

PROTOCOLS FOR CHIROPRACTORS

CenCal Health members may access Chiropractic services for treatment of the spine and neck by means of manual manipulation.

The Chiropractor will be responsible for first determining the eligibility of the recipient, for meeting the elements of and documenting services as indicated below, and in order to receive payment, for submitting claim forms to CenCal Health.

Types of Services Provided

SBHI & SLOHI Members – The following Chiropractic Services are Covered Benefits for Santa Barbara Initiative (SBHI) and San Luis Obispo Health Initiative (SLOHI) members:

- Services rendered by a chiropractor who is enrolled in the Medi-Cal program, eligible to provide Medi-Cal services, and contracted with CenCal Health as a provider

HF, PP2, HK, and IHSS Members – The following Chiropractic Services are Covered Benefits for Healthy Families (HF), Prenatal Plus 2, Healthy Kids (HK), and In-Home Supportive Services (IHSS) Healthcare members:

- Services limited to the treatment of the spine rendered by a licensed chiropractor

Non-Covered Services

SBHI & SLOHI Members – The following Chiropractic Services are Non-Covered Benefits for SBHI & SLOHI members:

- Services rendered by a provider who is not contracted with CenCal Health as a provider
- Non-Chiropractic services rendered by a licensed chiropractor
- Services rendered by other provider types not stated above
- Services billed as an emergency or inpatient service

HF, PP2, HK, and IHSS Members – The following Chiropractic Services are Non-Covered Benefits for HF, PP2, HK, and IHSS members:

- Non-Chiropractic services rendered by a licensed chiropractor
- Services rendered by other provider types not stated above
- Services billed as an emergency or inpatient service
- Chiropractic manipulative treatment; extraspinal, one or more regions

Elimination of Benefit – SBHI & SLOHI Members

Effective July 1, 2009, the Department of Health Care Services (DHCS) excluded several optional benefits from the Medi-Cal program which included benefits for chiropractor services. CenCal Health elected to delay these benefit restrictions as long as possible. Effective January 1, 2010, CenCal Health eliminated the

chiropractor benefit for members of the Santa Barbara Health Initiative (SBHI) and San Luis Obispo Health Initiative (SLOHI) programs.

Both services and member groups may, in certain circumstances, be termed 'exempt' from the optional benefit exclusion. This means that services to members in the following categories **are not impacted** by the change and will still be covered. Billing requirements are noted below **when applicable**.

The following **services are not impacted** and will continue to be covered after January 1, 2010:

1. Pregnancy-related services and services for the treatment of other conditions that might complicate the pregnancy. Please include modifier TH on your claim form. This modifier can be used for up to sixty (60) days after delivery.
2. Services authorized by the California Children's Services (CCS) Program.
3. Crossover claims for Members also covered by Medicare. If the service is unable to be billed to Medicare, i.e., Medicare non-covered items, then the service will not be covered by CenCal Health.

In addition, the following **members are not impacted** and will continue to be covered after January 1, 2010. Billing requirements are noted below **when applicable**.

1. Members 20 years old and under.
2. Members residing in a skilled nursing facility, i.e., Nursing Facilities Level A [NF-A] and Level B [NF-B]) or intermediate care facility for the developmentally disabled (ICF-DD or ICF-DDH). Services do not need to be physically provided in the nursing facility to be covered. Members identified by an Aid Code of 13, 23, 53 or 63 in Eligibility Screen.

Eligibility

The Chiropractor will be responsible for verifying the recipient is eligible with CenCal Health for the date of service prior to rendering services. Eligibility can be verified through one of CenCal Health's systems. Information regarding eligibility is in the Member Services Section of this Provider Manual.

In the event the recipient is not eligible under any program administered by CenCal Health, payment for any services provided to the recipient will not be the responsibility of CenCal Health.

Co-payment

SBHI & SLOHI Members– Co-payments for Chiropractic Services for SBHI and SLOHI members should be collected at the time the service is rendered:

- \$1.00 Co-payment per visit

The following members are exempt from paying co-payments:

- Children under 18 years of age
- Members in the hospital or in a facility providing long-term care
- Women during pregnancy and 60 days after delivery
- Children in AFDC foster care
- Hospice patients
- Members seeking family planning services and supplies

HF and HK Members – Applicable copayment for Chiropractic Services for HF and HK members should be collected at the time the service is rendered.

PP2 Members – There is no copayment provision for covered benefits.

IHSS Members – Applicable copayment for Chiropractic Services for IHSS members should be collected at the time the service is rendered.

Documentation of Services

The Chiropractor shall document services by completing a claim form and submitting the form to CenCal Health. The Chiropractor shall also provide documentation to the member's PCP.

Authorizations

SBHI & SLOHI Members– Referrals and prior authorizations are not required for a member to access Chiropractic services. A Medi-Reservation must be made by the Chiropractor for each visit provided. Authorization will not be granted to extend Chiropractic services beyond the services reserved through a Medi-Reservation.

Medi-Reservation

Visits for Chiropractic services will be applied to the two services per month limitation that applies to all Limited Service Providers as defined by Medi-Cal. Services must be reserved by the Chiropractor for each visit provided. Services may be reserved by completing and submitting the Medi-Reservation Form found on CenCal Health's website, www.cencalhealth.org. A confirmation number will be given once the Chiropractic service is reserved.

A Medi-Reservation includes one of the following Chiropractic treatments:

- Chiropractic Manipulative Treatment (CMT); Spinal, One to Two Regions
- Chiropractic Manipulative Treatment (CMT); Spinal, Three to Four Regions
- Chiropractic Manipulative Treatment (CMT); Spinal, Five Regions

HF, PP2, and HK Members – Referrals and prior authorizations are not required for a member to access up to 20 visits per calendar year. For services beyond this benefit limitation, a provider must request prior authorization through a Medical Authorization Request (AR). Please refer to the RAF and TAR/AR Sections of this Provider Manual for more information.

IHSS members – A Referral Authorization Form (RAF) must be completed by the member’s Primary Care Provider (PCP) for an IHSS member to access Chiropractor services after an illness or injury. If the member requires more than 20 visits per calendar year, a provider must request prior authorization through an AR. Please refer to the RAF and TAR/AR Sections of this Provider Manual for more information.

Specific Authorization of Chiropractic Services

Should a Chiropractor feel that x-rays are necessary, he/she should contact the member’s PCP or attending physician and discuss the need for these diagnostic services. The PCP or attending physician may authorize said services to a contracted radiology or X-Ray provider.

Billing for Covered Services

SBHI & SLOHI Members – Provider shall bill CenCal Health for Chiropractic services provided to an eligible member. Claims shall be submitted according to established protocols set forth in the Medi-Cal Provider Manual. Claims must be submitted within one (1) year from the date of service, in accordance with the provisions of their Agreement. Claims submitted after six (6) months will be reduced to 75% of the allowable, and those submitted after nine (9) months from the date of service will be reduced to 50% of the allowable. The Medi-Reservation confirmation number should be indicated in box 13 of the HCFA-1500 Form or as instructed when billing electronically.

In the event the member has other coverage, or third-party liability is involved, the provider shall follow the terms and conditions of their Agreement with CenCal Health, or as indicated in “Other Health Coverage” found in the Claims Section of this Provider Manual.

HF, PP2, HK, and IHSS Members – Provider shall bill CenCal Health for Chiropractic services provided to an eligible member. Claims must be submitted within one hundred and eighty (180) Days of the date of service.

In the event the member has other coverage, or third-party liability is involved, the provider shall follow the terms and conditions of their Agreement with CenCal Health, or as indicated in “Other Health Coverage” found in the Claims Section of this Provider Manual.

Procedure Codes

SBHI & SLOHI Members – Provider should use the procedure codes set forth in the EDS Medi-Cal Provider Manual:

CPT Codes	Description
98940	Chiropractic Manipulative Treatment (CMT); Spinal, One to Two Regions
98941	Chiropractic Manipulative Treatment (CMT); Spinal, Three to Four Regions
98942	Chiropractic Manipulative Treatment (CMT); Spinal, Five Regions

Note: Only one chiropractic manipulative treatment code is reimbursable when billed by the same provider, for the same recipient, on the same date of service.

HF, PP2, HK, and IHSS Members – Provider should use the Chiropractic range of procedure codes as by the American Medical Association’s most recently published Current Procedural Terminology (CPT) book.

Reimbursement for Chiropractic Services

A Provider shall be reimbursed by CenCal Health for Covered Services rendered to members as indicated in Exhibit A of the provider’s Allied Amendment Agreement.

A Chiropractor cannot “balance bill” any member for the difference between their billed charges and the compensation rate, nor can they impose a surcharge of any kind.