

Utilization Management (UM) Criteria for Chiropractic Services – Medi-Cal, Including Members Under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit Under the Age of 21

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Utilization Management Criteria Statement

This document includes criteria that supports utilization review of certain provider requested health care services. Refer to the [NCAL UM Criteria List](#).

Utilization review occurs when a qualified clinician other than the treating clinician reviews the treating clinician's request against utilization review criteria. The qualified clinician is in the position to approve, deny, delay, or modify the service request based on a determination of medical necessity. These criteria are consistent with professional standards of practice and provided for your reference.

If you are in a treatment relationship with a member, your clinical recommendations are not subject to these criteria. Your treatment recommendations are guided by your professional judgment and influenced, where applicable, by clinical practice guidelines and clinical support tools found in the Library under "Guidelines."

Clinical Review Criteria

Indications are specific to the line of business as noted below.

Managed Medi-Cal Benefit Overview

With an allowable diagnosis, the eligible Medi-Cal Managed Care members listed below may contact American Specialty Health (ASH) Plans' Member Services directly to request chiropractic services. These members include:

- Pregnant individuals
- Individuals eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to beneficiaries under 21 years of age.
- Members after they turn age 21 whose course of treatment includes medical/surgical care required for the treatment of an acute episode is generally defined as an illness or condition of sudden onset, which is resolved after a short-term treatment.
- Residents living in a skilled nursing facility, Intermediate Care Facility for the Developmentally Disabled (ICF/DD), including (ICF/DD-H) and Disabled/Nursing (ICF/DD-N).
- Enrollees in the Program of All-Inclusive Care for the Elderly (PACE).

KP Managed Medi-Cal members are covered for chiropractic manual manipulation of the spine. All other services provided by a chiropractor are excluded from coverage. The Health Plan covers a two services per month, or combination of two services per month from the following services: acupuncture, audiology, occupational therapy, prayer and spiritual healing, and speech therapy. Additional services may be provided based upon medical necessity. The two-visit limit does not apply to members under 21.

Members, regardless of age, with an allowable diagnosis may obtain covered chiropractic services through Federally Qualified Health Centers and Rural Health Centers.

Allowable diagnosis codes are:

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 thru M50.13	Cervical disc disorder with radiculopathy
M51.14 thru 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 thru M99.05	Segmental and somatic dysfunction
S13.4XXA thru S13.4XXS	Sprain of ligaments of cervical spine
S16.1XXA thru S16.1XXS	Strain of muscle, fascia and tendon at neck level
S23.3XXA thru S23.3XXS	Sprain of ligaments of thoracic spine
S29.012A thru S29.012S	Strain of muscles and tendon of back wall of thorax
S33.5XXA thru S33.5XXS	Sprain of ligaments of lumbar spine
S33.6XXA thru S33.6XXS	Sprain of sacroiliac joint
S33.8XXA thru S33.8XXS	Sprain of other parts of lumbar spine and pelvis
S39.012A thru S39.012S	Strain of muscle, fascia and tendon of lower back

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Approving Bodies

APICs for Outside Services	11/29/06, 11/14/07, 7/23/08, 7/22/09, 7/21/10, 7/20/11, 7/25/12, 7/24/13, 7/23/14, 7/29/15, Electronic, 8/23/17, 8/22/18, 8/28/19, 08/26/20, Electronic (9/2021), XX/XX 2024
Resource Management Committee (RMC)	9/5/12, 7/30/13, 9/24/13, 7/29/14, 7/28/15, 9/27/16, 8/22/17, 8/28/18, 9/24/19, 08/25/2020, 9/28/2021, 07/26/2022, 07/25/2023, 07/23/2024
Quality Oversight Committee (QOC)	9/12/12, 8/14/13, 10/9/13, 9/10/14 9/9/15, 10/12/16, 11/8/17, 10/10/18, 10/9/19, 10/08/20, 10/13/2021

1. *As stated in member's rider EOC for Chiropractic Services* ↑
2. *As stated in member's Medi-Cal Member Handbook* ↑