Chiropractic Care

Applies to:

☑ **Essential, Enhanced & Entrust PPO**

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 the joints of legs and arms. It is a hands-on approach to treat subluxation of the spine by manipulation.

The most common therapeutic procedure performed by doctors of chiropractic medicine is known as spinal manipulation. The purpose of manipulation is to restore joint mobility by manually applying a controlled force into joints that have become hypomobile or restricted in their movement as a result of a tissue injury. Manipulation, or adjustment of the affected joint and tissues, restores mobility, thereby alleviating pain and muscle tightness, and allowing tissues to heal.

Original Medicare

Original Medicare only pays for chiropractic care services deemed to be medically necessary and reasonable.

Under the Original Medicare program, coverage of chiropractic care is specifically limited to treatment by means of manual manipulation (by use of the hands) of the spine to correct a subluxation provided such treatment is legal in the state where performed. Additionally, manual devices (i.e., those that are hand-held with the thrust of the force of the device being controlled manually) may be used by chiropractors in performing manual manipulation of the spine. However, no additional payment is available for use of the device or for the device itself. All other services furnished or ordered by chiropractors aren't covered, including X-rays taken to document medical necessity or any other diagnostic or therapeutic service.

For Original Medicare to make a payment for chiropractic care, the patient must have a significant health problem in the form of a neuromuscular-skeletal condition necessitating treatment. The patient's primary diagnosis must be subluxation of the spine. The precise level of the subluxation must be specified by the chiropractor to substantiate a claim for manipulation of the spine. A subluxation may be demonstrated by an X-ray or by physical examination.

The manipulative services rendered must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function. For Medicare purposes, a chiropractor must place modifier AT (acute treatment) on the claim when providing active or corrective treatment to treat acute or chronic subluxation.

Original Medicare will not pay for chiropractic maintenance therapy. Maintenance therapy is defined as services that seek to prevent disease, promote health, prolong and enhance the quality of life or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy. The modifier AT must not be placed on the claim when maintenance therapy has been provided. Claims without modifier AT are considered maintenance therapy and denied

Coverage criteria for chiropractic services are based on Medicare laws, regulations and guidelines and local coverage determinations established by Medicare carriers and A/B Medicare Administrative Contractors. Original Medicare doesn't impose specific caps or dollar value limits for covered chiropractic care. However, Medicare carriers and A/B Medicare Administrative Contractors may have criteria

(numerical or dollar) after which medical documentation or chart review may be required prior to the payment of billed services.

WyoBlue Advantage PPO Enhanced Benefit

WyoBlue Advantage plans are Medicare Advantage plans that provide at least the same level of benefit coverage within a single healthcare plan. This flexibility allows WyoBlue Advantage to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for chiropractic services is provided to members under WyoBlue Advantage Medicare Advantage plans. The scope of the benefit, reimbursement methodology, maximum allowed payment amount and member cost sharing are determined by WyoBlue Advantage.

Reimbursement

WyoBlue Advantage PPO Medicare Advantage plans are consistent with Original Medicare. The provider will be paid the lesser of the allowed amount or the provider's charge, minus the member's cost sharing. This represents payment in full and providers are not allowed to bill the member for the difference.

Member Cost Sharing

- Please reference the *Evidence of Coverage* or *Medical Benefits Chart* for specific cost-share amounts.
- WyoBlue Advantage 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.
- Coverage for one set of diagnostic X-rays (up to three views) is available to WyoBlue Advantage members both in-and out-of-network. This does not count toward the individual plan member's maximum out -of-pocket amount. If the member elects to receive a service that's not covered, he or she is responsible for the entire charge associated with that service.
- To verify eligibility, benefits, and cost share, go to the WyoBlue Advantage secure website at **www.WyoBlueAdvantage.com** or call **1-844-682-9966**, TTY: **711.**

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, 98943): modifier AT required – may be billed once per day.
	Evaluation & Management	New patient visits (99202 and 99203) payable once every 36 months per chiropractor. Established patient visits (99212, 99213 and 99214) payable once every 12 months per chiropractor.
Diagnosis restrictions for Medicare covered treatments	Spinal manipulation	Must be medically necessary. Consistent with Original Medicare.
	Evaluation & Management	Must be medically necessary. Consistent with Original Medicare.

Conditions for Payment		
Enhanced Chiropractic Services	Spinal manipulation	Spinal Manipulation services (98940, 98941 and 98942, 98943): no 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, 72081 through 72084 X-rays of the area of chief complaint may be taken at the start of treatment. Follow up X-rays should be performed within 90 days for acute conditions and within 365 days for chronic conditions. 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

- Bill services on the CMS 1500 (02/12) claim form.
- Use the WyoBlue Advantage PPO unique billing requirements.
- Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
- Contact WyoBlue Advantage Provider Inquiry at **1-844-682-9966**, TTY: **711**.
- Submit claims to:

WyoBlue Advantage
Provider Correspondence
P.O. Box 21451
Eagan, MN 55121

Revision History

Plan policy numbers: WYO PPO 001, 002, 003
Created: 09/09/2025