



CHIROPRACTIC SERVICES GUIDELINE

Medical Necessity

A. Initial Prior Authorization Requests

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.

B. Medical Necessity Criteria for Continued Authorization

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 September 22, 2023.

Medi-Cal Chiropractic Services. Available at: https://mcweb.apps.prddcammis.medi-cal.ca.gov/assets/63F2D3B4-0FEF-47D3-B3F0-9D1AA2AC8C8E/chiro.pdf?access_token=6UyVkkRRfByXTZEWH8j8QaYyIPyP5ULO. Accessed September 22, 2023.

Medi-Cal Chiropractic Services: Billing Codes. Available at: https://mcweb.apps.prddcammis.medi-cal.ca.gov/assets/775B4BF4-2904-44AB-AE75-61041C771451/chirocd.pdf?access_token=6UyVkkRRfByXTZEWH8j8QaYyIPyP5ULO. Accessed September 22, 2023.

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 September 22, 2023.

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