



Reminder to Blue Medicare PPO Chiropractors

Be advised that Blue Medicare PPO follows the same billing and coverage guidelines for chiropractic services as those under original Medicare.

Chiropractic services that provide acute or chronic active/corrective treatment must be billed with the AT modifier. However, the presence of the AT modifier may not in all instances indicate the service is reasonable and necessary.

If codes 98940-98942 are billed without the AT modifier, the treatment will be considered maintenance therapy and will not be covered.

Since maintenance therapy is not a Medicare benefit, it is also not a Blue Medicare PPO benefit. Maintenance therapy is defined as a treatment plan that seeks to prevent disease, promote health and prolong and enhance the quality of life or therapy, which is performed to maintain or prevent deterioration of a chronic condition. Once the maximum therapeutic benefit has been achieved for a given condition, ongoing maintenance therapy is not covered under the Medicare program or by Blue Medicare PPO. Chiropractic maintenance therapy is not medically reasonable or necessary and is not payable under the Medicare program or by Blue Medicare PPO.

The AT modifier must *not* be placed on the claim when maintenance therapy has been provided. Claims without the AT modifier are considered maintenance therapy and will be denied as not medically necessary.

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