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Chiropractic Treatment of Children: Reimbursement Issues

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ABSTRACT

In the United States, some incidents have occurred in which insurance carriers have used discriminatory policies to deny chiropractic care for children. This article explores the issue of discriminatory insurance reimbursement related to chiropractic care of children and provides strategies to address these issues when they occur.

Keywords: chiropractic: pediatric spinal manipulation, chiropractic cost effectiveness, chiropractic research.

Issues in insurance coverage of chiropractic care for children

Imagine successfully treating a 10 year old child for low back pain, torticollis, asthma, or otitis media, only to be denied reimbursement by the insurance company citing "treatment unproven and investigational." In 2007 one major national carrier released a policy which would have denied treatment to children and adolescents citing treatment as "unproven."[1] That policy was suspended but other discriminatory benefit policies still exist in scattered payor systems around the United States. When faced with improper denials, what should you do? How would you respond? This article explores the issue of discriminatory insurance reimbursement related to chiropractic care of children and provides strategies to address these issues when they occur.

Most large payors avoid obvious discriminatory policies by stating that reimbursement does not depend upon the age of the patient, but upon the ICD9 and CPT codes submitted. Therefore while many carriers do provide reimbursement for common childhood conditions managed by chiropractic physicians, others may take a more back-door approach for denials. Some carriers may implement internal edits which match certain diagnostic codes to employer identification numbers which identify the provider type, and when a chiropractic physician is identified, payment is denied. Chiropractors should report all improper denials to their national association. When a policy is identified that affects the treatment of children, our profession needs to act, as it did in 2007 to obtain the suspension of the policy mentioned above.

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For some outside of the chiropractic profession, treatment of children seems illogical, even dangerous. Why? Similar to the general population, most medical physicians and insurance administrators are unfamiliar with the literature related to the chiropractic management of childhood disorders. Additionally, most have never witnessed a spinal manipulation and/or do not consider the reality that chiropractic is a profession, not a procedure. All too often medically oriented providers and administrators reduce the chiropractic profession, for reimbursement purposes, to the single procedure of a chiropractic adjustment, coded as spinal manipulation(s) (ex., 98940-CMT 1-2 areas, or 98941, CMT 3-4 areas). Based upon licensure alone many insurers inappropriately deny reimbursement to chiropractic physicians for other medically necessary services such as E/M codes, nutritional analysis, advice on fitness, wellness, and prevention, which are all services normally reimbursed if provided by medical physicians.

The evidence base for chiropractic care for children with mon-musculoskeletal conditions

Noted attorney and author David Chapman-Smith points out that many critics suggest that chiropractic care for children is not appropriate since it is not yet supported by randomized controlled trials (RCTs). However, this is not really an adequate reason for denial of care, since most medical and other healthcare interventions, including physical therapy, are also not supported by RCTs.[2]

Chiropractic physicians could avoid reimbursement issues related to the treatment of children by first becoming familiar with the supportive literature. One comprehensive review regarding non-musculoskeletal conditions was published in 2007 and suggested that several conditions have good evidence supporting chiropractic management (not limited to spinal manipulation, but the entire clinical

encounter). Dr. Hawk and her team found that evidence was adequate to support the benefit of chiropractic care for the treatment of: asthma, cervicogenic vertigo, and infantile colic. Evidence was promising for potential benefit of manual procedures for children with otitis media. The authors also found that adverse effects of spinal manipulation for all ages and conditions were rare, transient, and not severe.[3]

The evidence base for chiropractic care for children with musculoskeletal conditions

Chiropractic physicians are trained to address the broad spectrum of musculoskeletal conditions/injuries. We often treat shoulder, elbow, wrist, hip, knee and ankle pain, in addition to other musculoskeletal conditions. In particular though, spine pain in children has become a huge problem and tremendous financial burden on society. A review of the literature reveals a higher prevalence for thoracic spine pain (TSP) in child and adolescent populations, and particularly for females. TSP was significantly associated with: concurrent musculoskeletal pain; growth and physical; lifestyle and social; backpack; postural; psychological; and environmental factors.[4]

Studies conducted in the United States and throughout the world consistently demonstrate the high incidence of low back pain in children. One study stated that LBP in childhood and adolescence is also as common a problem as that for adults. Another found that about every fifth child in the school-age population reports low back pain.[5-7] Given the prevalence of spine pain in children, and the limited training of medical providers regarding musculoskeletal disorders, it only seems logical that well-trained chiropractic physicians who specialize in the diagnosis and treatment of spine disorders function as primary care providers for this patient population.

Physician education related to musculoskeletal care

A significant amount of education and training in chiropractic college is focused on diagnosis and treatment of musculoskeletal disorders. In contrast, the musculoskeletal training in medical education has recently has been described as "woefully inadequate" in preparing medical doctors for the diagnosis and treatment of musculoskeletal conditions, and these deficits stem from the lack of educational and clinical training provided to medical students in musculoskeletal diagnosis and treatment.[8,9] In 1979 the Royal Commission of Inquiry on Chiropractic in New Zealand addressed the issue of medical incompetence for back pain. "The Commission has found it established beyond any reasonable degree of doubt that chiropractors have a more thorough training in spinal mechanics and spinal manual therapy than any other health professional. It would therefore be astonishing to contemplate that a chiropractor, in those areas of expertise, should be subject to the directions of a medical practitioner who is largely ignorant of those matters simply because he has had no training in them."[10]

How safe is Chiropractic?

A 2008 study of 781 case files of children younger than 3 years receiving chiropractic care found no serious adverse events.[11] A 2007 systematic review by Vohra et al found that although rare serious adverse events had been reported among children receiving chiropractic care, causation could not be inferred and that further study is needed.[12] The authors of a 2009 study reported in Spine conducted an electronic search in two databases: Pubmed and the Cochrane Library for the years 1966 to 2007. Their findings: "There is no robust data concerning the incidence or prevalence of adverse reactions after chiropractic."[13]

In 2007, the Council on Chiropractic Guidelines and Practice Parameters (CCGPP) reviewed the issue regarding attempts by insurance companies to deny payment for treatment of children. In their opinion policies which limit access to chiropractic physicians may result in the potential harm to children by denying medically necessary and evidence-based chiropractic care. The following issues, which were addressed in a joint letter to a major insurance carrier by the Council on Chiropractic Guidelines and Practice Parameters (CCGPP), the Congress of Chiropractic State Associations (COCSA), the American Chiropractic Association (ACA), the International Chiropractors Association (ICA), the Foundation for Chiropractic Education and Research (FCER), and the Association of Chiropractic Colleges (ACC) should be considered when issues related to reimbursement of chiropractic care for children arise.

Issue #1: Scope of practice

Many insurers who develop policies regarding "chiropractic services" presumably and mistakenly equate the licensure of the chiropractic profession with the single modality/procedure of spinal manipulation (ex., 98940-CMT 1-2 areas, 98941-CMT 3-4 areas). As is well-established, chiropractors are primary care/portal of entry physicians recognized by statute at both federal and state levels, e.g. Medicare, Medicaid, Department of Defense and Veterans Administration programs. The treatment of special

patient populations, children and adolescents, and specific conditions like headaches have been established for many years to be well within the scope of a chiropractic practice. Treatment includes not only spinal manipulation, but also active and passive therapeutic modalities, evaluation and management services, instruction on lifestyle modifications, diet and exercise, posture and nutritional advice and other facets of chiropractic practice. Chiropractic is not limited to just spinal manipulation and it is often unclear whether other aspects of a chiropractic clinical encounter are reimbursable.

Issue #2: Discriminatory policy/standards

Many insurers do not apply standards concerning research in equal fashion across the spectrum of healthcare professions. In fact, if every licensed profession were held to the same unrealistic standard being imposed by some payers on the chiropractic profession, many fewer treatments and drugs would be reimbursable by carriers.

Issue #3: Research

Research related to the adult population is plentiful. Literature related specifically to children is less voluminous; however, is it truly necessary? What evidence exists indicating that the spines of children and adolescents respond any differently to spinal manipulation and numerous other passive and active interventions used not only by chiropractic physicians, but medical and osteopathic physicians and physical therapists? What evidence exists that would suggest that children and adolescents are somehow immune to spine dysfunction, injury or pain? To deny coverage for a special population of patients based upon the lack of research is analogous to denying payment for spinal manipulation for patients living in West Virginia since no randomized trials exist for that population of patient. In our opinion, restrictions implemented based upon lack of research represents flawed logic in its application of research in a clinical setting. Does any literature exist suggesting that the spines of children and adolescents respond any differently to passive and active modalities and treatment compared to adult populations for which spinal manipulation has proven value?

For example, the literature clearly shows that children suffer significant back pain.[14] In fact, in a study of 1,126 children, the prevalence of nonspecific back pain increased dramatically during adolescence from less than 10% in the pre-teenage years up to 50% in 15- to 16-year-olds. Of 1,122 backpack users, 74.4% were classified as having back pain, accompanied by significantly poorer general health, more limited physical functioning, and more bodily pain. There is widespread concern that heavy backpacks carried by adolescents contribute to the development of back pain.[15]

Other contributing factors to the near epidemic of back pain in adolescents are: sedentary lifestyle, obesity, de-conditioning, excessive sitting, poor diet, etc. These issues not only can all be addressed, but are being routinely addressed with successful therapeutic outcomes, in the normal visit to a chiropractic physician.

Numerous recognized and respected guidelines support the use of spinal manipulation, along with other therapies, in the treatment of back pain. Recently, the widely-respected journal, *Annals of Internal Medicine* stated: "Recommendation 7: For patients who do not improve with self-care options, clinicians should consider the addition of nonpharmacologic therapy with proven benefits — for acute low back pain, **spinal manipulation** [emphasis added]; for chronic or subacute low back pain, intensive interdisciplinary rehabilitation, exercise therapy, acupuncture, massage therapy, **spinal manipulation** [emphasis added], yoga, cognitive-behavioral therapy, or progressive relaxation.[16, 17]

Issue # 4: Clinical skills, financial impact, and patient safety

Given the reality of back pain in children and adolescents, why would an insurer restrict access and benefits to the profession best suited to evaluate and treat such childhood conditions? Chiropractic physicians clearly possess more education and clinical skills in the area of musculoskeletal diagnosis and treatment compared to general allopaths and physical therapists. If restrictive policies are permitted, young patients will have nowhere to turn except to general medicine. Will that shift result in dollars saved? The answer is no. A limited or complete loss of chiropractic benefits will result in a shift and increased payment for traditional care with its inherent higher costs for treatment, diagnostics and risks associated with prescriptions and invasive procedures. Given the fact that our society, especially the young, is already overmedicated, does that policy make good fiscal or epidemiological sense? We, as a profession, are justifiably concerned that policies that restrict access to chiropractic physicians will force unnecessary drugs on children who suffer back pain and other conditions commonly treated by chiropractic physicians. The side effects of those drugs can easily be avoided by the use of more conservative chiropractic care.

Issue #5: Proper use of guidelines and best practice strategy in clinical practice

Restrictive policies often fail to consider that evidence/research is only one facet of a best practice strategy in clinical practice. Other equally important elements include clinical decision-making/experience, patient values, documentation, process of care, response to care, and risk stratification. Over reliance on literature is impractical in a clinical setting where all patients are unique. In the absence of a definitive body of literature, individual clinicians must rely on their clinical judgment to formulate reasonable parameters of care.[18] Recently, a formal consensus process on such parameters was conducted by a multidisciplinary group of experienced clinicians and researchers, funded by the Foundation for Chiropractic Education and Research.[19]

Issue #6: Civil rights of children

A major concern is the possible violation of civil rights against this special population, children. Discrimination based upon age is not acceptable in any venue. Given the lack of reason, science, logic, clinical applicability, and the apparent double standards imposed on chiropractic versus medical licensees, restrictive policies should be immediately withdrawn by the insurance industry. Forcing children into more invasive medical procedures, including medications, by denying coverage for more conservative treatment should not be acceptable to anyone.

In summary, if a chiropractor encounters discriminatory restrictive policies that prevent necessary treatment of children, he or she should alert the national association. In order to avoid, or at least diminish the potential for, denials follow these simple rules:

1) Become familiar with the literature regarding the most common conditions appropriately treated by chiropractic physicians.
2) Use the most appropriate diagnosis, including the musculoskeletal diagnosis, if spinal manipulation is the primary treatment utilized. It should be remembered that the chiropractor is often not treating a condition, such as colic, directly, but rather the spinal dysfunction causing the symptoms.
3) Avoid billing for diagnoses outside of those conditions supported by the literature.
4) Be sure to provide the treatment and modalities consistent with the injury/condition.

Successfully treating suffering babies and young children can be one of the most rewarding experiences for a chiropractic physician. At the same time, inappropriate denials often cause undue stress, dampening the enthusiasm generated by healthier children and their grateful parents. Our collective efforts in this ongoing fight for a level playing field must include education in every venue possible, including decision and policy-makers in the insurance industry. Doctors of chiropractic are truly gifted at spreading the good news of favorable research…among ourselves. The time has come to inform the rest of society of the cost effectiveness, safety, and efficacy of chiropractic healthcare. The educational process begins with each individual DC.

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