Clinical Resource Group, Inc (CRG) is a specialty service network providing chiropractic services for South Country Health Alliance (SCHA) members. CRG is a delegated entity for credentialing, quality management, and utilization management. CRG works closely with chiropractors and SCHA in establishing community standards of chiropractic care.

**Eligible Providers**
Providers eligible for SCHA reimbursement for chiropractic services must be credentialed and contracted with Clinical Resource Group. Out-of-network care may be eligible for reimbursement in cases where a member is outside of the coverage area due to school or work, or when the request for out-of-network care is considered to be a medical emergency.

**Covered Services**
- Manual manipulation of the spine for treatment of subluxation (incomplete or partial dislocation) that is directly associated with a presenting complaint that is determined to be medically necessary by the CRG clinical treatment guidelines. Chiropractors performing manual manipulation of the spine may be reimbursed for such services when performed with handheld devices such as the “Activator”, but no additional payment shall be made when such a device is used.
- X-rays that meet network treatment guidelines for medical necessity.
- Acupuncture may be covered under the member’s medical benefit when medical necessity criteria are met. (For additional information please visit: [https://mnscha.org/wp-content/uploads/Chapter6.pdf](https://mnscha.org/wp-content/uploads/Chapter6.pdf))
- Patient exam, limited to one exam per patient each calendar year.

An evaluation and management (E/M) service is allowed on the same date of service as a spinal manipulation only if the E/M service is significant and separately identifiable from the procedure that is performed. Use an appropriate modifier to indicate that the patient’s condition required a significant, separately identifiable E/M service, beyond the usual pre- and post-procedure care associated with the service performed.

**Service Authorization**
Care beyond 24 visits in a calendar year must be authorized by CRG. A request for care beyond the benefit guidelines must be submitted to CRG on a service authorization request form.

This form can be obtained from the CRG web site, [www.clinicalgroup.net](http://www.clinicalgroup.net), or by calling CRG at 1-866-281-1997. The completed form, along with a copy of the patient’s exam
findings, daily notes and treatment plan must be faxed to CRG at either (651)-207-0209 or (651)-633-6547 to obtain authorization for continued care.

Chiropractic utilization management requests and referrals will be reviewed for medical appropriateness based on evidenced based standards of care, medical necessity criteria and the member’s benefit coverage. The attending or requesting chiropractor may contact CRG to discuss any utilization management denial, reduction or termination of services with CRG’s chiropractic reviewer.

Case Management (CM) Referrals
Requests for care beyond 24 visits in a calendar year may initiate a referral to SCHA Health Services department for a review of the member’s care to assure that all appropriate and available resources are being applied to the greatest benefit of the member. CRG will concurrently review the request for continued care and provide its recommendation to the case management review process.

Non-covered Services
The following list of non-covered services is not all-inclusive. Other services may be provided but are not covered.

- Maintenance care, preventive care, or wellness care
- Nutritional supplements, vitamins, or nutritional counseling
- Acupressure Treatment of a neurogenic or congenital condition that is not related to a diagnosis of subluxation
- Lab services
- X-Rays, other than those determined to be necessary to rule out other pathology or when trauma has occurred
- Durable medical equipment or supplies that are either supplied or prescribed by the chiropractor
- Physiotherapy modalities including, but not limited to the following:
  - Ultrasound
  - Diathermy
  - Electrical muscle stimulation
  - Interferential current
  - Application of hot packs and cold packs
  - Massage
  - Manual muscle stimulation
  - Activator

Member Enrollment Verification
SCHA members have a member identification card and should present that card at the time of service. CRG strongly recommends that providers verify current member eligibility prior to providing services as the member’s eligibility may have expired after the card was issued. Eligibility status are subject to change at any time, Providers are encouraged to use MN-ITS to verify member eligibility on the working day before or the day services are provided. **CRG will not pay for services that are provided to an ineligible member.**
Providers should use DHS’ Eligibility Verification System (EVS) to verify eligibility prior to the time of service. EVS is the most current source of eligibility information. You can access EVS using the Internet at www.mn-its.dhs.state.mn.us or by accessing the CRG website, www.clinicalgroup.net, and then selecting MN ITS Eligibility Verification. You will need to have your PAS code and authorization code that you received when you became a Minnesota Health Care Programs provider. If you do not know your codes, you can contact CRG provider services for assistance.

**Billing Procedure**

Chiropractic claims should be submitted electronically to CRG in 837P formatting through our clearing house partner, “Office Ally”. A detailed Implementation Guide for CRG claim submission is available on the CRG website, www.clinicalgroup.net.

CRG Electronic Payer ID: CRGMN

CRG’s mailing address is:

**Clinical Resource Group, Inc.**
1700 W Hwy 36, Ste 520
Roseville, MN 55113

You can contact CRG by phone toll free at 1-866-281-1997 or access their web site at www.clinicalgroup.net.

Providers refer to your contract with CRG for additional information on covered services, documentation, fee schedule and clinical guidelines

<table>
<thead>
<tr>
<th>MANIPULATIONS</th>
<th>CPT Code</th>
<th>Description</th>
<th>PMAP (MA) Minnesota Care and Medicare Advantage Programs</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>98940</td>
<td>Spinal, one to two regions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>98941</td>
<td>Spinal, three to four regions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>98942</td>
<td>Spinal, five regions</td>
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<table>
<thead>
<tr>
<th>EXAMINATIONS*</th>
<th>CPT Code</th>
<th>Description</th>
<th>Use an appropriate modifier to indicate a significant, separately identifiable E/M service when billing on the same date of service as a manipulation</th>
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<tbody>
<tr>
<td></td>
<td>99201 – 99203</td>
<td>New Patient Exams</td>
<td></td>
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<td></td>
<td>99211 – 99213</td>
<td>Existing Patient Exams</td>
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<table>
<thead>
<tr>
<th>RADIOLOGY</th>
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<th>Description</th>
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<tbody>
<tr>
<td></td>
<td>72020</td>
<td>Spine, single view</td>
<td></td>
</tr>
<tr>
<td></td>
<td>72040</td>
<td>Spine, cervical, AP and lateral (includes APOM)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>72070</td>
<td>Spine, thoracic, AP and lateral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>72080</td>
<td>Spine, thoracic, thoracolumbar, AP and lateral</td>
<td></td>
</tr>
</tbody>
</table>
Overview of CRG Guidelines for Chiropractic Treatment

Chiropractic treatment is an important component of the SCHA care model, but has very specific guidelines associated with it. These guidelines allow for chiropractic services to be provided without the need for routine prior authorization. When the guidelines are not observed and care is provided outside of these parameters, the services are subject to utilization review which can reduce or exclude services from reimbursement. Some key areas to become familiar with from your CRG Clinical Treatment Guidelines are included here.

**Health Record Documentation Standards** – A health care provider must maintain a record of all treatment provided to a patient. If the records are handwritten they must be legible to others, not just the writer. They must express coherent ideas and describe the services provided to a unique patient. Documentation methods that require a key to
interpret are discouraged. The complete standards for the CRG network are described in detail in the CRG provider manual available online at [www.clinicalgroup.net](http://www.clinicalgroup.net).

### 30 day treatment plan

CRG treatment frequency standards are based on a 30 day treatment period that begins at the initial visit. Note that this time period is not a calendar month, but a distinct 30 day period that begins with the initial visit. A typical treatment plan for an adult allows for **up to 6 visits in a 30 day period**. If a patient presents on the 15th of June for example, that 30 day period runs through the 14th of July.

### Ongoing Care past the initial treatment period

Care that continues beyond the initial 30 day treatment period must be supported by daily patient notes and clinical exam findings that demonstrate progressive improvement. When improvement plateaus, or if the condition worsens, continued care beyond the initial 30 day treatment period is either considered to be maintenance care or contraindicated to medical necessity. In either case the care is not covered.

### Decreased Intensity and Frequency of Care

Treatment guidelines describe effective care reflected by decreasing intensity of care in the level of adjustment as well as the frequency of care over the course of treatment. This results in an overall ratio of 1:1 for 98940 to 98941 adjustments network wide. A treatment course that remains high in frequency and intensity will be subject to review as it does not reflect a progressive improvement in the patient's condition.

### X-Rays

While x-rays remain a valuable tool for diagnosing patient conditions, today's improved clinical exam techniques and practitioner diagnostic skills in this area allow most chiropractic patients to be safely treated without exposing them to the risk and expense of x-rays. X-rays are indicated in cases where trauma has occurred or the chiropractor has reason to suspect some other pathology is present, such as a tumor, fracture, infection, congenital anomaly or the patient has not responded as expected to an initial course of chiropractic care. (See Chiropractic Treatment Guidelines, Part D, Medical Imaging)

### Treatment of Children/Infants

CRG and SCHA have adopted conservative treatment guidelines for this group of patients. Chiropractic care within the initial 30 day treatment period should be limited to 4 visits for infants and toddlers (Birth through 4) and 5 visits for children 5 through 17. The SCHA benefit covers spinal related conditions only. Treatment of childhood conditions such as colic, bed wetting, and ear infection must have clear subluxation levels documented. The treatment outcome expectation for these patients is for them to respond within the initial treatment period. If they do not, continued care is not indicated as SCHA prefers these conditions be closely monitored by the member’s primary care physician. Upon subsequent examination by the primary care physician, if continued chiropractic treatment is indicated a referral from the PCP will be necessary.
**Daily notes required with claims** – Daily treatment notes must be submitted in the following cases:

1. Treatment of a patient age birth through age 4
2. When a treatment code 98942 is used
3. When X-Rays have been taken

**Case Management and Referral** – SCHA members may access complex case management if needed. Complex case managers can be a valuable resource to chiropractic providers when there is a need to bring other health care disciplines together to develop a multi disciplinary plan of care or assistance with the referral of a challenging patient. If you need assistance with a referral to Complex Case Management, contact CRG.

**Quality Monitoring Standards** – The CRG network’s Quality Improvement Council has established the following provider performance measures that your own clinic’s performance will be measured against. These are based on actual network utilization data and community standards of care. Of particular emphasis to all new providers is that up-coding of the manual manipulation code is prohibited. Adjusting 3 to 4 areas of the spine is not compensable at the 3 to 4 area level, 98941, unless the patient presents with symptoms documented in those same areas.

CRG is accountable to assure the appropriate treatment and accurate billing of services provided to patients; therefore, these are monitored very closely. Billing for a higher level of treatment than the patient’s condition or complaint warrants, or up-coding, is fraudulent and CRG is responsible to identify and report it when encountered.

CRG’s chiropractic treatment database on this population of patients extends over 13 years and includes more than 150,000 doctor/patient encounters. This broad base of treatment information allows for the prediction of typical patient population mix of intensity and frequency of care. CRG’s Quality Improvement Council has established a standard of 50% 98940 and 50% 98941 as a Quality measure for the expected ratio of patient adjustments in a network practice.

Providers need to become familiar with the Quality Monitoring Standards as your clinic’s own performance will be measured against these as you provide services to SCHA members.
### CRG Quality Monitoring Standards 2017

QM Standards are shown in **bold**

<table>
<thead>
<tr>
<th>Description of Standard</th>
<th>Standard Adults age 65&gt;</th>
<th>Standard Adults age 18 thru 65</th>
<th>Standard Children age 5 to 17</th>
<th>Standard Children Birth thru 4yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Visit Average:</strong> The total number of visits for all patients treated by a provider divided by the total number of patients over a twelve month period.</td>
<td>&lt;10</td>
<td>&lt;6</td>
<td>&lt;5</td>
<td>&lt;4</td>
</tr>
<tr>
<td>% 98940: The percentage of patients who receive a one / two level adjustment</td>
<td>&gt;50</td>
<td>&gt;50</td>
<td>&gt;50</td>
<td>&gt;50</td>
</tr>
<tr>
<td>% 98941: The percentage of patients who receive a three / four level adjustment</td>
<td>&lt;50</td>
<td>&lt;50</td>
<td>&lt;50</td>
<td>&lt;50</td>
</tr>
<tr>
<td>% 6+ visits/30 days: The percentage of patients who are seen at least 6 times within the first 30 days of care</td>
<td>&lt;25</td>
<td>&lt;20</td>
<td>&lt;20</td>
<td>NA</td>
</tr>
<tr>
<td>% 4 visits/30 days: The percentage of very young patients who are seen at least 4 times within the first 30 days of care.</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>% of Patients x-rayed: The percentage of patients who receive at least one radiographic exam over the course of the year</td>
<td>&lt;25</td>
<td>&lt;25</td>
<td>&lt;10</td>
<td>&lt;10</td>
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</table>