PROVIDER*Update*

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Health Net®

Chiropractic and Podiatry Coverage

Coverage requirements and billing instructions

As communicated to health plans in the Department of Health Care Services (DHCS) All Plan Letter (APL) 15-003 distributed on January 26, 2015, Medi-Cal managed care plans are required to cover chiropractic and podiatry services when provided at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC). Accordingly, Health Net Community Solutions, Inc. (Health Net) Medi-Cal participating physician groups (PPGs) are required to cover chiropractic and podiatry servicesrendered at a contracting FQHC or RHC.

CHIROPRACTIC SERVICES

Chiropractic manual manipulation of the spine to correct sprain, strain or dislocation of the spine or neck is covered for Medi-Cal members only when provided by a contracting FQHC or RHC provider and is:

- Limited to a maximum of two services per calendar month.
- Limited to treatment of the spine by means of manual manipulation (only one chiropractic manipulative treatment is reimbursable when billed by the same provider, for the same recipient and date of service).

Maintenance care is not considered to be medically reasonable and necessary, and is not covered. Additionally, diagnostic tests or X-rays performed by a chiropractor for diagnostic purposes to demonstrate medical necessity for treatment are not covered; however, diagnostic tests or X-rays ordered by a physician are covered.

Coverage for chiropractic services is limited to those services performed by a doctor of chiropractic, osteopathy or medicine licensed by the state of California. Refer to the table on page 2 for a list of ICD-10 codes for chiropractic services that may be reimbursed.

HOW TO BILL CHIROPRACTIC SERVICES

The following information is required for appropriate billing of chiropractic services.

- Must be billed with place of service (POS) 50 to indicate the service was provided at an FQHC/RHC.
- Primary diagnosis must indicate chiropractic-related care. Primary diagnosis must be indicated by an approved chiropractic diagnosis code from the ICD-10-CM table on page 2. If the relevant diagnosis code is not in the primary diagnosis code position, the claim will be denied.

THIS UPDATE APPLIES TO **CALIFORNIA** PROVIDERS:

- ○ Physicians
- ● Participating Physician Groups
- ○ Hospitals
- ○ Ancillary Providers

LINES OF BUSINESS:

- ○ HMO/POS/HSP
- ○ PPO
- ○ EPO
- ○ Medicare Advantage (HMO)
- ● Medi-Cal
  - ● Kern
  - ● Los Angeles
    - ○ Molina
  - ● Riverside
  - ● Sacramento
  - ● San Bernardino
  - ● San Diego
  - ● San Joaquin
  - ● Stanislaus
  - ● Tulare

PROVIDER SERVICES

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- CPT code must be one of the codes shown in the CPT code table below. Evaluation and management (E&M) codes are not reimbursable.

CPTCodes and Rates for Chiropractic Services

Chiropractic services are reimbursed as follows:

CPTcode	Type of visit	Maximum allowance
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions	$16.72
98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions	$16.72
98942	Chiropractic manipulative treatment (CMT); spinal, five regions	$16.72

ICD-10-CM Diagnosis Codes Required for Chiropractic Services

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

Chiropractic Services

ICD-10-CM CODE	DESCRIPTION	ICD-10-CM CODE	DESCRIPTION
M50.11–M50.13	Cervical disc disorder with radiculopathy	S16.1	Strain of muscle, fascia and tendon at neck level
M51.14–M51.17	Intervertebral disc disorders with radiculopathy	S23.3	Sprain of ligaments of thoracic spine
M54.17	Radiculopathy, lumbosacral region	S29.012	Strain of muscles and tendon of back wall of thorax
M54.31, M54.32	Sciatica	S33.5	Sprain of ligaments of lumbar spine
M54.41, M54.42	Lumbago with sciatica	S33.6	Sprain of sacroiliac joint
M99.00–M99.05	Segmental and somatic dysfunction	S33.8	Sprain of other parts of lumbar spine and pelvis
S13.4	Sprain of ligaments of cervical spine	S39.012	Strain of muscle, fascia and tendon of lower back

PODIATRY SERVICES

APL 15-003 does not change the benefit for podiatry services, but reinforces those services provided by a contracting FQHC or RHC provider. These services continue to be covered when rendered by a participating provider and are medically necessary subject to the limitations specified in the Health Net Medi-Cal member's *Evidence of Coverage* (*EOC*). Additionally, podiatry services are:

- Limited to medical and surgical services necessary to treat disorders of the feet, ankles or tendons that insert into the foot; that are secondary to or complicated by chronic medical conditions; or that significantly impair the member's ability to walk.
- Subject to prior authorization for in-office testing and surgical procedures for members under age 21. Office limitations do not apply.
- Limited to a maximum of two services per calendar month unless authorization for additional services is obtained.

Routine nail trimming is not covered, and emergency services do not require prior authorization. Medically necessary podiatry services for Medi-Cal members who are hospitalized or in a nursing facility are covered and require prior authorization.

Refer to the table on page 3 for a list of CPT codes for podiatry services that are covered.

Podiatry Services

CODE	SERVICE
10060, 10160, 10180	Incision and drainage
11730, 11732	Nail avulsions
27650–27654, 27658–27698, 27704	Leg (tibia and fibula) and ankle joint: repair, revision and/or reconstruction
27760–27766, 27786–27829, 27840–27848	Leg (tibia and fibula) and ankle joint: fracture and/or dislocation
28415, 28430–28515	Foot and toes: fracture and/or dislocation
28190	Foot and toes: introduction or removal
28192, 28193	Foot and toes: introduction or removal

ADDITIONAL INFORMATION

Relevant sections of Health Net's provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on Health Net's provider website at provider.healthnet.com.

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.