Clinical Practice Guideline: **Preventive Medicine Assessments, Counseling and Special Services Performed by Doctors of Chiropractic**

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Product: **Specialty**

GUIDELINES

Chiropractic is a health care profession that primarily focuses on musculoskeletal and related disorders, including but not limited to back pain, neck pain, extremity pain, headaches as well as the effects of these disorders on general health.

The body of evidence and training of chiropractors fully supports the long-standing premise that chiropractors function effectively as portal of entry practitioners (practitioners to whom members have direct access), and these practitioners (defined as "physicians" in many states) provide an effective evaluation and management service for patients who seek their services. Further, since the broadly accepted scientific evidence supports chiropractic treatment of musculoskeletal and related conditions, most third-party coverage policies managed by American Specialty Health – Specialty (ASH) cover defined evidence-based chiropractic diagnostic and treatment services within a practitioner's scope of practice. Because chiropractors are portal of entry practitioners and because many conditions present with musculoskeletal components or primary symptoms, chiropractors perform an appropriate examination and ensure patients receive evidence-based care by either appropriately caring for the patient themselves within their scope of practice or by referring individuals to another practitioner.

APPROPRIATE POINT OF SERVICE

Practitioners should practice only in the areas in which they are competent based on their education, training, and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services and whether the services are within their scope of practice.

It is best practice for the practitioner to appropriately render services to a patient only if they are trained to competency in delivering the services and are as skilled as others who are trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and expert training, it would be best practice to refer the patient to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020).

PRACTITIONER SCOPE AND TRAINING

Depending on the practitioner's scope of practice, training, and experience, a member's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is prudent for the practitioner to refer the member for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* clinical practices guideline for information.

Routine covered services by chiropractors in musculoskeletal benefit designs include diagnosis and management services for musculoskeletal illness/injury and conditions directly related to musculoskeletal disorders. Referrals to other practitioners may be necessary for further evaluation if said evaluation is outside of the scope of the chiropractor.

Chiropractors routinely provide evaluation and management services including clinical consultation, plain film radiographs as appropriate, manual and/or instrument spinal and extra-spinal manipulation and mobilization, adjunctive physiotherapeutic modalities and procedures, and active therapy procedures such as therapeutic exercises or activities. They may also provide or order, when appropriate, supports, appliances and orthoses, and clinical laboratory or other diagnostic studies.

For particular clients and markets, ASH has specified in applicable client summaries an expanded set of covered Current Procedural Terminology (CPT) codes to include specified preventive medicine assessments/consultations and other special services. This recognizes the potential for chiropractors to provide these services when such services are aligned with their state scope of practice and when they are trained to competency in the delivery of those services. Because these services are not routine chiropractic services, ASH may require proof of practitioner competency as well as the following specific documentation within the patient medical record: medical necessity; a detailed explanation of the actual service delivered; and information that supports the delivery of the service in a chiropractic office setting.

MEDICAL RECORD KEEPING AND DOCUMENTATION OF MEDICAL NECESSITY

The provision of specialized services (e.g., assistive technologies assessment, self-care/home management training, and preventive medicine assessment) requires documented clinical rationale to validate the necessity of further assessment beyond the service(s) already included within the evaluation and management (E/M) service, and to document the clinical rationale to validate the medical necessity of further counseling and special services. Please refer to the individual specialized services policies for further documentation criteria needed to validate the medical necessity of these services.

The patient's medical records must document the practitioner's clinical rationale for the specific services provided, as well as support that the services provided required the skills and expertise of a practitioner. For example, performance of self-care/home management training should include the following:

- Objective measurements of the patient's activity of daily living (ADL)/instrumental activity of daily living (IADL) impairment to be addressed;
- The specific ADL and/or compensatory training provided, specific safety procedures addressed, specific adaptive equipment/assistive technology utilized, instruction given, and assistance required (verbal or physical); and
- The patient's response to the intervention.

References

Joint Commission International. (2020). Joint Commission International Accreditation Standards for Hospitals (7th ed.): Joint Commission Resources