

CHIROPRACTIC SERVICES GUIDELINE

Medical Necessity

GCHP considers chiropractic services medically necessary when all of the following criteria are met:

- A. The member has a neuromusculoskeletal disorder of the spine (CPT codes 98940 – 98942), AND
- B. Service(s) are associated with Medi-Cal allowable ICD-10 diagnostic codes described below, AND
- C. Medical necessity for treatment is clearly documented, AND
- D. Improvement is documented within the initial two weeks of chiropractic care.

If no improvement is documented within the initial two weeks, additional chiropractic treatment is considered not medically necessary unless the chiropractic treatment is modified.

If no improvement is documented within 30 days despite modification of chiropractic treatment, continued chiropractic treatment is considered not medically necessary.

Once the maximum therapeutic benefit has been achieved, continuing chiropractic care is considered not medically necessary.

Chiropractic manipulation in asymptomatic persons or in persons without an identifiable clinical condition is considered not medically necessary.

Chiropractic care in persons, whose condition is neither regressing nor improving, is considered not medically necessary.

Manipulation is considered experimental and investigational when it is rendered for non-neuromusculoskeletal conditions (e.g., attention-deficit hyperactivity disorder, dysmenorrhea, epilepsy, and gastro-intestinal disorders – not an all-inclusive list) because its effectiveness for these indications is unproven.

Manipulation of infants is considered experimental and investigational for non-neuromusculoskeletal indications (e.g., infants with constipation).

Chiropractic manipulation has no proven value for treatment of idiopathic scoliosis or for treatment of scoliosis beyond early adolescence, unless the member is exhibiting pain or spasm, or some other medically-necessary indications for chiropractic manipulation are present.

Duration and Frequency

GCHP will utilize Office of Disability Guidelines (ODG) for duration and frequency limits for specific diagnoses.

GCHP Allowable ICD-10 Codes for Chiropractic Services

GCHP will cover chiropractic services for the following Medi-Cal approved codes when medical necessity is demonstrated:

M43.11 – M43.19	Spondylolisthesis
M50.11 – M50.13	Cervical disc disorder with radiculopathy
M51.14 – M51.17	Intervertebral disc disorders with radiculopathy
M53.0	Cervicocranial syndrome
M53.1	Cervicobrachial syndrome
M54.17	Radiculopathy, lumbosacral region
M54.31, M54.32	Sciatica
M54.41, M54.42	Lumbago with sciatica
M99.00 – M99.05	Segmental and somatic dysfunction
S13.4	Sprain of ligaments of cervical spine



- S16.1 Strain of muscle, fascia and tendon at neck level
- S23.3 Sprain of ligaments of thoracic spine
- S29.012 Strain of muscles and tendon of back wall of thorax
- S33.5 Sprain of ligaments of lumbar spine
- S33.6 Sprain of sacroiliac joint
- S33.8 Sprain of other parts of lumbar spine and pelvis
- S39.012 Strain of muscle, fascia and tendon of lower back

References

Department of Health Care Services All Plan Letter 15-003 Podiatric and Chiropractic Services at Federally Qualified Health Centers and Rural Health Clinics. Available at: <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2015/APL15-003.pdf>. Accessed October 6, 2020.

Medi-Cal Chiropractic Services. Available at: [https://files.medi-cal.ca.gov/pubsdoco/manual/man_query.aspx?wSearch=* *a00*+OR+* *a00*+OR+* *a03*+OR+* *z00*+OR+* *z02*&wFLogo=Part2+%23+Chiropractic+\(CHR\)&wPath=N](https://files.medi-cal.ca.gov/pubsdoco/manual/man_query.aspx?wSearch=* *a00*+OR+* *a00*+OR+* *a03*+OR+* *z00*+OR+* *z02*&wFLogo=Part2+%23+Chiropractic+(CHR)&wPath=N). Accessed October 6, 2020.

Medi-Cal Chiropractic Services: Billing Codes. Available at: <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/chirocd.pdf>. Accessed October 6, 2020.

Office of Disability Guidelines (ODG) Chiropractic Duration and Frequency Limits, licensed document available through the ODG website: <https://www.mcg.com/odg/odg-solutions/treatment-guidelines/>. Accessed October 6, 2020.

MEDICAL ADVISORY COMMITTEE GUIDELINE HISTORY			
Adopted By MAC	Reapproved	Revised	Retired
October 27, 2016			
	October 26, 2017		
	October 25, 2018		
	October 24, 2019		
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