

Dear Doctors and Staff, ^{Why} do I

keep talking about **Medicare**? I know for most of you, it is not the majority of your practice. But if you accept even <u>one</u> Medicare patient, you must be prepared to handle it correctly. Medicare requires that all <u>covered services</u> be billed to Medicare by the provider. Covered services means spinal adjustments (98940, 98941, and 98942). A Medicare patient is NOT a cash patient. <u>Chiropractors cannot "optout" of the Medicare program.</u>

If you are treating Medicare patients, you need to be billing Medicare! If you aren't sure, call me — I love questions!

So many changes in Medicare in the past several years! My office, myself and my staff stay informed of the latest changes and are always ready to help you. One change is the **PECOS** online Medicare enrollment system. If you have not submitted a new or corrected Medicare enrollment application within the past 5 years, you are NOT in the PECOS system. I recommend contacting Medicare to verify and then (re) enrolling as soon as you can.

I know Medicare can be confusing. Here are a few

Medicare has posted its rules are online. Email me for a link to the CMS (Medicare) LCD (Local Coverage Determination) for Chiropractic

eadache codes were updated in 2009—do you have a current list? Headaches should be coded as specifically as possible. Continue to use 784.0 (Headache, NOS) and 307.81 (Tension Headache, NOS). For migraines or other headaches, <u>find the</u> <u>5th digit code</u> for 339 (Other Headache) and 346 (Migraine). Call me for a complete list.

tips on avoiding audits:

- 1. Don't use the same treatment code on everyone! Medicare requires that the services you bill for are supported diagnostically. If the patient has complaints in only one area, bill for one area. If there are issues up & down the spine, bill for it—but diagnose it appropriately. You can now send electronic claims to Medicare with up to six diagnoses.
- 2. Use diagnoses from Medicare's <u>approved list</u>. See me if you didn't know there is one.
- 3. <u>Update</u> the patient's condition when there is a change! That means updating the date of injury and the diagnosis, whenever the patient presents with a new condition, or a re-injury of a previous condition. Document it in your treatment notes!!
- 4. If a patient is receiving "maintenance care," as defined by Medicare, you need to bill it that way and use the correct modifier, -GA. Have the patient sign an <u>ABN</u>. Medicare does not pay for maintenance care, and they go by their definition, not yours. Be aware & try to judge each visit. Explain fully to your patients that Medicare does not cover maintenance care visits and that the services won't be reimbursed.
- 5. <u>Call me with your</u> <u>questions</u>.

Joanne Queiroy a/R & Billing Specialist



Need help??? Give me a call today!

MY GOALS

To advise the Chiropractic Doctor in legal, ethical ways to be reimbursed fully for services performed. To employ the highest integrity and honesty while advising Chiropractors and office staff regarding financial issues with patients and insurance companies. To minimize rejected claims by insuring that they are sent out "clean" — without coding errors or missing information, to let no unpaid claim "slip through the cracks," and to utilize electronic billing as much as possible to allow for speedy reimbursement.



I appreciate you taking the time to read this newsletter. If you wish to be removed from this mailing list, simply contact me via email at joanne@chirobill. com or by phone and request that your name be removed.

For those of you who would like more information from me, please do not hesitate to call! I am now available 24/7 for clients or anyone can reach me M-F during regular business hours.

Contact me by phone or email and I will help you with any insurance billing or office procedures questions you might have. I am happy to forward copies of forms and information that I have and I will do this at no charge to you. For more information, don't hesitate to contact me.

ChiroBill Contacts

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Are you ready?

Changes are coming in 2012, including new ICD-10 codes, that will require all electronic submissions to upgrade to a new HIPAA standard format called ANSI 837 5010. Is your software up to date?

ChiroBill—how much does it cost?

7% of collections for accounts handled by us \$75 minimum fee per month

www.chirobill.com

Call and ask for Joanne (925) 706-9884

Small offices welcome!

We submit your claims electronically!
Electronic claims are given priority by insurance companies and get paid 3-4 times faster than paper claims. Best of all, your claim cannot get "lost in the mail!"

Maximize Electronic Billing

- Experts in ICD-9, CPT, and HCPCS coding.
 - Streamline office procedures. Joanne has over twenty years of Chiropractic insurance billing experience, including 8 years of CA _______experience!



• *Minimize staff turnover, reduce staff training costs, and eliminate software upgrade costs.*