

Quick Reference for Chiropractors



This document provides general information related to chiropractic treatment of an injured employee. For additional information, forms, and resources visit www.workforcesafety.com.

Evaluation and Management (E&M)

Workforce Safety & Insurance (WSI) does not require prior authorization for medically necessary E&M services and reimburses them separately from chiropractic treatment. WSI considers E&M services medically necessary to:

- Complete an initial evaluation
- Assess an injured employee's functional capabilities (only applicable for a chiropractor who is the primary treating provider)
- Request prior authorization for additional visits
- Evaluate an injured employee with an exacerbated condition or condition failing to improve
- Evaluate an injured employee who has a lapse in care

Window Period

Each claim has one window period, which encompasses all body parts accepted on a claim. A change in chiropractor during an established course of treatment does not initiate a new window period.

Each window period includes:

- 10 visits or 60 days of care, whichever occurs first
- Treatment of all body parts accepted on a claim
- Up to two modalities per visit

WSI does not reimburse for massage/manual therapy performed with a manipulation to the same spinal region on the same visit during the window period.

Acute/Subacute/Palliative Chiropractic Care

WSI requires prior authorization for any treatment extending beyond the window period. This includes:

- Manipulations
- Therapeutic Procedures
- Modalities

In addition to the services listed above, a chiropractor must obtain prior authorization for other medical services as outlined in the [Utilization Review \(UR\) Guide](#).

Prior Authorization Request and Appeal

To request prior authorization or appeal a previously modified or denied request:

- Complete the [Utilization Review Chiropractic Request \(UR-Chiro\)](#) form
- Attach the proposed treatment plan and supporting medical documentation. Orthopedic Chiropractic Consultants will review each plan for medical necessity
- Fax the UR-Chiro form and documentation to the UR department at 866-356-6433 or 701-328-3765
- The UR department will respond to the request within 3 business days of receiving all required information

To request up to a 2-week extension on an approved service, call the UR department before the approval expires at 888-777-5871 or 701-328-5990

Bill Audit

WSI performs a prepayment audit of all medical bills and requires medical documentation support each charge. A provider should refer to WSI's [Documentation Policies](#) for specific documentation requirements.

Chiropractic Treatment Reimbursement

Prior to receiving reimbursement, a chiropractor must complete the [Medical Provider Payee Registration](#) form.

A provider should review the [WSI Fee Schedule](#) for information on reimbursement rates. For pricing methodology, payment parameters, billing requirements and reimbursement procedures, a provider may review the [Medical Provider Fee Schedule Guideline](#).

Bill Appeal and Retrospective Review

To submit an appeal for a payment reduction or denial, or to request retrospective review of a service denied for no prior authorization ([RC 80](#)):

- Complete the [Medical Bill Appeal \(M6\)](#) form
- Attach supporting information or documentation
- Fax the M6 form and documentation to WSI

For a retrospective review, a provider must also demonstrate one of the following:

- Provider was not aware the condition was a work-related injury
- Injured employee's claim status at the time of service included: denied, presumed closed, or a claim not filed