation, or other significant pathology. X-ray is not authorized solely for biomechanical/postural assessment, and/or determining manipulative technique approach.	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120, 72170, 72190, 73020, 73030, 73501, 73502, 73503, 73521, 73522, 73523, 73560

Clinical Service	Visits/Units	Frequency	Description	Billing Codes
35-Chiropractic	999	N/A	<p>Procedures relevant to the referred condition on the consult order including but not limited to: chiropractic manipulative treatment, manual therapy, massage, therapeutic exercise, neuromuscular re-education, acupuncture. Procedures must be performed by chiropractor and are subject to the provider's given state licensure and scope. Services outside of the licensure and scope of the chiropractor must have RFS submitted for review prior to care rendered by another provider.</p>	<p>0552T, 20560, 20561, 97010, 97012, 97018, 97026, 97032, 97035, 97110, 97112, 97113, 97116, 97124, 97140, 97530, 97535, 97763, 97810, 97811, 97813, 97814, G0283, S8948</p>

Clinical Service	Visits/Units	Frequency	Description	Billing Codes
35-Chiropractic	6	N/A	Authorized up to six (6) Chiropractic Visits Note: Requests for additional chiropractic care beyond this trial must provide documentation of: Objective measures demonstrating the extent of meaningful clinical improvement to date; AND Rationale for the additional treatment requested (e.g. to reach further durable improvement, or for ongoing pain management); AND Any further information supporting the need for additional care	98940, 98941, 98942, 98943

**Underlined billing codes require pre-certification**