



Please Fax To (952)853-8712 For Questions Call (952)883-6333

## Out of Network Chiropractic Medical Necessity Form

Patient Information	Chiropractic Information
Patient Name:	Facility Name/Provider:
HealthPartners ID #:	City/Site:
DOB:	Tax ID#:
Form Completed By: _____	Fax #:
	Phone #:

Primary Dx: \_\_\_\_\_ Start Date of Care: \_\_\_\_\_  
ICD-9 Code: \_\_\_\_\_ Pertinent Secondary Dxs: \_\_\_\_\_  
CPT Code(s) \_\_\_\_\_  
Requested Start Date of Service: \_\_\_\_\_ Requested End Date of Service: \_\_\_\_\_  
Number of Visits Requested: \_\_\_\_\_

- The software program used to make benefit decisions requires the clinical information listed below.
- Contact HealthPartners Member Services (952-883-5000) for out of network benefits, benefit limitations, exclusions.
- Refer to [healthpartners.com](http://healthpartners.com) for Chiropractic Services policy

### Please submit legible documentation of the following:

- Current symptoms / clinical presentation  
(Include: ROM / findings / frequency / radicular vs non-radicular symptoms)
- Functional limitations (ie. ADL and IADL)
- HX & PE to rule-out spinal cord compression / myelopathy / cauda equina syndrome
- Neurological exam & interpretation  
Include: muscle/motor strength, dermatomes, reflexes, sensory
- X-ray date & findings (if applicable)
- Prognosis
- Progressive treatment program  
Include: specific therapy, exercises, home RX program, documentation of compliance & improvement
- Goals

### Additional Requests for Chiropractic visits will *a/so* require documentation of:

- Improvement, compliance, and self management with home exercise program
- Improvement in function & reduction in limitations
- Progress in meeting goals