

## Frequently Asked Questions (FAQs)

**1. Where do I find all the chiropractic practice guidelines?**

A: [www.bcbsks.com/customerservice/Providers/Publications/professional/manuals/pdf/BPMappB\\_Chiro.pdf](http://www.bcbsks.com/customerservice/Providers/Publications/professional/manuals/pdf/BPMappB_Chiro.pdf)

**2. Whom should I contact for questions regarding chiropractic guidelines?**

A: Contact your BCBSKS professional provider representative. For information, see the [map](#) and [contact information](#) at the end of this document.

**3. May I bill an exam and adjustment on the initial visit with a patient who has BCBSKS?**

A: Yes, new patient E&M visits and CMT can be billed on the same day when there is documentation to support a separate and identifiable service and medical need is justified for the E&M and CMT.

**4. On a re-examination can adjustment and examination be jointly billed?**

A: Yes, however, there will only be payment for the adjustment on that date of service. Per Appendix B, Chiropractic Guidelines, E & M codes should not be billed in conjunction with any manipulations. With respect to re-exams every 30 days, the medical necessity for a re-exam depends on the patient's condition and response to treatment.

**5. Are goals necessary in each patient's record?**

A: Yes, each patient should have measurable and functional goals. Goals should be patient specific and reviewed at every visit. Documentation should support progress towards these goals by providing measurable physical findings. For example, "Return patient to pre injury status" and "decrease pain" are not measurable functional goals.

**6. What are the expectations for diagnosis?**

A: The diagnosis should be consistent with the patient's chief complaint and the objective findings on examination.

**7. Can chiropractic assistants perform X-rays and be a covered service?**

A: Yes, as long as the chiropractic assistant is properly trained.

**8. If a chiropractic assistant performs modalities will it be reimbursed by BCBSKS?**

A: No, a CA is not a licensed provider in Kansas. BCBSKS only contracts with licensed providers. The licensed provider is the only one that can perform a modality and it be considered for reimbursement by BCBSKS.

**9. What is the definition of maintenance care?**

A: Maintenance care consists of activities that preserve the patient's present level of function and prevents regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved, or when no additional functional progress is apparent or expected to occur.

## 10. How do I properly authenticate my daily SOAP note?

A: *The standard note taking system is an Electrical Healthcare Records EHR. Each software system has a different and unique way of signing/authenticating the daily record. It is the provider's responsibility to learn how to properly authenticate a record with the EHR they are utilizing.*

*Signature Requirements -- In the content of health records, each entry must be authenticated by the author. Authentication is the process of providing proof of the authorship signifying knowledge, approval, acceptance or obligation of the documentation in the health record, whether maintained in a paper or electronic format accomplished with a handwritten or electronic signature. Individuals providing care for the patient are responsible for documenting the care. The documentation must reflect who performed the service.*

*The handwritten signature must be legible and contain at least the first initial and full last name along with credentials and date. A typed or printed name must be accompanied by a handwritten signature or initials with credentials and date. An electronic signature is a unique personal identifier such as a unique code, biometric, or password entered by the author of the electronic medical record (EMR) or electronic health record (EHR) via electronic means, and is automatically and permanently attached to the document when created including the author's first and last name, with credentials, with automatic dating and time stamping of the entry. After the entry is electronically signed, the text-editing feature should not be available for amending the documentation without an addendum/amended audit log showing the update(s) with signature, date and time stamp of the addendum. Example of an electronically signed signature: "Electronically signed by John Doe, M.D. on MM/DD/YYYY at XX:XX A.M."*

## 11. What parts of the body qualify to bill a 98943?

A: *In order to bill 98943 it must be medically necessary and substantiated in the documentation. The patient must have an extremity complaint, objective findings with a diagnosis and be part of the treatment plan. Areas that qualify to bill a 98943;*

- » *Head; All manipulations performed to the head, including the TMJ, **EXCLUDING** the atlanto- occipital joint*
- » *Lower Extremities; All manipulations performed to the hip, leg, knee ankle and foot*
- » *Upper Extremities; All manipulations performed to shoulder, arm, wrist and hand*
- » *Rib Cage; All manipulations performed to the **ANTERIOR** rib cage/costosternal junction. **NOT** the posterior Costovertebral joint.*

## 12. Is it okay to bill the spine and extremities on the same visit?

A: *Your billing should reflect the medical necessity of care. Billing is not based on technique or philosophy. In order to bill 98943 and any spinal CMT code it must be **MEDICALLY NECESSARY** to treat regions of the spine and extremities on the same visit.*

*Example: If activator protocol requires the adjustment of 5 regions of the spine and sometimes an extremity but the patient only has one spinal complaint it is only appropriate to bill for the treatment that is directly related to the chief complaint, 98940.*

**13. Who reviews my Chiropractic notes? What are their credentials? Are they in active practice?**

*A: BCBSKS uses licensed practicing Board Certified Chiropractic Consultants.*

**14. What is the benefit going forward for the DCs of Kansas to sign up for SpinelQ?**

*A: BCBSKS began paying QBRP incentives for multiple specialties in 2018 for submission of clinical data to a CMS approved data registry. The initial stage in 2018 involves payment for reporting only. Ideally, in subsequent years, as additional data is collected and analyzed, providers will be reimbursed more for quality performance based on the metrics developed to measure clinical quality. In addition, clinical data submission provides valuable research for the chiropractic profession and should be embraced as an important professional responsibility.*

**15. When should I use the Limited Patient Waiver?**

*A: The Limited Patient Waiver should be used when a patient is seeking care that may be considered Not Medically Necessary (like Maintenance Care) or maybe a service that is considered Experimental/Investigational (E/I). Provider should use a GA modifier and keep a copy of the waiver in the patient's chart. It is date of service specific.*

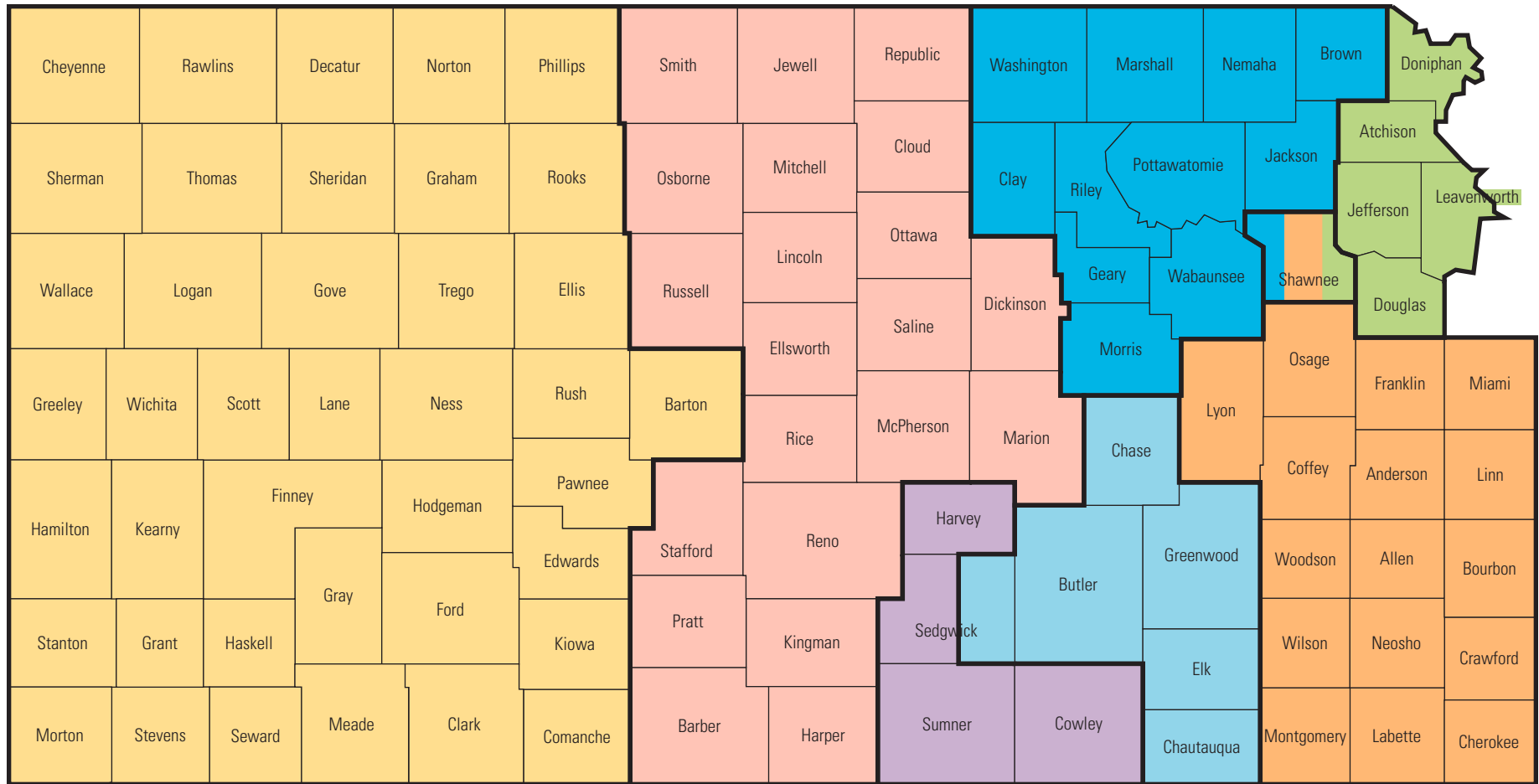
1. Limited Patient Waiver: [https://www.bcbsks.com/CustomService/Forms/pdf/15-169\\_limited\\_pat\\_waiver.pdf](https://www.bcbsks.com/CustomService/Forms/pdf/15-169_limited_pat_waiver.pdf)
2. Maintenance Care: Page B-12  
[https://www.bcbsks.com/CustomService/Providers/Publications/professional/manuals/pdf/BPMappB\\_Chiro.pdf](https://www.bcbsks.com/CustomService/Providers/Publications/professional/manuals/pdf/BPMappB_Chiro.pdf)

**16. How does BCBSKS process low back x-rays?**

*A: In the absence of red flags, there would be a lack of evidence-based support for the use of spinal imaging for patients with acute back pain of less than six-weeks duration. Red flags include history of cancer, fracture, or suspected fracture based on clinical history, progressive neurologic symptoms and infection, as well as conditions that potentially preclude a dynamic thrust to the spine, such as osteopenia, osteoporosis, axial spondyloarthritis, and tumors. Unnecessary imaging incurs monetary costs, exposes the patient to ionizing radiation, and can result in labeling patients with conditions that are not clinically meaningful, creating a false sense of vulnerability and disability. Indeed, several studies have shown the routine use of radiographs in the care of low-back pain may result in worse outcomes than without their use.*

**17. What does BCBSKS consider Red Flag items?**

*A: A list of Red Flag items are listed (but not necessarily all-inclusive) in the Chiropractic Guideline manual. Page B-13  
[https://www.bcbsks.com/CustomService/Providers/Publications/professional/manuals/pdf/BPMappB\\_Chiro.pdf](https://www.bcbsks.com/CustomService/Providers/Publications/professional/manuals/pdf/BPMappB_Chiro.pdf)*



MD, DO, DPM, DC, DDS, PA, APRN, CRNA, LSCSW, PHD, OD, OOD, OSAF, CCC-SLP (speech), OTR, RPT

- Gwen Nelson – Topeka – Rep. Code C
- Vickie Kloxin – Wichita – Rep. Code M
- Kyle Abbott – Wichita – Rep. Code P
- Jennie Fellers-Morgan – Dodge City – Rep. Code R

- Debra Meisenheimer – Hutchinson – Rep. Code K
- Christie Mugler – Topeka – Rep. Code Z
- Darin Fieger – Topeka – Rep. Code D

Pharmacy and Infusion Therapy

Ken Mishler, PharmD, MBA – Topeka – Rep. Code B

CCC-A (AUD), Hearing Aid Dispenser (HAD), HME, Orthotists, Private Duty Nurses, Prosthetists, Sleep Labs (SLAB), AMB

Jennifer Falk – Topeka – Rep. Code V



[bcbsks.com](http://bcbsks.com)

## I. Important Contract Information

### Who to Call

Questions Professional Relations will answer:

1. Instruct providers on the correct method of completing a CMS 1500 claim form.
2. Answer questions about CPT, HCPCS and ICD-10 coding.
3. Clarify newsletter information.
4. Answer provider contract, policy and procedure questions.
5. We accept written notice of any changes that affect the provider file.
6. Distribute Charge Comparisons upon provider request.
7. Send out contracting packets to Kansas providers who have recently started practicing, had a status change, or have recently had a tax identification number change.
8. Research provider issues and follow through with provider education when necessary.
9. Initiate provider credentialing activity.

**Note** — [Click here for a complete list of contact information](#), including Customer Service, OPL, FEP, EDI, and New Directions.

### Forms

BCBSKS has a comprehensive list of forms available for you use including: Electronic funds transfer, Other Party

Liability questionnaire, Provider change of information, Limited Patient Waiver, and more. For a complete listing of forms, please go to:

<http://www.bcbsks.com/CustomerService/Providers/professional/forms.shtml>

## II. Professional Relations contact info

### Topeka

- Doug Scott, Director, (800) 432-0216 ext. 8831 or (785) 291-8831, [doug.scott@bcbsks.com](mailto:doug.scott@bcbsks.com)
- Robyne Goates, Manager, (800) 432-0216 ext. 8206, (785) 291-8206, [robyne.goates@bcbsks.com](mailto:robyne.goates@bcbsks.com)
- Gwen Nelson, (800) 432-0216 ext. 8716, (785) 291-8716, [gwen.nelson@bcbsks.com](mailto:gwen.nelson@bcbsks.com)
- Darin Fieger, (800) 432-0216 ext. 8207, (785) 291-8207, [darin.fieger@bcbsks.com](mailto:darin.fieger@bcbsks.com)
- Christie Mugler, (800) 432-0216 ext. 8651, (785) 291-8651, [christie.mugler@bcbsks.com](mailto:christie.mugler@bcbsks.com)
- Jennifer Falk, (800) 432-0216 ext. 7724, (785) 291-7724, [jennifer.falk@bcbsks.com](mailto:jennifer.falk@bcbsks.com)
- Provider Network Services, (800) 432-3587, (785) 291-4135, option 1 or 3, [prof.relations@bcbsks.com](mailto:prof.relations@bcbsks.com)

## PROFESSIONAL PROVIDER – A guide for professional providers

### **Wichita**

- Kyle Abbott, (800) 432-0216 ext. 1674,  
(316) 269-1674,  
[kyle.abbott@bcbsks.com](mailto:kyle.abbott@bcbsks.com)
- Vickie Kloxin, (800) 432-0216 ext.  
1674, (316) 269-1674,  
[vickie.kloxin@bcbsks.com](mailto:vickie.kloxin@bcbsks.com)

### **Hutchinson**

- Debra Meisenheimer, (620) 663-1313,  
[debra.meisenheimer@bcbsks.com](mailto:debra.meisenheimer@bcbsks.com)

### **Dodge City**

- Jennie Fellers-Morgan, (620) 225-  
0884, [jennie.fellers-  
morgan@bcbsks.com](mailto:jennie.fellers-morgan@bcbsks.com)