

Save money on chiropractic care



When you need chiropractic care, you can save on out-of-pocket costs by using American Specialty Health (ASH) as part of your Anthem Blue Cross (Anthem) plan. ASH is a national health services organization that manages chiropractic and health and wellness provider networks. The ASH network has over 4,000 providers, and serves more than 32 million members nationwide.

New chiropractic benefit for Small Group HMO members

- \$15 copay/30 visits
- No referrals required

Choose an in-network provider and save

When searching for a chiropractor, you'll save money by choosing one who is in the ASH network. To view

 a list of chiropractors in the ASH network, go to [anthem.com/ca](https://www.anthem.com/ca) and choose Find Care.

Frequently asked questions about claims

Who is responsible for ensuring care is medically necessary?

Your chiropractic care must be determined as “medically necessary” to be covered.

ASH processes claims and reviews them to make sure services are medically necessary. You will receive explanation of benefits forms and letters about medical necessity directly from ASH.

If you use an in-network chiropractor – Chiropractors should get approval from ASH to make sure care is medically necessary before they provide that care. They can send claims directly to ASH. You aren’t responsible for the cost of a denied claim, so it’s important that ASH gives their approval before you receive care. This authorization is needed for the chiropractor to be paid.

How long does a claim review take?

For recent treatments, ASH will review right away. But if the treatment was performed long ago, ASH will review it within 30 days.

How can I find a chiropractor?

Go to [anthem.com/ca](https://www.anthem.com/ca) to find a chiropractor in your health plan network, or call the Member Services number on the back of your member ID card. If in-network providers are not located near where you live or work, we’ll work with ASH to find a provider close to you (on a case-by-case basis).

What if I need more care than my benefits allow?

ASH will review the type and amount of care before it is given to determine if it’s medically necessary. Without a preapproval review, services may not be covered. Chiropractors should call ASH to ask for a preapproval review, or you can call the Member Services number on the back of your ID card.

What if I have Medicare or another health plan?

We will process your claims when Medicare or any other health plan is your primary insurance carrier.

Do other nonchiropractic providers follow this process if they offer chiropractic services?

No, Anthem will review and process all claims for them – not ASH.

What if a claim is sent to Anthem by mistake?

We will reject the claim and send it back to the chiropractor.

What if the claim is for a service performed outside of California?

Chiropractors need to send claims to their local Blue plan.

How can I appeal a claim or file a grievance?

Follow the process on the back of your explanation of benefits or medical necessity letter that ASH provided to you.

Who should chiropractors call about a claim?

They should call ASH directly at **800-972-4226**.

We are here if you or your provider have questions

Our Member Services team can help you and call ASH, if needed. You can also view your claims at [anthem.com/ca](https://www.anthem.com/ca). Call the Member Services number on the back of your ID card if you have questions.

