



Article on Chiropractic Prior Authorization

Date

To the Molina Chiropractic Network,

Re: Prior authorization requirements for Chiropractic Treatment

Thank you for your continued commitment to providing quality health care. Molina Healthcare of Ohio requires prior authorization for all chiropractic care. We have had numerous questions regarding this process, which started in January 2014. We hope to address some of the questions we have received to help make this a better process for our members and providers.

The Ohio Medicaid benefit for chiropractic care is described in the Ohio Administrative Code, (OAC) Section 5160-8-11 Covered chiropractic physician service and limitations. This citation can be reviewed online at <http://codes.ohio.gov/oac/5160-8-11>.

The OAC is very clear in defining the benefit under Ohio Medicaid. Maintenance therapy, per the OAC above, is defined as “therapy that is performed to treat a chronic, stable condition or to prevent deterioration,” and is not covered. Spinal axial conditions and functional mechanical disabilities of the spine are covered, as stated in the Limitations of coverage, Section (E.) Section (E) (1) states:

- (1) Spinal axis aches, strains, sprains, nerve pains, and functional mechanical disabilities of the spine are considered to provide therapeutic grounds for chiropractic manipulative treatment. Most other diseases and disorders do not provide therapeutic grounds for chiropractic manipulative treatment. Examples of non-covered diagnoses are multiple sclerosis, rheumatoid arthritis, muscular dystrophy, sinus problems and pneumonia.

A treatment plan is required with measurable goals, and plans for continued treatment including duration and frequency of visits, and objective measure that will be used to evaluate the effectiveness of treatment. Please note that physical therapy modalities are not covered when performed or ordered by a chiropractor. This is outlined in detail in the OAC reference above.

This mailing contains a model treatment plan developed by the Ohio State Chiropractic Association. We do not require a specific treatment plan or document, and we are not stating that this form must be used, but it is an example of a treatment plan that would contain the elements necessary to review a request for chiropractic treatment. We

appreciate the permission of the Ohio State Chiropractic Association to include this form in our mailing.

We hope this information will help our chiropractor network providers understand our process and the chiropractic benefit for Ohio Medicaid members. Again, thank you for being a valuable participant in our provider network. Questions should be addressed to Provider Services at (855) 322-4079.

Sincerely,

Robert. N. Robison, M.D.
Lead Medical Director



Ohio State Chiropractic Association
172 E State Street, Ste 502, Columbus, OH 43215
(614) 229-5290 (p) ~ (614) 229-5296 (f)

Treatment Plan Report

Patient Name: _____ Visit Date: _____

Initial Update Exacerbation Progress #: _____

Subjective and Objective Findings:

See *plug in the names of any documents you use that have health history and objective findings on them*

Diagnosis:

See *Working Diagnosis Sheet (or whatever form you use that records Dx's.)*

Assessment of Patient Condition:

I feel this patient's condition is (mild / moderate / severe / extremely severe), will respond favorably to chiropractic care, and that a reasonable expectation for functional improvement exists.

Care Plan:

I am conditionally accepting this patient for a (trial / follow-up) period of care to consist of:

- _____ visits a week for _____ weeks(s) at the conclusion of these visits I will be re-evaluating the patient to monitor treatment effectiveness and modify the treatment plan as necessary at that time.

Statement of Medical Necessity:

Please be advised that the specific procedures listed below are medically necessary based on this patient's history, examination, and diagnosis; and are needed to ensure effective care. (Note: only those procedures marked will be administered.)

- **Chiropractic manipulative treatment (9894__)** will be administered to the _____ spinal region(s) due to findings noted in the most recent examination of segmental dysfunction. This will be performed to influence joint and neurophysiological function and will be administered for 12 consecutive visits.
- **Extremity manipulative treatment (98943)** will be administered to the _____ due to findings of pain and _____ noted in the most recent examination. This will be performed to influence joint and neurophysiological function. Treatment will be administered for the next 12 visits.

Goals of Care:	Target Function	Current Function	Improvement
○ Walking	_____	_____	Y / N
○ Sleeping	_____	_____	Y / N
○ Standing	_____	_____	Y / N
○ Lifting	_____	_____	Y / N
○ Bending	_____	_____	Y / N
○ Lying	_____	_____	Y / N
○ Sitting	_____	_____	Y / N

Time Frame to Achieve Goals:

We hope to achieve care plan goals by the aforementioned target dates. Our daily notes will indicate effectiveness from a treatment to treatment basis but the overall care effectiveness will be evaluated at the completion of the next evaluation. Outcome assessment questionnaires may also be used as a tool to determine treatment effectiveness.

_____ Date: _____

Dr. Somebody