Payment Policy

Chiropractic Care	
Original effect date:	Revision date:
04/08/2015	01/01/2023

IMPORTANT INFORMATION

Blue Shield of California payment policy may follow industry standard recommendations from various sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), Current Procedural Terminology (CPT) and/or other professional organizations and societies for individual provider scope of practice or other coding guidelines. The above referenced payment policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms or their electronic equivalent. This payment policy is intended to serve as a general overview and does not address every aspect of the claims reimbursement methodology. This information is intended to serve only as a general reference regarding Blue Shield's payment policy and is not intended to address every facet of a reimbursement situation. Blue Shield of California may use sound discretion in interpreting and applying this policy to health care services provided in a particular case. Furthermore, the policy does not address all payment attributes related to reimbursement for health care services provided to a member. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy such as coding methodology, industry-standard reimbursement logic, regulatory/legislative requirements, benefit design, medical and drug policies. Coverage is subject to the terms, conditions and limitation of an individual member's programs benefits.

Application

Blue Shield of California's Chiropractic Care Payment Policy will apply to professional services performed by a Chiropractor that are within her/his scope of license as defined by the State of California.

Policy

This payment policy shall apply to the following services, when allowable:

- Effective 12/01/2017, Blue Shield of California will pay the Evaluation and Management Services (99050-99499) that are within the scope of licensure, as per the updated Fee Schedule Rates.

- 100% of the Blue Shield of California published Physician Fee Schedule for radiology services within scope of licensure, except for radiology services that are subject to the Multiple Procedure Reduction for Radiology policy.

- 100% of the Blue Shield of California published Physician Fee Schedule for medical supplies within scope of licensure.

- 75% of the Blue Shield of California published Physician Fee Schedule for the initial service of: strapping[1,2], splinting, or other procedures, and 37.5% for the subsequent strapping, splinting and/or other procedures performed on a different body area on the same day within the scope of licensure.

- For Physical Therapy, Electrical Stimulation, and Chiropractic Manipulation, please refer to the Physical Medicine Payment Policy[3].

Note:

1. When the purpose of strapping or splinting is immobilization, then the strapping codes (29200, 29240, 29260, 29280, 29520, 29530, 29540, 29550, 29580, or 29799) may be appropriate; as those codes describe the use of a strap or other reinforced material applied post-fracture or other injury to immobilize the joint.

2. The strapping codes when used for Kinesiology Taping to increase mobility (for improving strength, range of motion, and coordination); are considered bundled, as they are inclusive to the therapy codes.

3. Physical Medicine Multiple Procedure Payment Reduction Payment Policy – Multiple Procedure Payment Reduction (MPPR) will apply as published for all physical therapy, electrical stimulation, and chiropractic manipulation services.

Procedure Unit	Percentage of Reimbursement
First unit with highest Relative Value Units (RVUs)	100% of allowed amount
Second unit with the next highest RVUs	85% of allowed amount
Third unit with the next highest RVUs	40% of allowed amount
Fourth unit with the next highest RVUs	40% of allowed amount
Fifth and subsequent procedure units	10% of allowed amount

Rationale

Blue Shield Multiple Procedure Payment Reduction policy applies to all the codes in the Physical Medicine section of the Current Procedural Terminology - AMA code book. Additionally, subsequent services do not require the same relative effort and are therefore paid as a percentage of the Blue Shield of California Physician Fee Schedule.

Reimbursement Guideline

Blue Shield of California will reference national or regional industry standards, such as Centers for Medicare & Medicaid Services' (CMS) National Correct Coding Initiative (NCCI) and MUE (Medically Unlikely Edits) rules, and American Medical Association's (AMA) CPT guidelines, as coding standards and as guidance for payment policy. In

claims payment scenarios where CMS and/or CPT reference is lacking or insufficient, the Payment Policy Committee (PPC) may develop customized payment policies that are based on other accepted or analogous industry payment standards and or expert input.

Resources:
• **American Medical Association**   **https://www.ama-assn.org/ama**   • **Centers for Medicare & Medicaid Services**   **https://www.cms.gov/**

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Payment Policy.

Effective Date	Action	Reason
04/08/2015	New Policy Adoption	Payment Policy Committee
01/01/2016	Maintenance	Payment Policy Committee
06/01/2016	Maintenance	Payment Policy Committee
06/15/2016	Maintenance	Payment Policy Committee
01/01/2017	Formatting Revision	Payment Policy Committee
07/08/2017	Formatting Revision	Payment Policy Committee
12/01/2017	Maintenance	Payment Policy Committee
08/03/2018	Maintenance	Payment Policy Committee
01/01/2023	Added strapping codes 29550, 29580	Payment Policy Maintenance

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under an enrollee's contract.

These Policies are subject to change as new information becomes available.