Blue Cross Blue Shield of Massachusetts
Chiropractic Services Authorization Program

At Blue Cross Blue Shield of Massachusetts, our highest priority is to make quality health care affordable. As part of these ongoing efforts, some of our health plans require authorization for more than 12 chiropractic visits within a calendar year. We are collaborating with Healthways WholeHealth Networks on this program to help promote quality care through the appropriate use of chiropractic services.

To receive care, services must be medically necessary as outlined in your Subscriber Certificate or Summary of Benefits. Your Subscriber Certificate or Summary of Benefits may also include a limit on the number of visits covered by your plan.

The Authorization Process Will Depend on Your Plan

PPO Plans

As of January 1, 2012, you will need to obtain an authorization for medically necessary chiropractic visits beyond 12 in a calendar year if you are a member in one of the PPO plans below:

• Blue Care Elect℠
• Preferred Blue PPO℠
• Advantage Blue®

If you are a member of one of these PPO plans, please note that in 2012 your chiropractic visits will be counted beginning on January 1st. The authorization applies to services from an in-network or an out-of-network chiropractic provider.

Either you or your provider can complete the authorization request process, but you are ultimately responsible for requesting authorization prior to the 13th visit. If your provider agrees to request authorization on your behalf, he or she will need to contact Healthways WholeHealth Networks and follow the authorization request process.

If your provider chooses not to request authorization for you, you will need to request authorization on your own behalf. To do so, please call the “pre-authorization” phone number on the back of your member ID card. Follow the prompts for “chiropractic services,” and you will be given information on how to contact Healthways WholeHealth Networks. You will also be given instructions for completing the authorization request process, including what information you will need to submit.

1. Excluding Medicare Advantage and Federal Employee Program (FEP).
2. Currently does not apply to our PPO members residing in Rhode Island.
3. You will require an authorization only if your account has opted-in to the program. You can validate this requirement by reviewing your plan literature for details or by calling Member Service at the number on the front of your member ID card.

—continued
HMO/POS New England Managed Care Plans
Your chiropractor is required to obtain authorization for medically necessary visits beyond 12 in a calendar year in order to be reimbursed by Blue Cross Blue Shield of Massachusetts if you are a member of one of our HMO/POS New England managed care plans listed below:

• HMO Blue New England™
• Network Blue® New England
• Access Blue℠ New England
• Blue Choice New England℠4
• Blue Choice New England Plan 24

Prior to the 13th visit, the chiropractor is required to submit information to Healthways WholeHealth Networks about your treatment plan. This information will include your score on a survey known as a Functional Rating Index score, which is used to understand your current condition and level of pain.

Authorization Request Outcomes
Authorization for treatment will be granted if the services meet the clinical criteria that were developed in accordance with nationally accepted standards for medical necessity. If the request for additional visits is initially deemed medically unnecessary, there are provider and member appeals procedures available. Please be assured that Healthways WholeHealth Networks will treat your personal information in accordance with Blue Cross Blue Shield of Massachusetts privacy policy.

If you have any questions about your benefits or chiropractic services coverage, please contact Member Service at the number on the front of your member ID card.

4. For Blue Choice members, authorization is not required if using the self-referred benefit.