

VHA Office of Community Care - Standardized Episode of Care

Physical Medicine and Rehabilitation

Chiropractic Pain Management 1.2.9

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. In this situation, additional lasting improvement beyond what was seen after the initial and/or continued trial is not expected. Patients have reported meaningful improvement of reasonable duration but have plateaued and reached MMI from chiropractic care. Patients experience degradation in functional gains after some period when chiropractic care is withdrawn. All other indicated medical, psychological, behavioral, and social interventions have been tried or considered. Appropriate active care and self-management strategies are part of the overall treatment plan and patients are compliant with recommendations.

Duration: 180 days

Procedural Overview:

1. Additional outpatient re-evaluation as clinically indicated for the referred condition indicated on the consult order.
2. 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.
3. Authorized up to eight (8) chiropractic visits.

Note: Expectations of service for chiropractic chronic pain management include:

- a. Assessment of patient function after a withdrawal of chiropractic care; AND

- b. Consideration of other indicated medical, psychological, behavioral, and/or social interventions; AND
- c. Inclusion of appropriate, individualized active care strategies such as home exercise and self-management approaches to empower patient self-efficacy

Disclaimer:

Additional Information:

* Please visit the VHA Storefront 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 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
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	8	N/A	<p>Authorized up to eight (8) chiropractic visits. Note: Expectations of service for chiropractic chronic pain management include: a. Assessment of patient function after a withdrawal of chiropractic care; AND b. Consideration of other indicated medical, psychological, behavioral, and/or social interventions; AND c. Inclusion of appropriate, individualized active care strategies such as home exercise and self-management approaches to empower patient self-efficacy</p>	98940, 98941, 98942, 98943

Underlined billing codes require pre-certification