



▶▶ Quick Tips

Chiropractor

Eligibility and Benefits* ▶ ▶ ▶

▶ *Since benefits may vary with plans, it is important that you verify a patient's eligibility and benefits including referral and authorization requirements before providing services.*

HMO standard benefit

- Up to 12 network visits per member per calendar year (age 16 or older); specialist office visit co-pay applies.

Blue Care⁶⁵ standard benefit

- Manual manipulation of the spine according to Medicare guidelines.

POS standard benefit

- Up to 12 network visits per member per calendar year (age 16 or older); specialist office visit co-pay applies.

PPO standard benefit

- First accident treatment received within three calendar days of a traumatic injury

Indemnity standard benefit

- First accident treatment received within three calendar days of a traumatic injury

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- Prior authorization is not required.

- Covered services must be rendered by a credentialed and contracted provider. Non-contracted providers cannot render services even if there is an authorization to a group provider number.

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- Claim form to use: CMS-1500. See "Completing the CMS-1500 Claim Form" in the *blue book* office manual. It's important to complete these Blocks for chiropractic services:

- Block 24K: Must have the six-digit servicing provider number assigned by BCBSMA listed on each line being billed. We cannot accept ditto marks, arrows, or slashes
- Block 33: Must contain your group provider number (if applicable) after the GRP# field.

- You must be privileged by BCBSMA to bill for X-rays. Please use the following modifiers on all claims submitted to BCBSMA when billing for X-rays:

- TC-Technical component
- 26 - Professional component

**Plan summaries above reflect the most common aspects of each plan. There may be variations or exceptions because of choices made by individual accounts.*

***Please be aware that authorization is based solely on medical necessity and does not guarantee reimbursement. All authorizations are subject to all plan limitations, including, but not limited to, benefit maximums.*



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General Billing and Reimbursement Guidelines ▶ ▶ ▶

- ▶ *Please remember that your Agreement covers only those codes listed on the Fee Schedule and coverage of services is subject to member benefits and benefit guidelines.*
- ▶ *We typically review and update these codes and fee schedules annually.*
- ▶ *Code narratives listed are brief descriptions. Please refer to the current version of the American Medical Association's (AMA) CPT book for the complete narrative.*

Code:	Narrative:	Notes:
99204	Comprehensive - new patient	Only payable once per patient. All other services performed on the same day are considered inclusive.
99203 99202	Detailed Exam - new patient Brief exam - new Patient	Only payable once per patient. We will also reimburse a manipulation on the same day.
99214	Comprehensive - established patient	Initial exam of a new or unrelated illness or injury. Payable only once per episode of illness. We will also reimburse a manipulation on the same day.
99212 99213	Brief exam - established patient Expanded exam - established patient	Same as above. In addition, should also be used to assess an exacerbation of patient's condition.

- Typically, the timely claims filing limit per BCBSMA Agreement is 90 days from the date of service for managed care claims and one year from the date of service for indemnity and ancillary claims (please refer to your BCBSMA Agreement). The filing limit for PPO claims is set forth in your Agreements with BCBSMA. Regardless of the contractual filing limit, BCBSMA reserves the right to accept PPO claims up to one year from the date of service.

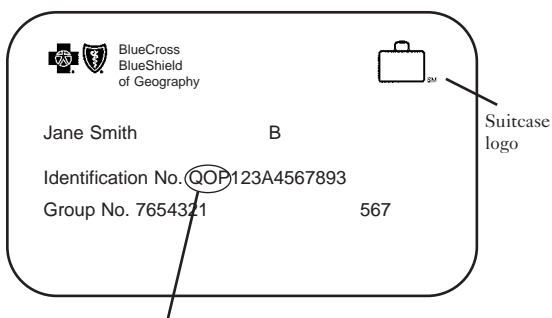


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Common Claim Reject Messages and How to Prevent Them ▶ ▶ ▶

Common Reject Category	Reject Code	Preventative Action
Eligibility	E240, X118	Verify with the member that the prefix and ID # used are correct. Be sure to report the correct spelling of both the subscriber's and patient's first and last names, the patient's relationship to the subscriber, and the patient's date of birth.
Benefits	E232, B369, M105, X009	Use BCBSMA's Online Services via WebMD Office® to verify a member's benefits prior to rendering services. You may also contact the member's home plan by calling 1-800-676-BLUE .
Contractual	P150	Services are reimbursed based on your fee schedule. You may obtain a copy of your fee schedule by calling Ancillary Provider Relations at 1-800-316-BLUE (2583) . You may bill the patient for services that are not part of your contract if you notify your patient prior to rendering services, and you've have received written consent from the member.
Line Provider Number	F191	It is essential that you provide the accurate servicing provider's number in both Blocks 24K and 33. Even if your servicing number is the same as your group number, please include the number in both blocks of the claim form.

BlueCard^{AE} Program Members ▶ ▶ ▶



Member's three-letter prefix

- Patients who are members of another BCBS plan, (e.g., Florida) have a suitcase on their ID cards. We refer to these members as “BlueCard Program” or “out-of-area” members.
- BlueCard members may receive covered services through BCBSMA provider networks.
- To check eligibility and to verify the status of a referral/authorization for BlueCard Program member, please use Online Services, the POS device, or a direct connection with BCBSMA. You can also call BlueCard EligibilitySM at **1-800-676-BLUE (2583)**
- Bill BCBSMA directly for services provided to BlueCard members.



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Organizational Changes ▶▶▶

If you have changes to your practice name, address, or Tax Identification number, please complete and fax the:

Ancillary Professional Update Form to (617) 246-4630.

You can order the form by calling Fax-on-Demand at 1-888-633-7654, and ordering document 863, or via www.bluecrossma.com/provider; select Administrative Guidelines and Information, then scroll to the Forms section.

Provider website ▶▶▶

www.bluecrossma.com/provider

Fax-on-Demand ▶▶▶

▶ *Fax-on-Demand is a telephonic fax-back system where you call in, punch in your fax number and the documents you'd like to receive, and receive a fax with those documents within 10-15 minutes.*

Call Fax-on-Demand at 1-888-633-7654 and request document:

- **411:** *Directory of Documents*
- **663:** *Ancillary Professional Update Form*
- **743:** *Claim Reject Messages and How to Correct Them*
- **863:** *Ancillary Professional Update Form*
- **868:** *Prescreening Form for Ancillary Professional Providers*
- **880:** *Ancillary and Behavioral Health Provider Non-Covered Service Waiver Form*

Log in and Learn ▶▶▶

▶ *To learn more about how to do business with BCBSMA, try the Internet! Log in with your name, organization, and provider number and the audio-visual presentations will load automatically.*

- ***Tools for Doing Business with BCBSMA***
BCBSMA has several tools available to make doing business with us faster and easier. To learn about these tools online go to:
www.brainshark.com/bcbsma/tools
- ***Electronic Technologies***
To learn what electronic technologies are available and which technologies provide you with what information, go to:
www.brainshark.com/bcbsma/technology
- ***HIPAA***
To learn more about the Health Insurance Portability and Accountability Act, go to:
www.brainshark.com/bcbsma/HIPAAprofessional



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Technology ▶ ▶ ▶

▶ **Online Services is BCBSMA's Internet-based, self-service tool that allows you to quickly and easily perform many administrative transactions by utilizing WebMD Office®.*

▶ *As part of our Online Services program, BCBSMA has sponsored your enrollment fee. There will be no charge for transactions that you perform with BCBSMA or any other payer who has an agreement with WebMD Office®.*

▶ *To register, call WebMD® at 1-877-469-3263 and give the promotional code P1BCBSMA03. WebMD will send a welcome letter with your User ID and password.*

Technology	Eligibility	Referral/ Authorization	Claims Submission	Claim Status	Claims Adjustment Requests
Online Services*	Yes	Yes	No	Yes	Yes
HealthWire®	No	No	Yes	No	No
The Point-of-Service (POS) Device	Yes	Yes	No	Yes	No
InfoDial® (for BCBSMA members only)	Yes	Yes	Yes (when BCBSMA is the primary payer)	Yes	No
A direct connection with BCBSMA (HIPAA standard transactions)	Yes	Yes	Yes	Yes	No

Contact BCBSMA ▶ ▶ ▶

For non-claims related issues (e.g., meeting requests, contract, billing, or medical policy questions) contact your Ancillary Provider Relations Manager:

Meghan Morrissey
 Ancillary Provider Relations Manager
 Blue Cross Blue Shield of MA
 Landmark Center, 401 Park Drive, MS 01/08
 Boston, MA 02215
 Phone: 1-800-316-BLUE (2583) ext. 64316
 Fax: (617) 246-4630
 Meghan.Morrissey@bcbsma.com



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Contact BCBSMA, continued ▶ ▶ ▶

How to enter letters in the telephone:
You'll need to convert the alpha prefixes of your provider number to digits before calling. This is the same as the InfoDial[®] conversion chart.

For this letter:	Enter:	For this letter:	Enter:
A	*21	N	*62
B	*22	O	*63
C	*23	P	*71
D	*31	Q	*11
E	*32	R	*72
F	*33	S	*73
G	*41	T	*81
H	*42	U	*82
I	*43	V	*83
J	*51	W	*91
K	*52	X	*92
L	*53	Y	*93
M	*61	Z	*12

*Example: If your provider number is OT1234, enter *63*811234*

- **For benefits, eligibility, and claims-related issues:**
 Call Ancillary Provider Services at **1-800-451-8124**. You will need to enter your provider number and member ID number when calling. You'll need to convert the alpha prefix of your provider number to digits using the table at left before calling.
- **For questions about the authorization process:**
 Call Clinical Coordination at **1-800-327-6716**
- **For questions about billing BCBSMA for claims related to accidental injuries covered by other insurers:**
 Call Third Party Liability at **1-800-444-6502**
- **For questions about electronic technologies:**
 Call WebMD[®] at **1-800-266-2206**, Option 1 for sales and product information