

## CHIROPRACTIC CARE

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive describes the provision of chiropractic care by VHA.

**2. SUMMARY OF MAJOR CHANGES:** This directive updates the processes and procedures for access to chiropractic care included in the Medical Benefits Package, the standard health benefits plan available to all eligible, enrolled Veterans, consistent with the Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2018, Public Law 115-141.

**3. RELATED ISSUES:** None.

**4. RESPONSIBLE OFFICE:** The Deputy Patient Care Services Officer for Rehabilitation and Prosthetic Services (10P4R), within the Office of Patient Care Service, is responsible for the contents of this Directive. Questions may be referred to the National Director of Chiropractic Care at (202) 461-7444.

**5. RESCISSIONS:** VHA Directive 2009-059, Chiropractic Care, dated November 16, 2009, is rescinded.

**6. RECERTIFICATIONS:** This VHA directive is scheduled for recertification on or before May 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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Executive in Charge

**NOTE:** All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on May 25, 2018.

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## CHIROPRACTIC CARE

### 1. PURPOSE

This Veterans Health Administration (VHA) directive defines policy related to the provision of chiropractic care by VHA in compliance with Section 204 of Public Law (Pub. L.) 107-135, the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001. **AUTHORITY:** Title 38 United States Code (U.S.C.) 1710, 7301(b); Pub. L. 106-117, section 303; Pub. L. 107-135, section 204.

### 2. BACKGROUND

a. Section 303 of the Veterans Millennium Health Care and Benefits Act (the Millennium Act), Pub. L. 106-117, required the Under Secretary for Health to establish a VHA-wide policy regarding the role of chiropractic treatment in the care of Veterans.

b. Section 204 of the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001, Pub. L. 107-135, required VHA to carry out a program to provide chiropractic care to Veterans throughout Department of Veterans Affairs (VA) medical facilities and clinics.

c. Section 245 of the Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2018 (Consolidated Appropriations Act, 2018), Pub. L. 115-141, established a tiered timeline for expanding on-station chiropractic clinics, and amended the definitions of medical services, rehabilitative services, and preventative services in 38 U.S.C. 1701 to include chiropractic services.

d. Chiropractic care is included in the Medical Benefits Package, the standard health benefits plan generally available to all enrolled Veterans.

e. Doctors of Chiropractic (DCs) are licensed independent practitioners (LIP) in VHA who provide examination, diagnosis, treatment, and management of neuromuscular and musculoskeletal conditions using non-pharmacologic and non-operative methods. A chiropractor typically completes 4 years of baccalaureate training and 4 years of chiropractic training. Residency training is 1 year beyond attainment of the Chiropractic Degree, and fellowship training is for 1 to 2 years beyond the completion of residency training.

f. Chiropractors utilize standard medical evaluation procedures, along with biomechanical assessments, to establish a diagnosis and formulate a management plan. They consult with other health care providers and refer patients in accordance with accepted medical indications. Chiropractic treatment includes a number of options such as patient education, therapeutic exercise, lifestyle recommendations, and other interventions such as joint manipulation and mobilization, soft tissue therapies, and physical modalities. Chiropractors may also be trained and licensed to deliver a number of interventions currently classified as Complementary Integrative Health (CIH) therapies such as acupuncture, biologically based preparations, and mind-body therapies.

g. Chiropractic care is included in Joint Commission pain management standards, and evidence shows that patients receiving chiropractic care are:

(1) Less likely to use other health care services that are more costly and have greater risk, such as opiate medications, spinal imaging and injections, and elective spinal surgeries; and

(2) Have lower overall health care costs for episodes of non-operative spine related disorders.

h. VHA strives to deliver the highest quality chiropractic services following an evidence-based, Veteran-centered approach. Appropriate utilization of chiropractic services is consistent with current clinical practice guidelines, and premised on individualized treatment plans incorporating objective measures of patient-based outcomes, such as pain and function. Assessment of clinical outcomes is necessary to ensure quality of services delivered.

i. From fiscal year 2004 to 2017, VHA increased its number of chiropractic clinics by approximately 9.4 percent annually, and the number of Veterans receiving on-station chiropractic care increased approximately 18 percent annually. As of May 2018, there are approximately 135 chiropractic physicians providing patient care at 84 VHA facilities. Chiropractic clinics are administratively aligned in physical medicine, primary care, pain medicine, or other service lines consistent with local facility needs. Additionally, there are five chiropractic residency trainee positions across five VHA chiropractic residency training programs, the first and currently only accredited chiropractic residency programs in the United States.

j. VHA Chiropractic Care is a national program under the Office of Rehabilitation and Prosthetic Services.

### 3. POLICY

It is VHA policy that access to chiropractic care is consistent with policy for access to any other specialty. Consultation for chiropractic care can be initiated by the patient's primary care provider or another appropriate VHA clinician. Referral for chiropractic care will not be subject to requirements or authorizations other than those for referral to any other specialty care at a VHA facility or through the outpatient Community Care program.

### 4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for the overall authority of this directive.

b. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services is responsible for:

(1) Providing oversight to the VHA Chiropractic Care program and ensuring that it maintains the resources necessary to implement this directive.

(2) Collaborating with the Deputy Under Secretary for Health for Operations and Management and the Deputy Under Secretary for Health for Organizational Excellence to support monitoring, reporting, and evaluation of the impact of this directive as guided by VHA Rehabilitation and Prosthetic Services, and Chiropractic Care program.

c. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Facilitating consistent compliance across VISNs with the Chiropractic Care program as prescribed in this directive.

(2) Distributing communications pertaining to implementation, interpretation, and evaluation of this directive as developed by VHA Chiropractic Care program.

(3) Collaborating with the Deputy Under Secretary for Health for Policy and Services and the Deputy Under Secretary for Health for Organizational Excellence to support monitoring, reporting, and evaluation of the impact of this directive as guided by VHA Rehabilitation and Prosthetic Services, and Chiropractic Care Program.

d. **Veterans Integrated Service Network (VISN) Director.** Each VISN Director is responsible for ensuring that:

(1) At least one VHA site, within the VISN, is designated to provide on-station chiropractic care. In addition to these sites, a VISN may elect to offer on-station chiropractic care at any additional facilities within its region in order to provide appropriate patient access. Chiropractic care at VHA facilities may be provided through appointment of or contracts with licensed chiropractors, dependent upon the needs of the VHA facility and consistent with Section 204(e)(1) of the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001, Pub. L. 107-135. **NOTE:** *The Consolidated Appropriations Act, 2018, requires on-station chiropractic care be provided at no fewer than two medical facilities or clinics in each VISN by December 31, 2019, and at no fewer than 50 percent of all medical centers in each VISN by December 31, 2021.*

(2) Ensuring VISN Chief Medical Officers and facilities' management provide Veterans with appropriate access to chiropractic services, and demonstrate visible and supportive leadership in integrating chiropractic services into VHA.

e. **VA Medical Facility Director.** Each VA medical facility Director is responsible for:

(1) Ensuring that DCs are privileged to provide patient evaluation and care for neuromuscular and musculoskeletal conditions including the subluxation complex, consistent with:

- (a) The scope of the chiropractor's state licensure;
  - (b) The individual's clinical competence as determined by education, training, professional experience, and peer references; and
  - (c) The needs of the facility.
- (2) Ensuring DCs are subject to human resources and credentialing processes consistent with facility practice for doctors of podiatric medicine and optometry. **NOTE:** *DCs may be subject to privileging processes if the DC is licensed in a state that recognized DCs as LIPs and the VA medical facility's Medical Staff Bylaws recognize DCs and LIPs, as voted upon by the Organized Medical Staff.*
- (3) Ensuring that DCs are incorporated into a health care team.
- (4) Ensuring that space, equipment and supplies sufficient for efficient provision of chiropractic care are provided.
- (5) Ensuring that appropriate VHA employees are provided materials in order to familiarize them with chiropractic care and how such services are provided. Relevant information is available through the VHA Intranet and the Rehabilitation and Prosthetic Services Program Office.
- (6) Using the Community Care Program:
- (a) When the residence of the Veteran is geographically distant from a VA medical facility providing on-station chiropractic care, to provide these services through community chiropractors. Chiropractic care may also be provided through Memoranda of Agreement (MOA) with Department of Defense (DOD) facilities.
  - (b) Community Care chiropractic care must be designated using the purpose of visit code 75 (chiropractic care) in the fee package to ensure data can be retrieved.
- (7) Developing service referral agreements for chiropractic care within 3 months of beginning chiropractic service.
- (8) Developing approaches to ensure quality of chiropractic utilization.

## 5. TRAINING REQUIREMENTS

No specific training is required or recommended.

## 6. RECORDS MANAGEMENT

Standard language: All records regardless of format (paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. If you have any question to the regarding any aspect of records

management you should contact your facility Records Manager or your Records Liaison.

## 7. REFERENCES

- a. 38 U.S.C. 1703(a)(2)(B), 1710, 7301(b).
- b. Pub. L. 106-117, the Veterans Millennium Health Care and Benefits Act.
- c. Pub. L. 107-135, Department of Veterans Affairs Health Care Programs Enhancement Act of 2001.
- d. Pub. L. 115-141, Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2018.
- e. VA Handbook 5005, Staffing, and 5007, Pay Administration.
- f. VHA Directive 2012-030, Credentialing of Health Care Professionals, dated October 11, 2012, or subsequent policy.
- g. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.
- h. Joint Commission Provision of Care, Treatment, and Services Standard PC.01.02.07.