PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

This Bulletin was revised on May 1, 2014. See Bulletin P4R1-14 for the revision.

March 4, 2014

Chiropractic Services – Coding for Active/Corrective Treatment and Prior Authorization Changes

Effective May 1, 2014, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be implementing the following changes across the chiropractic network.

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 (acute treatment) modifier distinguishes active/corrective treatment from maintenance therapy. The AT modifier should be appended to the chiropractic manipulation (98940-98943). The absence of the AT procedure modifier would indicate maintenance or palliative care. Effective May 1, 2014, in the absence of the AT modifier, claims will be benefit denied to the appropriate party - provider or subscriber liability depending on medical necessity and subscriber contract requirements.

Prior authorization

Effective May 1, 2014, chiropractic services rendered by Aware or Select Chiropractic Providers to subscribers of **fully insured** groups will be subject to prior authorization after 30 visits*. Benefits are allowable only for services that are medically necessary. Providers are encouraged to use **availity.com** or call BLUELINE at **(651) 662-5200** or **1-800-262-0820** to obtain subscriber benefits prior to beginning services.

* For Minnesota Health Care Programs (MHCP) subscribers prior authorization requirements remain after 12 visits. For subscribers of self-insured groups prior authorization requirements vary based on the subscribers' contract.

Form required

To obtain prior authorization, providers should complete the Chiropractic Treatment Pre-Authorization/Prior Approval Request Form. This form is available on our website at **providers.bluecrossmn.com**.

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**.

Distribution: All participating chiropractors
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