

Chiropractic Care

Applies to Iowa:

Blue Medicare Advantage HMO



Wellmark Advantage Health Plan, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

Chiropractic Care

Chiropractic care is designed to treat multiple disorders of the neuromusculoskeletal system, including but not limited to back pain, neck pain, headaches, and pain in joints of legs and arms. It is a hands-on approach to treat subluxation of the spine by manipulation.

Original Medicare

Original Medicare covers the treatment of medically necessary and reasonable chiropractic services specifically by means of manual manipulation of the spine to correct subluxation. The beneficiary must have a significant health problem in the form of a neuromuscular-skeletal condition necessitating treatment. The beneficiary's primary diagnosis should be for subluxation of the spine. The precise level of subluxation must be specified by the chiropractor to substantiate a claim for manipulation of the spine.

Original Medicare covers medically necessary chiropractic services related to spinal regions one through five (1-5).

Original Medicare does not cover ultrasound, massage, or x-rays.

Wellmark Advantage Health Plan HMO Enhanced Benefit

Wellmark Advantage Health Plan (WAHP) Blue Medicare Advantage HMO is a Medicare Advantage plan, which provides at least the same level of benefit coverage within a single healthcare plan. This flexibility allows WAHP such as Blue Medicare Advantage HMO of Iowa to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for Enhanced Chiropractic services is provided to members under WAHP. The scope of the benefit, reimbursement methodology, maximum allowed payment amount and member cost sharing are determined by WAHP.

Reimbursement

Iowa WAHP Blue Medicare Advantage HMO providers will be paid based on a Capitated payment arrangement. This represents payment in full and providers are not allowed to bill the member for the difference. Chiropractic providers are to contract through ICPC to participate in the network.

Wellmark Advantage Health Plan

<https://www.WellmarkAdvantageHealthPlan.com>

Member cost sharing

Cost sharing applies to Blue Medicare Advantage HMO and is available In-Network only. Reference the Explanation of Coverage (EOC) or Summary of Benefit (SOB) for specific cost share amounts.

WAHP HMO providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat dollar copayment, percentage, or deductible.

WAHP Blue Medicare Advantage HMO chiropractic enhanced benefits are in addition to Medicare coverage, and includes routine care of 14 visits per year, one set of diagnostic X-rays (up to three views), approved Evaluation and Management (E&M) and approved Physical Therapy services.

To verify eligibility, benefits, and cost share, go to the Wellmark Advantage Health Plan secure website at www.WellmarkAdvantageHealthPlan.com or call Provider Inquiry **1-855-716-2556 (TTY:711)**. Providers interested in joining the Iowa Chiropractic Physicians Clinic please contact ICPC at 515-225-0993 or email icpc@icpc.net

Conditions for Payment

The table below specifies conditions for chiropractic care.

Conditions for Payment		
Eligible provider	Chiropractor	
Payable location	Office	
Frequency	Based on CPT codes billed	
Medicare Covered (CPT/HCPCS)	Spinal manipulation	Spinal manipulation services (98940, 98941 and 98942)
	Evaluation & Management	New patient visits (99201, 99202, and 99203) payable once every 36 months per chiropractor. Established patient visits (99212, 99213 and 99214) payable once every 12 months per chiropractor.
Enhanced Covered (CPT/HCPCS)	Spinal manipulation	Spinal manipulation services (98943): Modifier AT required – may be billed once per day.
	Diagnostic Radiology	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72100, 72110, 72114, 72120, 72170, 72190, 72200, 72202, 72220
Diagnosis restrictions	Spinal manipulation	Must be medically necessary. Consistent with Original Medicare.
	Evaluation & Management	Must be medically necessary. No restrictions.
	Diagnostic radiology	X-rays of areas other than that of the chief complaint must be supported by documentation showing medical necessity. No restrictions

Billing Instructions for Providers

1. Bill services on CMS 1500 (02/12) claim form, UB-04 or the 837 equivalent claim form.
2. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
3. Report your National Identifier and Taxonomy number on all claims.
4. Use electronic billing
5. Submit claims:

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Revision History

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