



CHIROPRACTIC SERVICES GUIDELINE

Gold Coast Health Plan (GCHP) covers chiropractic services in accordance with the state Department of Health Care Services (DHCS) Provider Manual benefit coverage criteria.

A. Program Coverage

Medi-Cal chiropractic services are Medi-Cal benefits when rendered by a chiropractor, subject to the following limitations:

- A. Services are limited to a maximum of two services per calendar month subject to Medi-Service limitations (CCR, Title 22, Section 51304[a]).
- B. Services are limited to treatment of the spine by means of manual manipulation (CCR, Title 22, Section 51308). No other diagnostic and / or therapeutic service furnished directly by a chiropractic, or pursuant to a chiropractor's order, is covered.
- C. Manual devices may be used by the chiropractor in performing manipulation of the spine. However, no additional payment is allowed for either the use of the device and / or the cost of the device itself.

Note: Manual devices are defined as those devices that are handheld with the thrust of the force of the device being controlled manually.

Use of electrical stimulation (EMS) is a non-covered Medi-Cal non-covered benefit.

B. Billing Codes

Only one chiropractic manipulation treatment code (98940 - 98942) is reimbursable when billed by the same provider, for the same recipient and date of service.

Note: Service is defined as all care, treatment or procedures provided to a recipient by an individual practitioner on one occasion.

C. Prescription Requirements

No prescriptions are required for chiropractic services.

D. Authorization

Authorization is required for chiropractic services that exceed the two-visit per month limit.

In addition, a Treatment Authorization Request (TAR) is required for the following conditions. For pregnancy related services and services for other conditions that might complicate the pregnancy in this instance, the service(s) billed on the claim and requested on the TAR must include modifier TH. Modifier TH can be used for up to 60 days after termination of pregnancy.

For recipients with full-scope Medi-Cal who reach the age of 21 during the course of treatment to identify continuing care exemption. In this instance, the service(s) billed on the claim and requested on the TAR must include modifier GY for the treatment and resolution of an acute episode.

E. Claim Information

A diagnosis must be listed that shows anatomic cause of symptoms, for instance, sprain, strain, deformity degeneration or malalignment.

- A. The spinal level must bear a direct causal relationship to the recipient's symptoms and the symptoms must be directly related to the level of the anatomic region that has been diagnosed.
- B. The recipient must have a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment.
- C. The manual manipulative services rendered must have a direct therapeutic relationship to the recipient's condition.
- D. A statement and / or diagnosis of generalized or diffuse "pain" is not sufficient to establish medical necessity for the treatment.
- E. Maintenance therapy is not covered.

Note: Maintenance therapy is defined as continued repetitive treatment without a clearly defined clinical end point.



F. Exceptions Not Requiring Medical Justification

The following exceptions for chiropractic services do not require medical justification to be documented in the Remarks field (Box 80) Additional Claim Information field (Box 19) or as an attachment to the claim.

- A. The services were provided to a recipient under 21 years of age.
- B. The service was rendered by a physician.

G. ICD-10-CM Diagnosis Codes Required

Providers may be reimbursed for chiropractic services when billed in conjunction with one of the following ICD-10-CM diagnosis codes.

ICD-10-CM Code Description:

M50.11 - M50.13	Cervical disc disorder with radiculopathy
M51.14 - M51.17	Intervertebral disc disorders with radiculopathy
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
S13.4XXA - S13.4XXS	Sprain of ligaments of cervical spine
S16.1XXA - S16.1XXS	Strain of muscle, fascia and tendon at neck level
S23.3XXA - S23.3XXS	Sprain of ligaments of thoracic spine
S29.012A - S29.012S	Strain of muscles and tendon of back wall of thorax
S33.5XXA - S33.5XXS	Sprain of ligaments of lumbar spine
S33.6XXA - S33.6XXS	Sprain of sacroiliac joint
S33.8XXA - S33.8XXS	Sprain of other parts of lumbar spine and pelvis
S39.012A - S39.012S	Strain of muscle, fascia and tendon of lower back

References

DHCS Provider Manual, Chiropractic Services Available at: https://mcweb.apps.pr.d.cammis.medi-cal.ca.gov/assets/63F2D3B4-0FEF-47D3-B3F0-9D1AA2AC8C8E/chiro.pdf?access_token=6UyVkrRfByXTZEWlh8j8QaYyIPyP5ULO Accessed date: October 15, 2025.

MEDICAL ADVISORY COMMITTEE GUIDELINE HISTORY			
Adopted By MAC	Reapproved	Revised	Retired
October 27, 2016			
	October 26, 2017		
	October 25, 2018		
	October 24, 2019		
	October 22, 2020		
	October 21, 2021		
	October 20, 2022		
		October 19, 2023	
MAC Sunset on July 18, 2024			
CREDENTIALING PEER REVIEW COMMITTEE (C/PRC) GUIDELINE HISTORY			
Adopted By CPRC	Reapproved	Revised	Retired
		March 6, 2025	