	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 404-1708	<b>Lead Department:</b> Utilization Management
<b>Title:</b> Chiropractic Services for Alliance Members	
<b>Original Date:</b> January 2007	<b>Date Published:</b> 03/31/2025
<b>Approved by:</b> Utilization Management Work Group (UMWG)	
<b>Effective Date:</b> 01/01/2016	

**Purpose:**

To describe Central California Alliance for Health (the Alliance's) policy for Chiropractic Services.

**Policy:**

Chiropractic Services for Alliance Medi-Cal members are covered under two, separate benefits. Services may be covered under:

- 1) Limited Allied Health Services, or
- 2) Pain Management

Chiropractic Services for Alliance IHSS members may be covered as nonpharmacological pain management when determined to be medically necessary, in alignment with Alliance Policy 404-1112 - Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Request.

**Definitions:**


Limited Allied Health Services: A term used to define a group of Allied Health Services that are covered under Alliance Medi-Cal on a limited, self-referral basis. This specific set of benefits applies to Medi-Cal only. Limited Allied Health Services include: acupuncture, chiropractic, prayer or spiritual healing, occupational therapy, some podiatry services and speech therapy services. Members may have two (2) Limited Allied Health Services visits per calendar month in any combination. Members may receive one (1) type of service two (2) times per month, or two (2) types of services once per month.

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

**Procedures:**

**1. Limited Allied Health Services:**

- a. Chiropractic care for members is limited to treatment of the spine by means of manual manipulation.
- b. Chiropractic services are included in the group of Limited Allied Health Services covering any two services per calendar month not requiring PCP referral or prior authorization for Medi-Cal members.
- c. Additional visits beyond the two Limited Allied Health Services require prior authorization.
- d. No other diagnostic and/or therapeutic service furnished directly by a chiropractor, or pursuant to a chiropractor's order, is covered.

	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 404-1708	<b>Lead Department:</b> Utilization Management
<b>Title:</b> Chiropractic Services for Alliance Members	
<b>Original Date:</b> January 2007	<b>Date Published:</b> 03/31/2025
<b>Approved by:</b> Utilization Management Work Group (UMWG)	
<b>Effective Date:</b> 01/01/2016	


- e. 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.
- f. Chiropractic services may be provided by FQHC or RHC in accordance with the Center's policies.

## **2. Chiropractic Care for Pain Management:**

- a. Chiropractic care is a complementary healthcare discipline that focuses on the neuromusculoskeletal system. Chiropractic is a therapeutic option available to PCPs in the treatment of members with complaints of acute or chronic musculoskeletal pain.
- b. Referral for Chiropractic Services is required for initial evaluation by an out-of-network Chiropractic Specialist for pain management.
- c. Prior Authorization is required for chiropractic services for IHSS members. The member diagnosis and type and location of pain must be included in the authorization request.
- d. Procedure:
  - i. PCP completes a referral for evaluation by an out-of-network Chiropractic Specialist.
  - ii. Chiropractic Specialist submits an Authorization Request to the Alliance with notes regarding findings from the initial evaluation. Member diagnosis must include the type and location of pain being treated. Up to twelve (12) visits can be requested at the time of initial authorization.
  - iii. Additional Authorization Requests are required for additional visits and must include both the outcomes of sessions already delivered and medical justification for further Chiropractic treatment. Additional treatment is approved based on medical necessity, up to twelve (12) visits per authorization.
  - iv. No other diagnostic and/or therapeutic services furnished directly by a chiropractor, or pursuant to a chiropractor's order, is covered.
  - v. 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.

3. The Alliance does not require authorization for in-network specialty referrals, both PCP to Specialist and Specialist to Specialist referrals. However, the Alliance does require in-network specialty referrals be submitted for tracking purposes and coordination of care. The Alliance monitors utilization for specialty referrals and may require authorization where patterns of overutilization are identified. Authorizations are required for out-of-network providers.

## **References:**

	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 404-1708	<b>Lead Department:</b> Utilization Management
<b>Title:</b> Chiropractic Services for Alliance Members	
<b>Original Date:</b> January 2007	<b>Date Published:</b> 03/31/2025
<b>Approved by:</b> Utilization Management Work Group (UMWG)	
<b>Effective Date:</b> 01/01/2016	

Alliance Policies:

Impacted Departments:

- Claims
- Community Care Coordination
- Member Services
- Provider Services
- Quality Improvement & Population Health

Regulatory:

- Medi-Cal Manual Chiropractic Services
- Centers for Medicare and Medicaid Services (CMS), Local Coverage Determination for Chiropractic Services (L28249).

Contractual (Previous Contract):

Contractual (2024 Contract):

- Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.3.H

Legislative:

DHCS All Plan Letter:

Supersedes:

Other References:

- OIL #0990-09 Amendment dated November 1, 2013.
- Strategic Plan 2022-2026 – Central California Alliance for Health:
- PERSON-CENTERED DELIVERY SYSTEM TRANSFORMATION

**Lines of Business This Policy Applies To**


- ☐ DSNP
- ☒ Medi-Cal
- ☒ Alliance Care IHSS

**LOB Effective Dates**

- (01/01/2026 – present)
- (01/01/1996 – present)
- (07/01/2005 – present)

**Revision History:**

Review Date	Revised Date	Changes Made By	Approved By
09/02/2020	11/24/2020	Mary Brusuelas, RN UM/CCM Director	UMWG
1/22/2023		Tammy Brass, RN UM Director	UMWG
03/01/2023	03/01/2023	Azura Sanchez UM Admin Assistant	UMWG

	<p align="center"><b>POLICIES AND PROCEDURES</b></p>
<b>Policy #:</b> 404-1708	<b>Lead Department:</b> Utilization Management
<b>Title:</b> Chiropractic Services for Alliance Members	
<b>Original Date:</b> January 2007	<b>Date Published:</b> 03/31/2025
<b>Approved by:</b> Utilization Management Work Group (UMWG)	
<b>Effective Date:</b> 01/01/2016	

Review Date	Revised Date	Changes Made By	Approved By
09/22/2023	9/22/2023	Danah Hernandez, UM Regulatory Reporting Supervisor	UMWG
04/11/2024	04/11/2024	Danah Hernandez, UM Regulatory Reporting Supervisor	UMWG
03/11/2025	03/11/2025	Mike Wang MD Medical Director	UMWG