Chiropractic Guidelines

Fulcrum Health, Inc. (Fulcrum) is committed to providing cost-effective, quality chiropractic care to its clients and their patients through a network of high quality and patient-centered chiropractic practitioners.

Once a practitioner is contracted, credentialed, and admitted to the ChiroCare network, practitioners must continue to meet all the practitioner contract, policies and procedures, and credentialing and recredentialing standards for continued participation. Failure to meet or maintain any of the standards will result in remediation, declined participation or termination from the network, as applicable.

Credentialing
Applicants/Practitioners are credentialed in accordance with regulatory and/or health plan requirements in a non-discriminatory manner. Credentialing and recredentialing decisions are not made based on race, ethnic/national identity, gender, age, religion, sexual orientation, procedures used (excluding treatment and examination techniques) or types of patients in which the practitioner specializes.

Your Rights

- Applicants/Practitioners have the right, upon request, to be informed of the status of their credentialing or recredentialing application.
- All Applicants/Practitioners have the right to review information obtained by Fulcrum for use in the evaluation of their credentialing application and the right to correct erroneous information submitted by another party. This evaluation may include information obtained from any outside primary source (e.g., malpractice insurance carriers, state licensing boards, National Practitioner Data Bank, etc.).

ADMINISTRATIVE REQUIREMENTS
Location & Facilities:
For the applicant to be eligible for participation, the office must satisfy Fulcrum's facility requirements. The office must be in a permanent structure that meets the following facility criteria:

- At least one (1) private treatment and/or exam room with full walls and a solid door to protect patient confidentiality and afford privacy.
- Office must meet all local and state zoning and building regulations.
- Patients must have on-site access to a restroom and hand washing facilities.
- Offices located in gym/health spas or in a private home are subject to additional requirements, including:
  - A separate entrance so the patient does not enter through the facility or home.
  - A separate sign denoting that it is a professional practice.

Applicants may be required to submit photos of the office and/or accommodate an on-site visit for Fulcrum to determine if the entrance and/or home-office arrangement is acceptable for participation. Patient complaints and grievances and adverse events are monitored continuously with appropriate action(s) taken to ensure resolution of any issues. Examples of complaints addressed are patient accessibility, facility appearance, ADA issues, image quality, exposed hazardous materials, and staffing issues.

Daily Patient Volume & Adequate Access:
Fulcrum requires that practitioners:

- be available for appointments a minimum of 12 hours per week,
- provide care within one day in urgent or emergent cases and within five days for non-urgent cases, and
- provide 24-hour telephone availability in person or by answering machine or service to direct patients to emergency care facilities.

Chiropractic Guidelines

PROFESSIONAL REQUIREMENTS

Licensure:

Applicants/Practitioners must maintain all business and professional licenses, certifications, and/or approvals in good standing and free from suspension, restrictions, limitations, and/or probation as required under federal and/or state law, to perform legally and safely all necessary duties while in network. Failure to maintain unencumbered licensure shall result in termination from the ChiroCare network.

Fulcrum queries sources including the National Practitioner Data Bank, state Licensing Boards, Medicare and Medicaid for information related to current standing; malpractice activity and/or disciplinary actions; terminations, suspensions, restrictions, and/or reductions in privileges; and adverse actions or convictions by state or federal regulatory agencies.

Communication:

Fulcrum communicates with its practitioners on an ongoing basis and it is required that your practice report any changes to ensure that we have your current address, phone, fax, and direct email address. Applicants/Practitioners must have on-site fax capability and must be able to communicate and provide legible medical records in English (or must agree to provide any necessary translation/transcription services at his/her own expense).

Insurance:

Applicants/ Practitioners agree to provide proof of professional malpractice and general liability insurance through an admitted carrier, with professional limits in the amount of the greater of $1M per claim and $3M aggregate, the amount required by state law, or an amount required by a health plan. Minimum limits are subject to change and may vary by state or health plan.

Adverse Impacts:

Applicants/Practitioners must disclose information that may impact adversely their ability to provide care such as illegal drug use (including chemical dependency or substance abuse) and any felony convictions.

CLINICAL REQUIREMENTS

Practitioners agree to limit their practice to those methods listed on Fulcrum's list of chiropractic techniques conforming to all applicable local, state, and federal laws. Practitioners are reimbursed by Fulcrum for approved medically necessary services only, as defined in their contract. Fulcrum will not reimburse for non-covered or excluded services. Practitioners must abide by Fulcrum's clinical policies and procedures as detailed in its Chiropractic Provider Manual some of which are summarized below.

Practitioners must:

- Agree to provide treatment to ChiroCare eligible enrollees, subscribers, or dependents thereof (Members) for covered neuromusculoskeletal (NMS) conditions. (**Note**: not all NMS conditions are covered through Fulcrum)
- Agree to refer members, as appropriate and when requested, to other health care professionals for the evaluation and treatment of non-NMS conditions, NMS conditions that are not amenable or responsive to chiropractic care or for significant complicating factors or co-morbidities that have not been evaluated recently by the Member's Primary Care Provider.
- Agree to make methodical use of differential diagnosis (i.e., the distinguishing between two or more conditions or diseases with similar characteristics by systematically comparing their signs and symptoms). Differential diagnosis includes the process of ruling out non-NMS and non-mechanical conditions/diseases that require medical referral or concurrent care.

Chiropractic Guidelines

- Agree to select and bill for CMT codes that are specific to the patient's subjective complaints, objective findings, and diagnosis.
- Agree to discontinue the use of modalities and/or procedures that provide a similar or duplicative therapeutic effect as redundant therapies are considered unnecessary.
- Agree to use generally accepted evaluative and treatment techniques as specified in the approved technique list below. The listed techniques are taught as part of the core curriculum in most accredited chiropractic colleges. Treatments, techniques or procedures not listed below may be considered experimental and investigational in nature.

Approved chiropractic techniques include, but are not limited, to the following:

  - Activator Methods or Pro-Adjuster
  - Cox (Flexion/Distraction)
  - Diversified
  - Gonstead
  - Palmer Package
  - Thompson (Drop Table)

- Document and maintain appropriate medical records and chart notes which are legible, contain appropriate patient identification, essential facts about the patient, complete medical history, pertinent examination findings, functional outcome assessment and measurable treatment goals, interim medical history and evaluations, initial clinical impression and diagnosis, information regarding diagnostic testing, and written plan of treatment. Reasons for medical referrals must be documented in the patient's chart. Progress notes must be documented contemporaneously within the patient record on every visit. Chart notes and records must be recorded in (or transcribed to) English and signed by the treating practitioner. Medical records must contain all elements of a Subjective, Objective, Assessment, and Plan (S.O.A.P.) format to establish the medical necessity for care.

Providers must be enrolled with Medicaid in the state of licensure, as applicable.

Radiology Guidelines

Practitioners must abide by Fulcrum's radiographic guidelines and x-ray criteria. It is not acceptable or a best practice application to x-ray all patients or requiring x-rays prior to treating all patients for participation. All Professional Radiology Standards apply.

The following Fulcrum healthcare radiology criteria are a guide for exposing medically necessary radiographs:

1. A recent history of significant trauma to rule out fracture or dislocation.
   - Trauma must have occurred within the four (4) weeks prior to the visit.
   - Lifting, bending, physical exercise, sitting or sleeping wrong and awakening with pain, are consistent with strain/sprain or postural injuries and therefore would not meet the criteria of significant trauma, unless accompanied by a bone-weakening disorder. Bone-weakening disorders are generally discovered during the initial history or through other criteria.
2. Over 50 years of age, pain in a recent trauma area, and at least a "4" on a "1 to 10" Visual Analog Scale (VAS).
3. Over 70 years of age and having complaints in the area to be exposed.
4. Pertinent, consistent, and documented neuromotor deficits confirmed by appropriate neurological examination findings.
5. Unexplained and unintended weight loss (symptom of malignancy).
6. Reasonable suspicion derived from patient's history of ankylosing spondylitis or other inflammatory arthritis.
7. Significant history of drug or chronic alcohol abuse (risk factors for osteomyelitis, osteoporosis, trauma).

Chiropractic Guidelines

8. History of cancer (possibility of metastatic cancer).
9. History of prolonged steroid use (increased risk for infection, osteoporosis).
10. Fever of over 100 degrees Fahrenheit with a reasonable suspicion of infection/osteomyelitis based on history, presenting complaints, and/or physical examination findings to establish the need for radiographs.
11. Failure to improve with an adequate trial of conservative therapy and the presence of significant clinical findings suggesting underlying pathology.
12. Substantial examination findings (confirmed by orthopedic and/or neurological exams) that would warrant films to rule out pathology prior to initiating a course of treatment.
13. History of spinal surgery in the area to be treated.
14. History of surgery that might reasonably affect the proposed treatment.
15. Reasonable suspicion of bone demineralization.
16. Hard or soft tissue mass (i.e., tumors, suspected malignancy, exostosis) noted upon palpation.
17. Prolonged unremitting symptoms with progressional severity or intensity, or prolonged unremitting symptoms of the severity to awaken the patient at night.
18. Deformity with stiffness.
19. Significant medical history (e.g., chronic inflammatory arthropathies, positive Rheumatoid factor, significant scoliosis confirmed through appropriate history and examination etc.) and **supporting** clinical findings, including (but not limited to) the following:
    - Chronic inflammatory arthropathies.
    - Dermopathy, suggestive of psoriasis, Reiter's syndrome, melanoma, etc.
    - Laboratory indicators such as significantly elevated erythrocyte sedimentation rate or alkaline phosphatase, positive rheumatoid factor, or monoclonal spiking on electrophoresis.
    - Known or suspected cardiovascular disease (e.g., rule out Abdominal Aortic Aneurysm).
    - Confirmed significant scoliosis through history and examination.

Fulcrum Non-Approved Chiropractic Practices:
Practitioners treating ChiroCare members may not use or bill for non-approved chiropractic practices, including, but not limited to:

- Radiographs that do not conform to Professional Standards or to Fulcrum's Radiology Guidelines.
- Ordering or rendering services that are not medically necessary and/or not clinically appropriate.
- Advising patients about prescription drugs or taking a patient off prescription medication.
- Nutritional substance muscle testing.
- Experimental, investigative, or non-standard evaluation, diagnostic, or treatment procedures.
- Services or procedures that have not been found efficacious within the scientific community.

If you have question(s) regarding the Clinical Requirements, Radiology Guidelines, or Non-Approved Chiropractic Practices, please call Fulcrum at (866) 714-0524 and ask to be connected to a member of the Clinical team for clarification.

Billing Patients
Taking time to speak with your patients about their benefit plans and financial responsibilities can avoid misunderstanding and complaints. For example:

- Advise your patient of their copayment.
- Explain your office policy on missed appointments.
- Discuss the services that may not be covered by the patient's health plan.

Chiropractic Guidelines

Covered services, exclusions, and limitations are described in the member's benefit contract with their health plan. Unless otherwise noted on the Plan Summary, you may collect in advance of services, and/or, bill your patients when:

- Copayment is not collected at time of service.
- Patient exceeds their yearly benefit maximum.
- Patient is not eligible, or services are not covered.
- Patient misses an appointment without canceling; and the applicable state or federal law does not prohibit billing the patient.
- Benefits were not assigned to you, and you are not able to obtain the primary health plan's Explanation of Benefits from the patient within 90 days from the date of the primary health plan's payment.

Non-Covered Services

We encourage you to communicate openly with your patient about all appropriate treatment options that are within your scope of professional licensure, regardless of benefit coverage limitations. You may feel that some services which are excluded or limited under your patient's benefit plan are of value to your patient. If you provide such a service, you may bill your patient only if the below requirements are met.

Non-Covered Services for Commercial and Medicaid Members

You must obtain written approval from your patient (or responsible guardian) prior to providing the service. It is recommended that Fulcrum's Non-Covered Services Financial Disclosure Form be used to meet this requirement. The form and the Fulcrum Billing for Non-Covered Services policy can be found at www.chirocare.com in the Practice Forms and Tools section. If you elect to design your own form, it must include these required elements:

1. Practitioner name.
2. Practitioner address.
3. Detailed list of non-covered services for which the member may be billed for and the cost associated with each.
4. Signature of the practitioner or health care representative who explained the Financial Disclosure Form and discussed available options to the patient.
5. A clearly written statement indicating the patient's understanding that the identified services are not covered by insurance and patient agrees to pay for them in full.
6. Patient name.
7. Patient signature.
8. Date of patient signature. (Must be obtained prior to the service being rendered and may not pre-date the billed service by more than 12 weeks.)

Non-Covered Services for Medicare and Medicare Advantage Members

For services that are covered in some cases, e.g. spinal manipulations, a practitioner must obtain an authorization denial, prior to the service being rendered, to bill a Medicare patient. Execution of Fulcrum's "Non–Covered Services Financial Disclosure Form" cannot be used to support Medicare patient billing for spinal manipulations or any covered x-rays on the applicable Fulcrum Fee Schedule, even if the care is maintenance in nature. See the applicable Plan Summary for instructions regarding authorization submissions.

It is not necessary for practitioners to obtain a denial from the health plan or Fulcrum to bill Medicare members for services that are never eligible for payment when rendered by a chiropractor. Practitioners may collect for these services at the point of service or via distribution of a bill. Prior to rendering the service, Fulcrum recommends that the practitioner use Fulcrum's "Medicare Member Notice of Non-Covered Services" form to help ensure the Medicare patient's understanding of financial liability and to avoid potential misunderstandings and/or member complaints.