



To: All IEHP Direct Chiropractors
From: IEHP – Provider Relations
Date: November 15, 2019
Subject: **Network Chiropractors providing services for Medi-Cal Members**

The Medi-Cal benefit for chiropractic services is currently restricted to the Federal Qualified Health Center (FQHC) or Rural Health Clinic (RHC) setting. Due to the small number of chiropractors in FQHCs or RHCs in IEHP’s service area, IEHP would like to expand the option to Medi-Cal Members to see a network chiropractor outside of the FQHC setting beginning **January 1, 2020**.

Would you be interested in contracting for the Medi-Cal line of business? If yes, this contract would apply to **both IEHP Direct and IPA assigned Members**. IEHP would be responsible for authorization and payment. IEHP will cover for Medi-Cal Members:

- Only two (2) chiropractic services per month
- Limited to treatment of the spine by manual manipulation. Members must have a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment. Manual manipulative services rendered must have a direct therapeutic relationship to the Member’s condition.
- Only codes **98940**, **98941**, and **98942** are reimbursable. (1 code per visit)
- Maintenance therapy is not covered. “Maintenance therapy” is defined as continued repetitive treatment without a clearly defined clinical end point.

If interested, please complete the attached form and e-mail to our Contracts department at contract@iehp.org.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: www.iehp.org > For Providers > Plan Updates > Correspondence.

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.



Network Chiropractors providing services for Medi-Cal Members

If you would like to provide chiropractic services to Medi-Cal Members (both IEHP Direct and IPA affiliated) **please complete this form and e-mail it to IEHP's Contracts Department at contract@iehp.org**, by November 27, 2019.

Yes, I'm interested.

No, I'm not interested.

Contract Name/Chiropractors:	
TIN:	
Practice Location:	
Contact Person:	
Phone Number:	
Email:	

Please complete and send the form to:

contract@iehp.org.