

TODAY'S MESSAGE

ATTENTION DOCTORS OF CHIROPRACTIC

REMINDER: INCLUDE CMS-REQUIRED CODING ON CLAIMS FOR MEDICARE ADVANTAGE PATIENTS

DOCUMENT PRIMARY SUBLUXATION AND SECONDARY NEUROMUSCULOSKELETAL DIAGNOSIS CODES

The Centers for Medicare and Medicaid Services (CMS) requires the inclusion of certain diagnosis codes on claims for chiropractic services provided to Medicare Advantage patients. To ensure expedited processing of authorization requests submitted through the Highmark Physical Medicine Management Program as well as timely claims processing for chiropractic services provided to Medicare Advantage patients, Doctors of Chiropractic are reminded to include the appropriate ICD-9 spinal subluxation diagnosis code (739.x) as primary and a secondary neuromusculoskeletal diagnosis code, as outlined in Medicare Advantage Medical Policy Z-6.

You can review this and other medical policies through the Medical Policy search on the Provider Resource Center. Go to *Medical & Claims Payment Guidelines* and select *Medical Policy*.