

Quick Reference for Chiropractors



This document provides general information related to chiropractic treatment. To access forms, [Utilization Review Guide](#), or additional information on treating patients, authorizations, and billing/payment, visit www.workforcesafety.com.

Evaluation and Management (E&M)

Workforce Safety & Insurance (WSI) considers E&M services as medically necessary to:

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

Window Period

Each claim has one window period, which encompasses all body parts accepted on a claim. Changing chiropractors during the course of treatment does not start a new window period.

Each window period includes:

- 6 visits or 60 days of care, whichever comes first, including initial evaluation
- Treatment of all body parts accepted on a claim
- Up to two modalities per visit

The window period does not allow reimbursement for massage/manual therapy when performed with the manipulation on the same spinal region on the same visit.

*Effective January 1, 2016, WSI altered the chiropractic pilot program to include a window period.

Acute/Subacute Chiropractic Care

Prior authorization is required for treatment extending beyond the window period. This includes:

- Manipulations
- Therapeutic Procedures
- Modalities

In addition to the services described above, a chiropractor must follow WSI's prior authorization rules outlined in the [Utilization Review Guide](#) for other medical services such as acupuncture, durable medical equipment, etc. Physician referral does not waive the prior authorization requirements.

Palliative Care

The injured worker must be at maximum medical improvement (MMI) before approval of palliative care. WSI requires prior authorization for palliative care, which must include the appropriate [palliative care questionnaire](#) forms.

Prior Authorization Process

To request prior authorization:

- Complete the [Utilization Review Chiropractic Request \(UR-Chiro\)](#) form
- Fax the completed UR-Chiro form with supporting medical documentation to WSI
- WSI has 3 business days to complete the review

Utilization Review (UR) Appeals

To request an appeal:

- Complete the [UR-Chiro](#) form
- Fax the completed UR-Chiro form with supporting medical documentation to WSI
- WSI has 3 business days to complete the review

Retrospective Review

WSI will complete a retrospective review for a bill denied for no prior authorization (RC 80). The chiropractor must show one of the following:

- Provider was not aware the injured worker had a claim with WSI
- Injured worker's claim on date of service was not yet filed or claim status was denied or presumed closed

To request the retrospective review

- Complete the [Medical Bill Appeal \(M6\)](#) form
- Fax the completed M6 form with supporting medical documentation to WSI

Additional Information

WSI contracts with Orthopedic Chiropractic Consultants (OCC) for peer-to-peer review of proposed treatment plans.

Utilization Review Contact Information

The hours of operation for WSI's Utilization Review Department are 8:00 am to 5:00 pm, Monday through Friday.

- Phone numbers: 888-777-5871 or 701-328-5990
- Fax numbers: 866-356-6433 or 701-328-3765