



CERTIFICATION FOR CHIROPRACTIC VISITS

For Customer Service, call toll-free 1-844-594-6010.

Please verify the member's benefits prior to submission of review request.

Patient Information section containing fields for First Name, Middle Initial, Last Name, Date of Birth, Contract Number, Group Number, and Precertification Request Date.

Physician Resources section containing fields for Physician First Name, Middle Initial, Last Name, National Provider Identifier (NPI), Address, City, State, Zip, Office Contact, Office Telephone, Fax Number, Primary ICD-9* Code, Onset Date, Secondary ICD-9* Code, and Onset Date.

Diagnosis Information section containing a question about previous chiropractic care, a date field, and a list of conditions or complicating factors.

List all dates of service for the current calendar year. A grid with 24 numbered boxes for listing dates.

Certification Information section divided into Initial Certification and Additional Certification, each with a list of checkboxes for required documentation and information.

*International Classification of Diseases – Ninth Revision (ICD-9)

Submission Instructions section with a bolded instruction to fax the form to 205-402-9292.