Model Chiropractic Coverage Recommendation

The American Chiropractic Association (ACA) has developed this Model Chiropractic Coverage Recommendation to work proactively with health plans to promote high-quality, evidence-based coverage recommendations that are practical and ensure consistent and comprehensive policy benefits for chiropractic patients.

Chiropractic Medicine and Chiropractic Physicians

Chiropractic is a health profession concerned with comprehensive health care, often focused on musculoskeletal and neurological disorders, and may also help patients with goals of optimal health and well-being. Chiropractic Physicians are direct-access primary healthcare providers. They are educated and licensed to perform a full palate of services, such as examining, diagnosing, and treating patients. Training includes managing, coordinating, referring, and delegating patient care functions within the scope of practice and complemented by using education and preventive care services to address lifestyle diseases and improve whole health.

The American Chiropractic Association's (ACA) mission is to inspire and empower its members to elevate the health and wellness of their communities. Through their whole-person, patient-centered approaches, Chiropractic Physicians help people of all ages live a full and active lifestyle. Coverage policy that supports high-value care is an essential aspect of ACA's mission. ACA advocates for consistent and comprehensive benefits and network management to facilitate healthcare delivery that not only improves pain, physical function, and quality of life, but simultaneously supports public health initiatives, harm-reduction strategies and cost savings.

To support high-quality patient care, it is essential for model chiropractic coverage to:

1. Fully utilize the education, training, and licensure of Chiropractic Physicians for their expertise in not only spine and other neuromusculoskeletal disorders, but also preventive health care, other primary care, and public health services.
2. Optimize the entire scope of chiropractic practice, which is determined by doctoral and post-doctoral education, training, and experience obtained through appropriately accredited institutions.
3. Integrate the full management, referral, and prescription authority commensurate with contemporary chiropractic education for patient examination, diagnosis, differential diagnosis, and health assessment; and for the care and treatment of neuromusculoskeletal and other health conditions or issues.
4. Maximize the full capabilities of Chiropractic Physicians in the delivery of information, advice, recommendations, and counseling regarding general health matters, wellness, and health optimization in the process of evaluation and management whether the mode of delivery is in-person or via telehealth.
5. Promote the full authority and adaptable requirements for the management and training of healthcare teams and the participation in collaborative or integrative healthcare groups.

Coverage Policy

A comprehensive policy should use the best available evidence, including but not limited to clinical practice guidelines, which balances the weight of scientific evidence and the clinical practice experience of the healthcare provider. A comprehensive policy should also, when possible, support the sociocultural values of the patient. In so doing, policies will then contribute to the process of patient consent and shared decision making[1].

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Addressing waste in healthcare delivery can be improved by using policy design to feature conservative treatment options for spine and musculoskeletal disorders. Low-value musculoskeletal pain care includes overuse and misuse of imaging, overuse of surgery, misuse of opioids, and failure to provide education and advice[2]. Coverage policy designed to promote the appropriate use of imaging, surgery, or opioids serves as a harm-reduction strategy. As with other harm reduction strategies, it is vital to identify and limit or eliminate obstacles to access. For example, low back and neck disorders cost $134 billion[3], resulting in a considerable economic burden to the U.S. healthcare system[4].

The continued leadership of ACA, combined with the coverage parameters presented by the Model Chiropractic Coverage Recommendation (MCCR), addresses four of the six waste domains identified by Shrank, et al[5]. Specifically, failure of care delivery, failure of care coordination, overtreatment or low-value care, and administrative complexity. The formation of the proposed care delivery and policy innovations are rooted in evidence and experiences held by a variety of interests in health care and supported by guidelines developed by multiple and separate clinicians and research experts[3, 5, 6-10].

First, the evidence for better care delivery.

Guideline and Care Pathway Summaries

Guidelines recommend nonpharmacological conservative treatments that are commonly provided by Chiropractic Physicians as first-line therapies for nonspecific pain[2, 8, 11-13].

Eleven recommendations, which align with best practices in chiropractic care, are consistent across such conditions[2]:

1. Ensure care is patient-centered
2. Screen for red and yellow flag conditions, including points related to social history
3. Assess psychosocial factors
4. Use imaging selectively
5. Perform a diagnostic physical exam
6. Monitor patient progress
7. Provide patient education and management options
8. Provide physical activity/exercise advice
9. Apply manual therapy with other evidence-based treatments, as indicated
10. Offer non-surgical care before surgery, when possible
11. Support return to work

Suggested clinical care pathways reiterate these eleven consistent recommendations for patients with low back pain[9,14-15]. The care pathways generally suggest similar steps[9, 14-15].

- First, triage patients to determine if they need emergency medical attention.
- Most patients do not need immediate medical attention and may proceed to evaluation, which should include a history, diagnostics, physical exam, red flag assessment, and screening for psychosocial factors.
- The assessment will help determine if conservative care is appropriate. Shared decision-making should be used to decide which treatment options to pursue first.

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Patient progress should be assessed regularly to establish the patient's response to care and inform the shared decision-making process used to make future decisions. Models that have financially prioritized collaborative decision making between providers and patients for spinal surgeries led to lower complication rates, and lower overall costs (OECD)[16]. Periodic changes to the treatment plan, based on re-examination, can be made in response to patient-response and changing goals or needs.

Evidence-based Conservative Care

In addition to diagnosis and condition monitoring and management common to primary care, Chiropractic Physicians provide a combination of patient education and passive, transitional, and active interventions for a range of conditions[16]. Chiropractic is most commonly recognized for high-value spine care[18, 7, 20, 21-23]. Chiropractic care also benefits patients with a range of other conditions[24-30]. Importantly, emerging evidence underscores the value of chiropractic care to decrease opioid use for pain-related conditions[31-36].

Chronic Disease Management: Nonpharmacological Approaches

Disease management policy for chronic or recurring pain has historically excluded conservative treatment options. The incorrect classification of chronic care services as maintenance care has denied beneficiaries coverage and restricted access to nonpharmacological options, undoubtedly harming patients who suffer with chronic pain. Coverage policy innovation must evolve to reflect a disease management model with conservative options for treatment in place of the curative model governed by the misapplication of medical necessity[37]. Low back pain is commonly recurring, and cases that need treatment should be driven to high-value providers like Chiropractic Physicians[38]. It is possible to categorize those who are most likely to benefit from a disease management model that features conservative treatment options to control pain, improve physical function, maintain engagement in employment or other daily activities, and minimize pain medications[23].

By limiting the scope and application of clinical trial designs investigating the effects of spinal manipulation and other manual therapies on chronic pain to a framework of curing acute pain, one can logically predict inadequate patient outcomes[39]. The opioids epidemic illustrates why innovation in care delivery and plan design is required to provide effective and safe treatment to those patients. Importantly, the research evidence now supports such care delivery innovations[10, 23, 35, 40].

Policy innovation must include coverage provisions for patients who need ongoing management, including management by Chiropractic Physicians. There must be defined expectations for medical necessity that capture all elements of the modern biopsychosocial approach and cover additional services such as care coordination when done by either Chiropractic Physicians or other members of the patient's healthcare team. An emphasis on psychosocial factors, active care, self-care, and patient empowerment is a key feature of chronic pain management whose outcomes are not measured by pain and function alone[37]. To be clear, not all chronic or recurring pain conditions need or benefit from conservative disease management. Still, for those that do, policy innovation can help reimagine care delivery to improve patient outcomes and safety in the short- and long-term. Coverage for chronic pain conditions should be concordant with guidelines[41], allowing for treatment visits at a frequency of 1-4/month as per patient response, and include both active and passive care.

The educational background of Doctors of Chiropractic allows greater access to care by working in collaborative care models by referring directly to other providers, when available[41]. This is particularly true in multi-disciplinary settings

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where streamlined care for testing and referrals can be achieved, potentially lowering wait times and costs to patients, which addresses capacity issues in health systems as well as minimizes wastes of repeated tests and evaluations. Further, collaborative therapies have been found to be more effective than singular therapies[16]. Coverage of referrals and collaborative care further allows greater access ability and sustainable practices.

Telehealth

The COVID19 pandemic has accelerated the broad adoption of telehealth services by patients and providers, including for patients with spine and other musculoskeletal disorders[42]. Many frontline services can and are being delivered via telehealth, including telerehabilitation. Necessary services such as examination, risk assessment, advice, and rehabilitative exercises delivered via telehealth are an essential service that addresses important musculoskeletal pain conditions while limiting or eliminating unnecessary risks and other opportunity costs[43].

Many payors temporarily provided telehealth service reimbursement when rendered by a chiropractor in relation to COVID19-related accessibility. Evaluation and extension of these policies is a necessity to continue to provide high-value care options, particularly when looking at rural care demographics[44]. Particularly, telehealth is an effective tool in managing cases in real time, providing patient education[45]. Increased use of digital health care does pose the concern for inequities around accessibility, however improved accessibility is encouraged first with attention to inequities posed by social determinants of health[46].

Waste Spending

Healthcare costs are considered, at best, ineffective uses of funding. Efforts should be made to minimize unnecessary spending. Clinical care wastefulness is typically identified as instances of repeated diagnostic tests or services, low value care, and complications due to lack of shared data[16]. We encourage sharing data among platforms and provider types. Systematic review data indicates chiropractic care holds lower overall costs, including around cost-per-episode of care[47]; this relies on providers following clinical guidelines and best-practice practices, including appropriate re-evaluation and referral practices.

Barriers to Conservative Care Due to Current Health Plan Policy

Current benefit structure is inconsistent with public health initiatives to remove barriers to non-pharmacological treatments and reduce opioid exposure. Senior insurance executives report that the primary focus in response to the opioid epidemic was improving opioid management and access to treatment for substance use disorders[47]. While executives claim to focus on nonpharmacologic treatments in their coverage decisions, few improvements to coverage for nonpharmacologic treatments for chronic pain have emerged[48].

Most Medicaid, commercial, and Medicare Advantage plans provide a chiropractic benefit, though the coverage rate falls behind that of occupational therapy and physical therapy[48]. Other nonpharmacological therapies, such as acupuncture and therapeutic massage, are rarely explicitly covered (from 20% to 2% of plans)[48]. The likelihood of reimbursement has been shown to be 72% lower for chiropractors when compared to primary care performing the same service[48]. In the case of acupuncture coverage as a Medicare benefit, Chiropractic Physicians who are otherwise certified to perform acupuncture are excluded. This produces confusion for providers and patients in understanding their benefits and increases administrative waste.

A significant barrier to patients accessing nonpharmacological treatments for chronic pain is out of pocket expenses[47]. This comes despite recommendations by legislative bodies to increase access to non-pharmacological pain therapies and observed inconsistencies in coverage among commercial and public plans[49]. For many nonpharmacological treatments, every treatment or office visit incurs an out-of-pocket expense to the patient, in contrast to pharmacological interventions that only require one copayment per prescription dispensation[48]. Patient out-of-pocket charges that exceed the cost of care constitute phantom benefits and should be avoided. Reasonable limits should be placed on coinsurance for chiropractic visits, to prevent unnecessary barriers to high-value care. Some states have enacted legislation that coinsurance should be limited to a percentage of allowed amounts. Federal Medicare Advantage Plans limit a copayment amount to $20 for chiropractic services.

Consumers' misunderstanding of health insurance is another potential obstacle that may delay or prevent healthcare delivery[50]. "Roughly 6 in 10 insured adults experience problems when they use their insurance," with claim denials and impacts on finances and health remaining the largest barriers[51].Plan design features have been shown to play a role in the initial-provider choice a person makes when seeking care, favoring conservative options when choices are less restrictive, and when cost-sharing is reduced[6]. The goal of health policy at any level promotes the health of individuals and the community. Limitations by health insurance or misunderstanding of insurance further hinder a comprehensive policy. For a more expansive view of how ACA advises evidence-based payor policy, we recommend viewing ACA's paper entitled *Evidence-Based Benefit Design: The Intrinsic Value of Comprehensive Chiropractic Coverage*.

Healthcare delivery innovations supported by coverage policy are well illustrated by the integration of Chiropractic Physicians into the U.S. Department of Veterans Affairs (VA)[9]. However, there are multiple and layered obstacles to achieving the same care delivery innovations outside a system like VA, including funding, as the VA utilizes a budgetary payor style. Inadequate insurance coverage limits the adoption of chiropractic by conventional health systems[52,] and low threshold volume standards for CMS Merit-based Incentive Payment System (MIPS) further limit the ability of chiropractors to participate in Alternate Payment Models (APMs) or Advanced APMs.

Few health plans acknowledge the depth and breadth of Chiropractic Physicians' education, training, and licensure by limiting coverage for important public health or preventive services when delivered by a Doctor of Chiropractic (DC). Lack of parity for Chiropractic Physicians with other physician providers in CMS is the most obvious example. Reduced Medicare and Medicaid costs have been observed in studies that include beneficiaries who have access to chiropractors[53, 54]. However, it may be necessary to adopt a more dynamic model to evaluate the value of providing a comprehensive chiropractic benefit in place of a static model that only considers the cost of services[55].

Care delivery and policy innovation that optimizes the full scope of all providers on the healthcare team is the logical evolution for the U.S. healthcare ecosystem. This was partially addressed in the Federal PPACA Section 2706a, which barred discriminatory practices based on provider type. Many states have subsequently enacted legislation to uphold this federal provider non-discrimination language. Regulation relating to Section 2706a is under current review from the Department of Health and Human Services, Department of Labor, and Department of the Treasury.

Value-Aligned Health Plan Design

Policy innovation should remove low-value administrative waste both in the process of establishing and reporting services as part of a treatment plan, and in the process of procuring and retaining remuneration; it should

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not create obstacles for patient access by using cost-sharing terms that incentivize low-value/high-risk services, such as early-MRI, or increase risk of harm, such as opioids or other pharmacological interventions, and include technological developments such as telehealth and telerehabilitation. Cost-sharing should instead incentivize low-cost, high-value conservative options and extend to those who are currently underserved by the insurance industry. This includes undertreated individuals, including those in communities of color and who identify as LGBTQ+, for whom poor pain management and limited access to conservative care options exacerbate health disparities.

As an overarching statement, ACA supports evidence-informed policy decisions and actions that promote equity of care. Health equity relies on the principle that all people have the right to health. Recalling back to the goal of minimizing obstacles for patient access includes expanding appropriate utilization of conservative and preventive public health actions by chiropractors in rural areas, including in Rural Health Clinics (RCH). This remains a federal initiative authorizing special Medicare and Medicaid payment options[56], which remains advantageous to expand utilization of chiropractic services. Steps are being made to further accessibility in organizations such as the Chiropractic Association of Rural Environments or with Indian Health Services.

Changes to the healthcare coverage systems should emphasize high-value services[57]. Value-based payments give opportunity to reduce health disparities[58]. It is recommended by the National Quality Forum to invest in primary care and prevention strategies, especially in areas with more social risk factors[59]. These investment strategies align with ACA's advice and priorities aimed at innovating comprehensive health policy.

Summary

Promising solutions include focused implementation of best practices, the redesign of clinical pathways, integrated health and occupational care, changes to coverage systems and legislation, and public health and prevention strategies[60]. Chiropractic Physicians can play a significant role in reducing disability globally[61]. There are several global initiatives to address the burden of low back pain as a public health problem, and it is necessary to identify cost effective and context-specific strategies for managing low back pain to mitigate the consequences of the current and projected future burden[62].

Health plans must evolve too, in support of healthcare delivery innovations that include Chiropractic Physicians and are concordant with the evidence that supports and values what Chiropractic Physicians provide to their patients and communities. Chiropractic Physicians are an essential part of a growing number of multidisciplinary and integrated healthcare teams. These recommendations reflect and support healthcare delivery innovations and ultimately contribute to a virtuous cycle of compounding benefits by delivering high-value care while simultaneously reducing low-value care. Chiropractic Physicians are a trusted part of an effective healthcare team and insurance policies must reflect and support that fact.

The American Chiropractic Association is leading the chiropractic profession in several ways to realize improvements in healthcare delivery. We have committed to educating the public with initiatives such as our consumer website, www.handsdownbetter.org, which helps educate people about conservative treatment options for common pain conditions as well as preventive and lifestyle choices. ACA members, who are committed to providing high-value, patient-centered care and pledge to adhere to the highest ethical standards, are increasingly integrating into health systems and care delivery pathways across the U.S.

This document is intended to begin a conversation about creating chiropractic coverage policies that incentivize effective and efficient care while simultaneously creating disincentives for ineffective or harmful options. ACA believes such innovations to promote high-quality, evidence-based treatment options must include benefits that are practical, consistent, and comprehensive for chiropractic patients. The Model Chiropractic Coverage Recommendation (MCCR) suggests health policy innovation that reflects and supports healthcare delivery innovations that feature frontline services for spine and other musculoskeletal disorders and increasingly see Chiropractic Physicians included in integrated and multidisciplinary health care delivery teams. Chiropractic Physicians are a trusted part of an effective healthcare team, but health policy innovation is needed to help realize the full potential for patients and the healthcare system.

Revised: 2025

Published: 2021

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