

**July 16, 2004**

## **CHIROPRACTIC CARE**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive updates policy related to the provision of chiropractic care by VHA and incorporates changes mandated by 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. Subsection (c) of Section 204 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." Subsection (d) of Section 204 states chiropractic care provided by VHA "shall include a variety of chiropractic care and services for neuro-musculoskeletal conditions, including subluxation complex." Subsection (e)(1) of Section 204 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. Chiropractic care is a health care discipline that focuses on the relationship between structure (primarily the spine) and function (as coordinated by the nervous system) and how that relationship affects the preservation and restoration of neuro-musculoskeletal function. The chiropractic approach to health care is holistic, stressing the patient's overall well-being. It recognizes that many factors affect health, including the activities of daily work and living, environment, and heredity. Doctors of Chiropractic (DCs) use nonsurgical methods of treatment and rely on the body's inherent recuperative abilities to promote healing. They may also recommend work and lifestyle changes, such as stress reduction, diet modification, and exercise. They consult with other health providers and refer patients who have medical conditions outside the chiropractor's scope of practice.

d. Pub. L. 107-135 also required the establishment of a Chiropractic Advisory Committee to advise the Secretary on "protocols governing referral to chiropractors, protocols governing direct access to chiropractic care, protocols governing scope of practice of chiropractic practitioners, definition of services to be provided, and such other matters as the Secretary determines to be appropriate." The Committee made numerous recommendations that have provided guidance in planning and developing VHA's chiropractic care program.

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

**THIS VHA DIRECTIVE EXPIRES JULY 31, 2009**

## VHA DIRECTIVE 2004-035

July 16, 2004

**3. POLICY:** It is VHA policy that access to chiropractic care will be 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; will 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:** Each Veterans Integrated Service Network (VISN) Director is responsible for ensuring that:

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

b. On-station chiropractic care is implemented no later than September 30, 2004, unless a later date is approved by the Deputy Under Secretary for Health for Operations and Management (10N).

c. Facilities authorize privileges or scopes of practice allowing DCs to provide patient evaluation and care for neuro-musculoskeletal conditions including the subluxation complex, consistent with the scope of the chiropractor's state licensure; and the individual's clinical competence as determined by education, training, professional experience, and peer references; and the needs of the facility. *NOTE: It is recommended that, as independent licensed practitioners, DCs be privileged consistent with facility practice for doctors of podiatric medicine and optometry.*

d. Facilities incorporate doctors of chiropractic into a health care team.

e. Facilities provide space, equipment and supplies sufficient for efficient provision of chiropractic care.

f. Appropriate VHA employees are provided training and materials in order to familiarize them with chiropractic care and how such services are provided.

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

(1) 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.

(2) Appropriate data is collected on any chiropractic care provided through MOA(s) with DOD facilities. Such data needs to include the: number of patients receiving care, diagnoses (using International Classification of Diseases, 9<sup>th</sup> edition, Clinical Modifications (ICD-9-CM)

codes), treatments (using Current Procedural Technology (CPT) codes), number of visits for each patient, and costs associated with the MOA.

h. Facilities develop service referral agreements for chiropractic care within 3 months of beginning chiropractic service.

i. VISN Chief Medical Officers and facility Directors, Chiefs of Staff, and Service or Service Line Chiefs provide visible and supportive leadership in integrating a new clinical service into VHA.

## 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.

e. M-1, Part I, Chapter 18, Change 3, Outpatient Care –Fee.

**6. FOLLOW-UP RESPONSIBILITY:** The Chief Patient Care Services Officer (11) is responsible for the contents of this Directive. Questions may be directed to the Office of Primary Care at (202) 273-8558.

**7. RESCISSIONS:** VHA Directive 2000-14 is rescinded. This VHA Directive expires July 31, 2009.

S/ Arthur S. Hamerschlag for  
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Acting Under Secretary for Health

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