

PROVIDER BULLETIN

PROVIDER INFORMATION



August 11, 2014

Reminder: Chiropractic Services – Coding for Active/Corrective Treatment

The information in this bulletin is a reminder to providers of the upcoming effective date for denial of claims for maintenance chiropractic therapy. The information below was previously published in Provider Bulletin P4R1-14, on May 1, 2014.

Active/corrective treatment versus maintenance therapy

Rehabilitation services that would not result in measurable progress relative to established goals are non-covered services. The “AT” modifier distinguishes active/corrective treatment from maintenance therapy. The AT modifier should be appended to the chiropractic manipulation (98940-98943) when services are considered active/corrective treatment. The absence of the AT modifier would indicate maintenance or palliative care. Blue Cross and Blue Shield of Minnesota will begin denying claims without the AT modifier for dates of service on or after October 1, 2014. Claims will be benefit denied to the appropriate party – provider or subscriber liability, depending on contract requirements.

For Public Programs, Prepaid Medical Assistance Programs (PMAP), and MinnesotaCare the subscriber must also sign a waiver that the service is not covered by Medicaid that includes the date of service, specific service, charge, etc., indicating they acknowledge the services will not be covered and they will be responsible for paying for the services. A GA modifier is required indicating the waiver has been signed and is on file. For SecureBlueSM (HMO SNP) the subscriber must also sign a waiver that the service is not covered by Medicaid that includes the date of service, specific service, charge, etc., indicating they acknowledge the services will not be covered and they will be responsible for paying for the services. A GA modifier is required indicating the waiver has been signed and is on file.

Coding requirements reminder

All coding and reimbursements are subject to changes, updates or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (for example, HCPCS, CPT, ICD-9-CM), only valid codes for the date of service may be submitted or accepted.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.