

Chiropractic coverage changes for Medicare Supplement and Select plans

Effective for dates of service on or after Jan. 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 Policy 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 beneficiary indicates that he/she accepts responsibility for payment if Medicare does not pay the claim after it is reviewed for medical necessity.