

## **History of Medicaid Coverage for Chiropractic Services in Vermont 1999-2014**

In 1999 The Vermont Legislature adopted the following provision designed to provide equity in reimbursement for services provided by a chiropractor that are within their scope of practice. Although this provision applies to all "health insurance plans," Medicaid is excepted from this mandate.

### **ADOPTED 8 VSA §4088a**

#### **§ 4088a. CHIROPRACTIC SERVICES**

(a) A health insurance plan shall provide coverage for clinically necessary health care services provided by a chiropractic physician licensed in this state for treatment within the scope of practice described in chapter 10 of Title 26, but limiting adjunctive therapies to physiotherapy modalities and rehabilitative exercises. A health insurance plan does not have to provide coverage for the treatment of any visceral condition arising from problems or dysfunctions of the abdominal or thoracic organs. A health insurer may require that the chiropractic services be provided by a licensed chiropractic physician under contract with the insurer or upon referral from a health care provider under contract with the insurer. Health care services provided by chiropractic physicians may be subject to reasonable deductibles, co-payment and co-insurance amounts, fee or benefit limits, practice parameters and utilization review consistent with any applicable regulations published by the department of banking, insurance, securities, and health care administration; provided that any such amounts, limits and review shall not function to direct treatment in a manner unfairly discriminative against chiropractic care, and collectively shall be no more restrictive than those applicable under the same policy to care or services provided by other health care providers but allowing for the management of the benefit consistent with variations in practice patterns and treatment modalities among different types of health care providers. Nothing herein contained shall be construed as impeding or preventing either the provision or coverage of health care services by licensed chiropractic physicians, within the lawful scope of chiropractic practice, in hospital facilities on a staff or employee basis.

(b) As used in this section, "health insurance plan" means any individual or group health insurance policy, any hospital or medical service corporation or health maintenance organization subscriber contract or any other health benefit plan offered, issued or renewed for any person in this state by a health insurer, as defined by 18 V.S.A. § 9402(7). The term shall not include benefit plans providing coverage for specific disease or other limited benefit coverage.

**From 2002 – 2009, the legislature adopted SEVEN different budget provisions relating to Medicaid coverage for chiropractic services:**

#### **1. 2002**

##### **ADOPTED – APPROPRIATIONS BILL**

(i) The department is not authorized to amend the rules for the Medicaid and

VHAP programs to eliminate coverage for chiropractic services for adults. VHAP program rules shall be amended to require beneficiaries to pay a coinsurance amount equal to 25 percent of the cost of the service.

## **2. 2005**

### **ADOPTED - APPROPRIATIONS BILL**

Sec. 298. CHIROPRACTIC BENEFITS FOR ADULTS

(a) The office of Vermont health access shall design a chiropractic trial to begin in state fiscal year 2007. This trial shall be predicated upon and will proceed only if federal financial participation can be secured for the trial. The trial shall include limited diagnoses where chiropractic services, identified by the office of Vermont health access, shall be covered for the duration of the trial. The study period shall include an analysis of both the clinical efficacy of chiropractic treatment for the diagnoses identified along with a comparison to other treatment modalities for the same diagnoses and a financial analysis of the different treatment modalities. At the conclusion of the trial period and upon confirmation from the centers for Medicare and Medicaid services that federal financial participation would be available, a recommendation shall be made to the general assembly for the reinstatement of chiropractic services where positive clinical outcomes and lower overall treatment costs have been shown. This recommendation may be limited by the scope and definitions of the trial.

## **3. 2006**

### **ADOPTED - APPROPRIATIONS**

Sec. 107b. OVHA CHIROPRACTIC STUDY; REPEAL

(a) Sec. 298 of No. 71 of the Acts of 2005, directing OVHA to study the impact of reinstating chiropractic benefits in the Medicaid program, is repealed.

Sec. 107c. CHIROPRACTIC REVIEW OF LITERATURE; OVHA RECOMMENDATION

The office of Vermont health access shall review available literature and clinical findings related to clinical outcomes and overall treatment costs associated with chiropractic treatment. The office shall make a recommendation to the general assembly regarding the reinstatement of chiropractic services under the Medicaid program during the fiscal year 2008 budget submission.

## **4. 2007**

### **ADOPTED - ACT 65 APPROPRIATIONS**

Sec. 111b. CHIROPRACTIC COVERAGE UNDER MEDICAID AND VHAP

(a) Effective on July 1, 2008, the agency of human services is directed to reinstate chiropractic coverage for adults in the Medicaid and VHAP programs consistent with section 4088a of Title 8 and at rates comparable to payments for care or services by other health care providers. The fiscal year 2009 Medicaid expenditure forecast adopted by the emergency board shall include the reinstatement of chiropractic coverage.

## **5. 2008**

## **ADOPTED APPROPRIATIONS**

Sec. 5.203.1. Sec. 111b(a) of No. 65 of the Acts of 2007 is amended to read:

(a) Effective on July 1, 2008, the agency of human services ~~is directed to~~ shall reinstate chiropractic coverage for adults in the Medicaid and VHAP programs consistent with section 4088a of Title 8 and at rates comparable to payments for care or services by other health care providers not to exceed Medicare rates. The fiscal year 2009 Medicaid expenditure forecast adopted by the emergency board shall include the reinstatement of chiropractic coverage.

## **6. 2009**

### **ADOPTED BUDGET ADJUSTMENT**

Sec. 75. Sec. 111b of No. 65 of the Acts of 2007, as amended by Sec. 5.203.1 of No. 192 of the Acts of 2008, is further amended to read:

Sec. 111b. CHIROPRACTIC COVERAGE UNDER MEDICAID AND VHAP

(a) Effective on July 1, 2008 through January 31, 2009, the agency of human services shall reinstate chiropractic coverage for adults in the Medicaid and VHAP programs consistent with section 4088a of Title 8 and at rates comparable to payments for care or services by other health care providers not to exceed Medicare rates. ~~The fiscal year 2009 Medicaid expenditure forecast adopted by the emergency board shall include the reinstatement of chiropractic coverage.~~

## **7. 2009**

### **ADOPTED APPROPRIATIONS**

H.441 Sec. E.306.1 CHIROPRACTIC; MEDICAID

(a) The agency of human services is directed to reinstate chiropractic coverage only for manipulation of the spine billed under current procedural terminology (CPT) codes 98940, 98941, and 98942 for adults in the Medicaid and VHAP programs effective July 1, 2009.

**The last provision, adopted in 2009, is the current Medicaid coverage for chiropractic services.**

