

# Provider Bulletin

**Control Number:** 031824

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**Date:** March 18, 2024

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**Subject:** ILWU-PMA Welfare Plan Chiropractic Claims Medical Review For Washington and Oregon Chiropractors

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First Choice Health (FCH) is sending the attached notification applicable to all Washington and Oregon contracted chiropractic providers that treat ILWU-PMA Welfare Plan Participants. If your practice has previously treated ILWU-PMA Welfare Plan Participants, you should have already received this notification in October 2023 directly from ILWU-PMA Benefit Plans Office.

The attached letter provides important and detailed information regarding medical necessity review for chiropractic claims for the ILWU-PMA Welfare Plan. Please be advised that certain claims submitted for ILWU-PMA Welfare Plan Participants require medical necessity review that is performed by Innovative Care Management (ICM) and medical records may be required to complete each review. Failure to provide medical records may result in denied claims.

The ILWU-PMA Welfare Plan has indicated that there is no patient responsible in the form of co-payments, co-insurance and deductibles for chiropractic services. This bulletin is also a reminder of the FCH policy regarding collecting funds at the time of services. Providers are only permitted to collect office co-payments or co-insurance, deductibles and for non-covered services at the time of service as long as the provider first verifies any outstanding patient responsibility or verifies that services are non-covered with the payor. In no event may the provider bill or collect a deposit from participants with the exception of co-payments or co-insurance, deductibles and for non-covered services. Providing chiropractic services in excess of the Plan's annual maximum limit and not medically necessary services are considered non-covered services.

If you have further questions regarding collecting funds at the time of service or any other FCHN policies, please refer to the Provider Manual located on the FCHN website: [FCH Forms & Resources](#).

If you have any questions about the medical review process or any prior unpaid claims for ILWU-PMA Welfare Plan Participants, please contact Zenith-American Solutions at 800-955-7376. If you have any questions regarding the content of this bulletin, please email [ProviderRelations@fchn.com](mailto:ProviderRelations@fchn.com).

# ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union –  
Pacific Maritime Association [www.benefitplans.org](http://www.benefitplans.org)

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ILWU-PMA Pension Plan  
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

October 26, 2023

## **Important Notice Regarding ILWU-PMA Welfare Plan Chiropractic Claims Medical Review**

**To: Chiropractic Providers Treating ILWU-PMA Welfare Plan Participants**

**Subject: ILWU-PMA Welfare Plan – Medical Review of Chiropractic Claims**

Effective August 31, 2023, medical necessity reviews of chiropractic claims for the ILWU-PMA Welfare Plan will be provided by Innovative Care Management (ICM), applying evidence-based guidelines consistent with ILWU-PMA Welfare Plan Terms.

When a claim for chiropractic treatment requires medical necessity review, you will receive an Explanation of Payment (EOP) that indicates this with the code "ICMCHIREV" and a request to submit additional information, including medical records.

When additional information and medical records are requested, the information must be provided by fax to 503-386-3330, secure email to [ILWUPMAChiro@innovativecare.com](mailto:ILWUPMAChiro@innovativecare.com), or via mail to ICM, PO Box 22386, Portland, OR 97269.

Necessary medical records may include a description of the member's problem or symptoms, the results of any test or other procedures that are related to this claim, any relevant family history, the initial treatment date for this condition, the most recent re-evaluation date, how the requested service will be used to provide medical care to the member, prior management medications with dose and duration, and any other clinical information that is appropriate to substantiate medical necessity for the treatment(s) provided.

Please also be sure to include with the medical records information sufficient to identify the member and the claim for which the submission is being made. The patient's name (first and last) should be included in the submission along with the patient's date of birth, claim number, member's Participant ID, and date(s) of service.

**Failure to submit medical records will result in denial of the claim. Do NOT submit medical records prior to receiving an Explanation of Payment (EOP) with the ICMCHREV remark code as not all claims will require medical necessity review.**

ICM will also be providing voluntary pre-certification for chiropractic benefits. If you would like to determine whether a procedure or treatment is covered under the terms of the plan, or if an alternative service is recommended, contact ICM at 866-275-1014, Monday through Friday, 7:00 AM to 5:00 PM Pacific time. **This program is voluntary and not mandatory.**