PARTNERSHIP HEALTHPLAN OF CALIFORNIA

GUIDELINE / PROCEDURE

<table>
<tr><td colspan="5">Guideline/Procedure Title: MCUG3010 (previously UG100310)</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="5">Guideline/Procedure Title: Chiropractic Services</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="4">Original Date: 02/21/1995</td><td colspan="4">Next Review Date: 09/11/2025
Last Review Date: 09/11/2024</td></tr>
<tr><td>Applies to:</td><td colspan="4">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td colspan="2">☐ P & T</td><td colspan="2">☒ QUAC</td><td></td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td colspan="2">☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td colspan="2">☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☒ COO</td><td colspan="2">☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 09/11/2024</td></tr>
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I. RELATED POLICIES:

A. MCUP3124 - Referral to Specialists (RAF) Policy
B. MCUP3041 – Treatment Authorization Request (TAR) Review Process
C. MCCP2022 - Early & Periodic Screening, Diagnostic and Treatment (EPSDT) Services

II. IMPACTED DEPTS:

A. Health Services
B. Member Services
C. Claims

III. DEFINITIONS:

EPSDT: Early and Periodic Screening, Diagnostic and Treatment Supplemental Services is a federally mandated Medicaid/ Medi-Cal benefit for Medi-Cal members under age 21 for medically necessary treatment services needed to correct or ameliorate a defect, physical illness, mental illness or a condition, even if the service or item is not otherwise included in the State's Medicaid Plan. [Source: Title 42 US code Section 1396(a)(43) and 1396d(r)]. (California refers to the EPSDT benefit as Medi-Cal for Kids & Teens.)

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

This guideline describes the conditions under which chiropractic services are a covered benefit.

VI. GUIDELINE / PROCEDURE:

A. Chiropractic services are a Partnership HealthPlan of California benefit for members who meet medical necessity guidelines as described in the Medi-Cal Provider Manual/ Guidelines section on Chiropractic Services (*chiro*).
B. Authorizations
   1. Members age 21 and over who are capitated or assigned to a primary care provider (PCP) require a referral authorization form (RAF) from their PCP for chiropractic services.
      a. No Treatment Authorization Request (TAR) is required for up to 2 visits per month. Additional monthly visits require prior authorization with justification of medical necessity.
   2. Members under age 21 require prior authorization with justification of medical necessity for chiropractic services. A TAR must be submitted and EPSDT criteria will be considered when evaluating the request.
   3. Except as noted in VI.B.4. below, only Partnership-credentialed and Partnership-contracted

chiropractors will be paid for chiropractic services.

4. Chiropractic services provided by Indian Health Services (IHS) providers to American Indian/Alaskan native members, irrespective of contracting or in-network status, are reimbursable consistent with the Department of Health Care Services (DHCS) fee-for-service provider manual.
5. Initial assessments without spinal manipulation may be billed using CPT code 99202. Chiropractic service CPT codes 98940 through 98942 may be used for chiropractic services as noted:
   a. 98940: Chiropractic Manipulative Treatment (CMT); spinal, one or two regions
   b. 98941: Spinal, three to four regions
   c. 98942: Spinal, five regions
6. Therapeutic modalities (such as massage, ice/cold packs, education, ultrasound) performed with chiropractic manipulation are not billable separately; the chiropractic service codes are considered bundled payments that include all associated adjunctive therapies performed by the chiropractor.
7. Note that code 98943: CMT, extraspinal, one or more regions, is not covered by Medi-Cal or Partnership.

VII. REFERENCES:

A. Medi-Cal Provider Manual/ Guidelines: Chiropractic Services *(chiro)*
B. Title 22 California Code of Regulations (CCR) Sections 51304a, 51308
C. Title 42 US Code Section 1396(a)(43) and 1396d(r)
D. DHCS FFS Provider Manual – Chiropractic Services
E. DHCS FFS Provider Manual – Tribal Federally Qualified Health Centers (Tribal FQHCs)
F. Welfare and Institutions (W&I) Code Section 14131.10(b)(1)(C)

VIII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES: 3/28/95, 4/28/00; 9/19/01; 10/16/02; 9/15/04; 9/21/05; 10/17/07; 10/15/08; 1/18/12; 5/21/14; 9/17/14; 02/18/15; 05/20/15; 05/18/16; 06/21/17; *08/08/18; 08/14/19; 02/12/20; 11/11/20; 10/13/21; 05/11/22; 04/12/23; 04/10/24; 09/11/24

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

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Applies to:	☒ **Medi-Cal**	☐ **Employees**

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.