



Opening Minds, Hands, & Hearts

Chiropractic Success Systems™

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SPRING SEMINAR SCHEDULE

Coming to Los Angeles May 2-3, 2008 at the Four Points Sheraton at LAX

Intensive Billing & Collections Systems for 2008*

May 2-3, 2008

8:30-4:30

both days*

*This is a two day seminar.

There is no discount for taking one day only.

Registration begins 3/21/08. You can find a registration form at

www.chiropracticsuccesssystems.com

The next complete series will be offered in September/October 2008 in Northern California.

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



GENERAL INSURANCE

• **51 Modifier** Apparently, some insurance carriers are once again denying the 98943 when performed on the same visit as a 98940, 98941 or 98942. When questioned, they have stated that the 98943 requires a modifier. If this happens to you, you might consider placing the modifier -51 with the 98943. The 2008 CPT book specifically states that this is not required for physical medicine but some carriers just don't get it and if adding the modifier makes the difference between getting paid immediately or experiencing a delay, you decide which you want to do.

2008 CPT states the following: "51 Multiple Procedures: When multiple procedure, other than E/M services, physical medicine and rehabilitation services, or provision of supplies (eg, vaccine), are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated add-on codes (see Appendix D)." (Revised 1/1/08)

NATIONAL MEDICARE

• **March 1st Is a Critical Date** As of this date Medicare will reject any fee-for-service claims that do not contain your NPI number.

• **Effective May 23, 2008** claims must be submitted using NPI *only* in all provider fields on the claim. Legacy numbers may not be used.

• **MUST READ ARTICLE** "Addressing Misinformation Regarding Chiropractic Services and Medicare." The MLN Matters Number SE0749 article provides correct data in response to these seven mistruths:

1. Visit caps
2. Non-participating providers
3. Audits
4. Opting-out of Medicare
5. Advance Beneficiary Notification (ABN)
6. Maintenance care
7. Documentation requirements for different providers.

This article can be found at www.cms.hhs.gov/MLNMattersArticles/downloads/SE0749.pdf

• **New ABN is now available** Although you are not required to use it until September 2008 you can start using it now. The new form can be found at www.cms.hhs.gov/BNI/Downloads/CMSR131L.pdf

PERSONAL INJURIES

Chiropractic attorney Shawn Steel's recent PI Email Alert declares "**Auto Club sued for cheating on med-pay and loses!**" Palermo vs. Auto Club of Southern California. His article goes on to state, "Mitchell Medical was hired by Auto Club to 'review' doctor fees. Auto Club would send an EOB to the doctor explaining why they were cutting the fee. But it was the actual vendor Mitchell Medical who did the actual reviewing, by using a "computer software program.". Specifically MM claimed payment was based on the provider's geographic region" . . . But MM didn't play fair. MM approved claims at "predetermined" levels.

Mr. Steel also stated that 21st Century was also charged with not paying med pay to doctors. If you were underpaid for your patients' med pay by 21st Century in the last seven years you might qualify to be a member of the Class Action lawsuit. To find out more, please contact John Tawlain at (310) 697-9000.

PRACTICE TIP– Correct Coding and

Billing for Supports and Supplies—I can't begin to tell you how many practices I visit that are selling patients supports and supplies and not billing the patients' insurance. When asked why, they state that the insurance "doesn't cover them." In part that may be true; I rarely receive payment for nutritional supplements, but I do receive payment for other items when they are a plan benefit and are medically necessary. The following is a very small list of some of the frequently sold items and the HCPCS code.

A9150	Nonprescription drug
A9300	Exercise equipment
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories
E0215	Electric heat pad, moist
E0230	Ice cap or collar
E0238	Nonelectric heat pad, moist
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each.

Try billing for these items and you may be pleasantly surprised to see that they are reimbursable.