

# PROVIDER BULLETIN

## PROVIDER INFORMATION



May 2, 2016

### **Chiropractic Services for Platinum Blue<sup>SM</sup> (Cost) Subscribers**

Effective September 1, 2015, Blue Cross and Blue Shield of Minnesota (Blue Cross) implemented two new requirements in circumstances where payment for an item or service may be denied as a non-covered Medicare service for Platinum Blue Subscribers: (1) Non-Covered Medicare services without an organization determination, and (2) Subscriber authorization to request an organization determination. This information was previously published on July 8, 2015, in Provider Bulletin P27-15. Upon further review and analysis of the details of Medicare guidelines, Blue Cross has revised this process for chiropractic services.

#### **Chiropractic services except for manual manipulation**

Effective September 1, 2015, all services rendered by a chiropractor, except for manual manipulation, will deny as subscriber liability. These services are excluded for coverage per Medicare and therefore will not be paid. These services will no longer need a subscriber authorization to request an organization determination be submitted.

Blue Cross will be running a recovery to reprocess all claims for services performed by a chiropractor between September 1, 2015, and April 15, 2016. These services were incorrectly denied as provider liability if a subscriber authorization was not submitted. The recovery will reprocess these claim to correctly deny as subscriber liability.

#### **Chiropractic manual manipulation, CPT 98940 - 98942**

Medicare does allow for manual manipulation of the spine to correct a subluxation. In accordance with Medicare requirements and the provision of your agreement, it is the duty of the provider to assure that all services are Medicare Eligible prior to rendering services. If there are questions regarding whether a manipulation will be covered, the provider must have the subscriber sign an appointment of representative form granting the provider the ability to request an organization determination. This must be done and reviewed prior to services being rendered. Any non-covered manual manipulation that is performed without a signed appointment of representative form and organization determination being reviewed will be denied as provider liability. If after review, it is determined that services are not eligible, but the subscriber wants to receive services, these services will be denied as subscriber liability.

#### **Resources**

- Medicare coverage website resources:

<http://www.medicare.gov/coverage/is-your-test-item-or-service-covered.html>

<http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Minnesota&KeyWord=stem+cell&KeyWordLookUp=Title&KeywordSearchType=And&clickon=search&bc=gAAAAAAAAAAAAAAAA%3d%3d&=&>

- Appointment of Representative form:

<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Cms-Forms-Items/CMS012207.html>

- Blue Cross Prior Authorization forms: [https://www.bluecrossmn.com/Page/mn/en\\_US/forms-and-publications](https://www.bluecrossmn.com/Page/mn/en_US/forms-and-publications)  
(Select “forms – precertification and preauthorization” and choose the appropriate form)

#### **Questions?**

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

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