

Chiropractic coverage changes with Security Health Plan's Medicare Supplement and Medicare Select plans

Previously Security Health Plan published the chiropractic coverage information below with an effective date of Jan. 1, 2021; however, we are changing the effective date to July 1, 2021. Additionally, effective for dates of service on or after July 1, 2021, Security Health Plan will deny coverage of extraspinal manipulation when billed from any provider type. Earlier this month Security Health Plan mailed notification letters to members who received these services since Dec. 1, 2020, so they are aware of the changes.

Effective for dates of service on or after July 1, 2021, Security Health Plan will deny Medicare-covered chiropractic services (98940-98942) that are billed with a GA modifier as patient responsibility when denied by Medicare as such. The GA modifier indicates services billed are maintenance and do not meet Medicare's medically necessary coverage criteria. Services deemed not medically necessary are an exclusion in the Outline of Coverage for both plans.

General information about Medicare coverage of chiropractic services:

- Medicare covers manual manipulation of the spine if medically necessary to correct subluxation when provided by a chiropractor or other qualified professional.
- Modifier AT (active treatment) must be appended to the chiropractic manipulation code to indicate the manipulation was for medically necessary and reasonable treatment of an acute subluxation or chronic subluxation as defined in national policy and LCD L33613.
- Modifier GA is used when the provider has issued a valid ABN for maintenance care and the beneficiary indicates that he/she accepts responsibility for payment if Medicare does not pay the claim after it is reviewed for medical necessity.