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CHIROPRACTIC CARE

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines current policy related to the provision of chiropractic care by VHA in compliance with Public Law (Pub. L.) 107-135, Section 204, the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001.

2. BACKGROUND

a. Pub. L. 106-117, the Veterans' Millennium Health Care and Benefits Act (the Millennium Act), required the Under Secretary for Health to establish a VHA-wide policy regarding the role of chiropractic treatment in the care of Veterans.

b. Pub. L. 107-135, Section 204, requires VHA to carry out a program to provide chiropractic care to Veterans through Department of Veterans Affairs (VA) medical centers and clinics.

(1) Pub. L. 107-135, Section 204, Subsection (c) states "the Secretary [of Veterans Affairs] shall designate at least one site for such program in each geographic service area of the Veterans Health Administration."

(2) Pub. L. 107-135, Section 204, Subsection (d) states chiropractic care provided by VHA "shall include a variety of chiropractic care and services for neuro-musculoskeletal conditions, including subluxation complex."

(3) Pub. L. 107-135, Section 204, Subsection (e)(1) states "the Secretary shall carry out the program through personal service contracts and by appointment of licensed chiropractors in Department medical centers and clinics."

c. Doctors of Chiropractic (DCs) are independent health care providers in VHA who provide examination, diagnosis, treatment, and management of neuromuscular and musculoskeletal conditions using non-pharmacologic and non-operative methods. A chiropractor typically completes 4 years of baccalaureate training and 4 years of chiropractic training. Residency training is 1 year beyond attainment of the Chiropractic Degree, and fellowship training is for 1 to 2 years beyond the completion of residency training.

d. Chiropractors utilize standard medical evaluation procedures, along with biomechanical assessments, to establish a diagnosis and formulate a management plan. They consult with other health care providers and refer patients in accordance with accepted medical indications. Chiropractic treatment includes a number of options such as patient education, therapeutic exercise, lifestyle recommendations, and other interventions such as joint manipulation and

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mobilization, soft tissue therapies, and physical modalities. Chiropractors may also be trained and licensed to deliver a number of interventions currently classified as Complementary and Alternative Medicine (CAM) therapies such as acupuncture, biologically based preparations, and mind-body therapies. Delivery of such CAM therapies are based upon provider competence and training, and the need for such services as determined by the VHA facility.

e. VHA Chiropractic Care is a national program under the Office of Rehabilitation Services.

f. Chiropractic care is included in the Medical Benefits Package, the standard health benefits plan generally available to all enrolled Veterans.

g. VHA aims to deliver the highest quality chiropractic services following an evidence-based, patient-centered approach. Appropriate utilization of chiropractic services is premised on individualized treatment plans incorporating objective measures of patient-based outcomes, such as pain and function. Assessment of clinical outcomes is necessary to ensure quality of services delivered.

3. POLICY: It is VHA policy that access to chiropractic care, through consultation from the patient's primary care provider, or another VHA clinician providing care for the condition for which chiropractic care may be helpful, must be consistent with facility policy and practice for other specialty care access; and that additional requirements or authorizations will not be placed on referral for chiropractic care at a VHA facility or through the outpatient fee-basis care program.

4. ACTION

a. **Veterans Integrated Service Network (VISN) Director.** Each VISN Director is responsible for ensuring that:

(1) At least one VHA site, within the VISN, is designated to provide on-station chiropractic care. VISNs may elect to offer chiropractic care at more than one site. Chiropractic care at VHA facilities may be provided through appointment of or contracts with, licensed chiropractors, dependent upon the needs of the facility and consistent with Pub. L. 107-135, Section 204(e)(1).

(2) VISN Chief Medical Officers and facilities' management provide visible and supportive leadership in integrating chiropractic services into VHA.

b. **Facility Director.** Each facility Director is responsible for:

(1) Authorizing privileges allowing DCs to provide patient evaluation and care for neuromuscular and musculoskeletal conditions including the subluxation complex, consistent with:

(a) The scope of the chiropractor's state licensure;

(b) The individual's clinical competence as determined by education, training, professional experience, and peer references; and

(c) The needs of the facility.

(2) Ensuring DCs, as independent licensed practitioners, are privileged consistent with facility practice for doctors of podiatric medicine and optometry.

(3) Incorporating doctors of chiropractic into a health care team.

(4) Providing space, equipment and supplies sufficient for efficient provision of chiropractic care.

(5) Ensuring appropriate VHA employees are provided training and materials in order to familiarize them with chiropractic care and how such services are provided.

(6) Using the outpatient fee-basis care program, when the residence of the Veteran is geographically distant from a VHA site providing on-station chiropractic care, to provide these services through community chiropractors. Chiropractic care may also be provided through Memoranda of Agreement (MOA) with Department of Defense (DOD) facilities.

(a) Outpatient fee-basis chiropractic care must be designated using the purpose of visit code 75 (chiropractic care) in the fee package to ensure data can be retrieved.

(b) Appropriate data must be collected on any chiropractic care provided through MOA(s) with DOD facilities. Such data needs to include the:

1. Number of patients receiving care,

2. Diagnoses (using International Classification of Diseases, 9th edition, Clinical Modifications (ICD-9-CM) codes),

3. Treatments (using Current Procedural Technology Modifications (CPT) codes),

4. Number of visits for each patient, and

5. Costs associated with the MOA.

(7) Developing service referral agreements for chiropractic care within 3 months of beginning chiropractic service.

(8) Developing approaches to ensure quality of chiropractic utilization.

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5. REFERENCES

a. Public Law 106-117, Section 303, the Veterans' Millennium Health Care and Benefits Act.

b. Public Law 107-135, Section 204, Department of Veterans Affairs Health Care Programs Enhancement Act of 2001.

c. Title 38 United States Code 1703(a)(2)(B), Contracts for Hospital Care and Medical Services in Non-VA Facilities.

d. VHA Handbook 1100.19, Credentialing and Privileging.

6. FOLLOW-UP RESPONSIBILITY: The Chief Consultant, Rehabilitation Services, within the Office of Patient Care Services, is responsible for the contents of this Directive. Questions may be referred to the National Director of Chiropractic Care at (203) 932-5711 ext 5341.

7. RESCISSIONS: VHA Directive 2004-035 is rescinded. This VHA Directive expires November 30, 2014.

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