



Opening Minds, Hands, & Hearts

Chiropractic Success Systems™
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SPRING WORKSHOP SCHEDULE

All seminars will be on Thursdays, and will be held at the Foster City Courtyard.

Practice Building Basics

April 28, 2005 9:00-4:30

Insurance Basics

May 5, 2005 8:30-5:30

Cash Basics & Advanced Collections

May 19, 2005 9:00-4:00

Codes, Fees & EOBs

May 26, 2005 9:00-1:00



*Dates, times, and locations are subject to change without notice.

GENERAL ANNOUNCEMENTS

April 16 and 17, 2005: Join me in Texas at the Karl Parker Seminars. Saturday is a full day relicensing class on billing and collections and Sunday focuses on front desk procedures to make your practice grow.

July 17, 2005: "Team Building" will appear in Dynamic Chiropractic. Build a strong team and enjoy a strong practice.

Spring is here and a welcome sight it is. I hope that you are warming up and getting out and enjoying the new life and freshness that spring brings. As with the seasons in nature, there are always changes in our industry, too, and I would just like to remind those of you not in sunny California that much of the information in this newsletter applies to you, but there may be some that does not apply in your state. Enjoy!

MEDICARE

- **Advanced Beneficiary Notices:** When do you have the patient sign this form? It could be on their first visit to your office or any other time during the course of their care in your office. If I hear that Medicare only covers 12 visits one more time, I'll..... You are required to have the patient sign this form prior to any chiropractic spinal treatments you have reason to believe that Medicare will most likely deny as not reasonable and or medically necessary according to Medicare guidelines. If you have not already read the "Chiropractic Service Billing Guide" you need to read it now! Get yours at www.medicarenhic.com if you are in California or a New England state.

- **CERT:** Means "Comprehensive Error Rate Testing". Medicare has hired AdvanceMed to audit accounts/files. If you receive a request from AdvanceMed for copies of your Medicare patient's records, review them carefully and be sure that you documentation is impeccable. (The "Chiropractic Service Billing Guide" will explain what your records must contain.) Most importantly send them what they are requesting and within the time frame stated or it may be assumed that you did not provide the services and this could lead to refunds.

WORKERS' COMPENSATION

New PR-2, PR-3, and PR-4:

- The PR-2 has been revised. The grey section at the top now include these boxes: "Response to request for information", "Request for authorization", "Released from care" and there are several other minor changes to the form.

- The PR-3 is now used only for patients that were declared Permanent and Stationary in 2004 and prepared pursuant to the 1997 Permanent Disability Rating Schedule.

- The PR-4 is used for patients who are declared Permanent and Stationary in 2005 and are prepared pursuant to the 2005 Permanent Disability Rating Schedule and the AMA Guides to the Evaluation of Permanent Impairment (5th Ed.). Obtain copies of these new forms at www.dir.ca.gov/dwc.

CODING

- **HCPCS:** Lumbar and sacroiliac support codes have been changed. Codes L0500 through L0620 have been deleted and replaced with "Temporary K Codes". You can find these codes in your 2005 HCPCS code books or send me an email and I will send them to you.

- **ICD-9:** If you are using the "E" Codes (Supplemental Classification of External Causes of Injury or Poisoning) please note that they are now a total of 5 characters, the E plus three number followed by a fourth digit.

PRACTICE TIP

Superbills as we know them (the 2 or 3 part NCR forms) are OUT! Use your CMS-1500 form when the patient needs an itemized statement to send to their insurance carrier for reimbursement. The advantages to using the CMS form are as follows:

- When you enter the entire patient and insurance data the patient can submit it to the carrier without any attachments.

- Reimbursement is made faster. If the patient has paid for their visit on a credit card they will usually received their reimbursement in time to pay off the credit card charge.

- It seems just when you are about 1/2 way through your pile of NCR forms the codes change and you have to hand write the procedure codes on the forms. Not so with the CMS form because you will have all the current codes in your computer.

Remember to leave box #13 BLANK. This tells the insurance carrier to pay the patient directly.

Also remember to give the patient 2, that is TWO copies, 1 for the insurance carrier and 1 for their records.

