KMC University's
Chronicles
Issue 7 | November 2023

Celebrating Kathy!

Four Decades of Service To Our Profession

(Continued from Part 3…)

https://kmcuniversity.com/kmc-celebrating-40-years-in-chiropractic

Since 2007, Kathy's focus has been on Kathy Mills Chang (KMC), Inc and its training and implementation via KMC University. Leading a team of professionals to deliver cutting edge training and curriculum, Kathy's motivation is to ensure doctors make and keep more money. Through the KMC University online curriculum, training modules, seminars, and materials, the proven and effective KMC reimbursement techniques reside in hundreds of practices around the country. This is the culmination of a vision to bring her own personal brand of expertise to the profession which started way back in 1983.

" I started out on my own with some fear and trepidation. I wasn't sure what I should do when I was contacted by a few state associations and individual doctors to work directly with them. I offered to come to a practice and spend a day or two onsite to analyze and train. This turned out to be a wonderful introduction to what would come.

I developed a database of doctors who had contacted me and started by offering my own webinars here in Colorado along with live webinars in other locations. I allowed doctors to join a mailing list in which they were notified when I was conducting training. Eventually, these trainings were recorded and provided as CDs at my speaking events. I even created a professional coding DVD called Cracking the Code.

As the company grew, we developed memberships for coaching and training on specific topics. We aimed to be an on-demand company that would provide both training and auditing services. As we developed content, we decided to codify this information into an online, subscription-based catalog of training.

During this growth stage I was privileged to be a consultant and advisor to many industry giants like Foot Levelers, BioFreeze, Thera-Band, Future Health Software, ChiroTouch Software and ChiroHealthUSA. Over time, I became a member of these speaker bureaus and continued to speak throughout the profession, including Chiropractic Colleges.

In 2009, in collaboration with my long-time mastermind partner and friend, Bill Esteb, we created a set of Chiropractic Documentation Paperwork. Bill always had an interest in this, but more on the patient side. I could supply the knowledge on the clinical side. This customized paperwork has been purchased by thousands of providers and is still in use in practices today. Although many providers use Electronic Health Records, we incorporate this paperwork into our KMC University training. It aids our coaches in starting with the basics of documentation and allows them to be prompted as to what should be included.

Nodding to our previous memberships, like Safety Net and Community College (2013), in 2015 we launched the KMC University Library Program. This was a subscription to all the content in the Library, with unlimited access and an email HelpDesk. This membership has become the flagship program from which our other programs have evolved. Our coaching programs have morphed into 1-on-1 training, compliance implementation, and on-demand coaching/consultations and analysis.

I decided I wanted to explore additional learning and certifications to represent the knowledge I'd gained. In 2011, I became a Certified Medical Compliance Specialist (MCS-P). In 2015, I became a Certified Chiropractic Professional Coder (CCPC), which at that time there were fewer than 100 in the country. In 2022, I became a Certified Professional Compliance Officer (CPCO).

After speaking at several of the Chiropractic Colleges, I became interested in how I could help with student education. Since then, in 2019 D'Youville College in New York began contracting with us to provide online training for their student business classes. We continue to enjoy this working relationship to this day.

Northeast College of Health Sciences (formerly NYCC) engaged KMC University to assist with compliance training and implementation in their health centers. We have been working with them now for four years helping with HIPAA and OIG compliance. During the pandemic, because of our relationship with NCHS, we were able to quickly deploy additional online training content to assist NCHS with serving their students while they were all working from home. We continue to explore ways we can support their faculty with our online training in documentation, coding, billing, compliance, and finances.

When the FCLB decided to begin a national certification called, Certified Clinical Chiropractic Assistant (CCCA), I was called upon to assist with creating the testing element and cut score. I was certified as a CCCA when it was created and have maintained it since. As of 2023, we are proud to be able to offer a Chiropractic Assistant certification course for those interested in taking the national examination. I've been a strong supporter of the program, assisting with spreading the word about its importance throughout the profession."

40 Years Later

In 2022, KMC University launched a brand-new website and learning management system. All the KMC University content was refreshed and reviewed two years prior to launch. This new platform allows for cleaner tracking of individual users within a clinic or school with the group dashboard feature. And here we are, forty years later and the KMC University Library has:

- Over 40 full training courses and one certification course containing 237 training modules.
- Over 90 Rapid Solutions, which are topic-specific trainings on one concept for quick and easy learning.
- Over 1200 individual resources of which 94 are training videos

We have come a long way since 1983 and look forward to serving the chiropractic community and our KMC University family members for many more years. Thank you for being a part of the journey.

Help Desk Frequently Asked Questions

TOP 40

In celebration of Kathy (KMC) Weidner's 40th Anniversary serving the profession, we will address the Top 40 Help Desk FAQs. Each issue in 2023 will address ten questions. We all can learn from the mishaps of others. This section will hopefully help clinics nationwide avoid frustration from misinformation and/or lack of understanding.

31 *Can you initiate a hardship agreement for patients only when they are in maintenance care and collect co-pay and deductibles when they are in active care?*

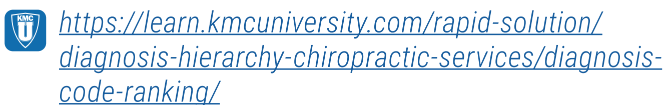
It is important to understand the intent of a hardship policy. Hardship should be based on the patient's financial status only. A hardship policy is applied to the patient's out of pocket cost, regardless of whether the patient's responsibility amount is from an insurer or from non-covered services, such as maintenance care. If billing insurance, hardship is applied after a claim has been fully processed by the insurer. Additional information is available in the KMC University library titled ***Compliant Hardship Discounts.***

https://learn.kmcuniversity.com/courses/fee-system-set-up/lessons/elective-discounts-hardship/

32 *Is there still a required order for diagnosis codes on Medicare claims. Does it need to be subluxation followed by descriptor? Or does it not matter anymore?*

Medicare has specific guidelines for diagnoses. The best place to learn what the billing requirements are for Medicare is by locating the coverage determinations or articles for your region on the Medicare Administrative Contractor (MAC) website.

KMC University library has a helpful Rapid Solution titled ***Diagnosis Hierarchy & Chiropractic Services*** as well as a module titled ***Medicare Diagnosis Rules***.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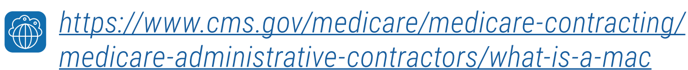

https://www.cms.gov/medicare/medicare-contracting/medicare-administrative-contractors/what-is-a-mac

33 *If a patient goes over the 20 visits for Medicare, do we continue to bill Medicare or transition them to time of service?*

According to Medicare, they don't have a cap; "they have a "screen." If a patient's care is still truly medically necessary, you can continue to send it into Medicare with an AT modifier. Having said that, if you have reason to believe the care won't be reimbursed by Medicare, you can add the GA modifier after the ABN is signed by the patient which informs the patient that you have reason to believe it won't be reimbursed.

34 *How often does a patient need to sign a consent for treatment?*

There are appropriate situations when a patient's consent may need to be updated. For example, if a patient filed with their commercial insurance and now is filing a personal injury case. The personal injury case may include treatment options that were not on the original consent form. If you have updated the treatment plan to include a service that is not listed on the original document, then you would obtain a new signed consent. Otherwise, unless stated by state law or payer contract, there is no need to obtain a signed consent form repeatedly.

35 *We have a doctor that is going to be out on medical leave. It has been over ten years since I billed for a Locum Tenens. Are there specific requirements for billing and would the services be considered out of network?*

Locum Tenens has changed since the last time you used it. It is now called Fee-for-time compensation. It is appropriate when a physician is absent for less than 60 days. With fee-for-time compensation, the regular physician pays the substitute physician a fixed amount per diem. The substitute physician is an independent contractor rather than an employee.

While substitute physicians are always required to have NPIs, they often do not need to be credentialed or enrolled in Medicare. It is important to confirm this information before signing an agreement with a substitute physician. Each contracted payer's rules must be taken into consideration as well.

Be sure you are in fact implementing a fee-for-time arrangement and not a reciprocal billing arrangement. There is a difference and they do require different modifiers when billing. Everything you need to know can be found in the KMC University Library in the Rapid Solution titled ***Fee-for-Time Compensation vs. Reciprocal Billing Arrangement***.

https://learn.kmcuniversity.com/rapid-solution/fee-for-time-compensation-aka-locum-tenens/fee-for-time-compensation-vs-reciprocal-billing-arrangement/

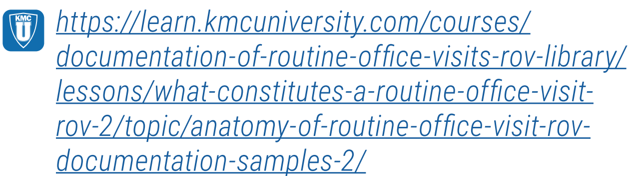
36 We have some patients with Medicare Advantage PPO plans. We heard that we could bill these Medicare Part C payers as an out of network provider. Is this correct?

At KMC University, we highly recommend that you give the patient a Superbill and collect at the time of service for your out of network plans (except for PFFS plans). If you are an enrolled provider with Medicare and participating, you would collect no more than the allowed amount for these patients. If you are non-participating with Medicare, you would collect the limiting fee. Of course, apart from Private Fee for Service (PFFS) plans. On these plans you must accept the fees and bill the payer on behalf of the patient. And not to be overlooked is the patient who is a Qualified Medicare Beneficiary (QMB). There are specific rules regarding what you can collect from patients who fall under this protection. As you can see, there is no quick way to answer this. It has many considerations. You can learn more in the KMC University Library Rapid Solution titled ***How to Avoid Medicare Part C Pitfalls***.

https://learn.kmcuniversity.com/rapid-solution/how-to-avoid-medicare-part-c-pitfalls/

37 We are no longer in network with any payers and want to redesign our note template to a non-insurance format. Can you provide directions on what must be documented?

Most states have a minimum documentation requirement for licensed physicians. This guidance is often posted on the website of your Chiropractic Licensing Board. If you are unable to find it online, you may want to call the Licensing Board and ask them if they can direct you to where it is located or have them email or send you a copy so that you have it on hand. The KMC University Library has some great documentation examples for both Initial and Routine Office Visits for all patient types including maintenance/self-pay patient encounters. These resources can be a great guide as you establish compliant documentation in the clinic. Check it out in the course titled ***Documentation and Coding***.


https://learn.kmcuniversity.com/courses/documentation-of-routine-office-visits-rov-library/lessons/what-constitutes-a-routine-office-visit-rov-2/topic/anatomy-of-routine-office-visit-rov-documentation-samples-2/

38 I keep seeing the remark code CO (Contractual Obligation) on Medicare Electronic Remittance Advice (ERA)/Explanation of Benefit (EOBs) for therapy services. I am adding the GY modifier; am I missing something?

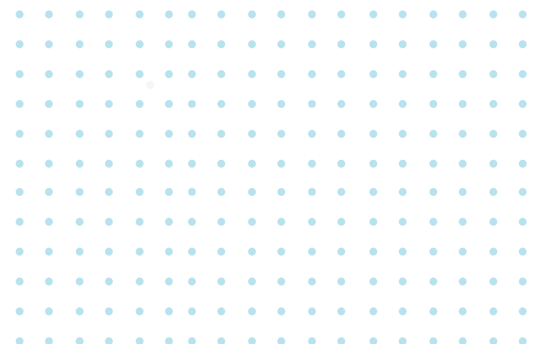
Sounds like you are missing a modifier. Since 2018 Medicare has required a GP modifier to all therapy services (97XXX and G0283) in addition to the GY modifier. It is possible that your practice management system is not appending the modifier appropriately or your staff is overlooking this requirement during charge entry. The use of modifier GP indicates that a service was performed as part of an outpatient physical therapy plan of care. Heads Up! United Healthcare and some other payers also require the GP modifier. Check the payer's reimbursement policies.

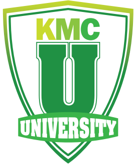
39 Someone told me that I cannot collect from a Medicare patient for hot/cold packs (97010). I know I cannot give away free services to these patients. What do I do?

Medicare considers CPT Code 97010 (hot/cold packs) a 'bundled' service. When a service is bundled, it means that the reimbursement for the code is built into or grouped with the reimbursement for another code. In this instance, it means services described by 97010 are not separately billable when rendered to a Medicare patient. It is considered a part of whatever primary service is rendered to the patient, and in the case of chiropractic that will be a CMT code (98940-98942). This is different than a 'non-covered' service, which can be charged to the patient. A bundled service cannot be charged to the patient, as it is being reimbursed within another code's value. Keep in mind, commercial payers have similar policies and refer to it as 'content of service.'

40 We have a detailed financial policy in our clinic that patients must sign. We just received notification from a payer that we must refund a patient because we did not have them fill out the form provided by the insurance company. Is this legal?

Unfortunately, if you are billing the insurance company or are in network with a payer, you must abide by the terms outlined by the payer. It is common for companies such as ASH and other third-party carriers to require the provider to utilize their forms with regard to non-covered services or out of pocket cost for members. It is all about consumer empowerment for patients. It is vital that you build within your verification process a closer look at billing for non-covered services including maintenance care. In some cases, it is a liability waiver or patient waiver form but in other cases, it is a full process that requires approval and specific modifiers when billing.





Upcoming Events, Seminars, and Webinars

CE Webinar | November 14 | 11:00 AM MST
Risk Management Consideration - Patient Billing & Collections
Presented by Kathy (KMC) Weidner, MCS-P, CCPC, CCCA, CPCO

CE Webinar | December 12 | 11:00 AM MST
Minimizing Risk by Preventing Medicare Improper Payments
Presented by Kathy (KMC) Weidner, MCS-P, CCPC, CCCA, CPCO

Foot Levelers Seminars – Pittsburgh, PA
November 18-19, 2023
Saturday 12PM-6PM
Sunday 8AM-2PM
Mastering Chiropractic Practice: A Comprehensive Workshop on Risk Management, Documentation Excellence, and X-Ray Mastery
Presented by Alicia M. Yochum, RN, DC, DACBR, RMSK and Kathy (KMC) Weidner, MCS-P, CPCO, CCPC, CCCA

Register here: *https://www.footlevelers.com/seminars/detail?itn=FLSEM20231118-PA*

Foot Levelers Seminars – Denver, CO
December 2-3, 2023
Saturday 12PM-6PM
Sunday 8AM-2PM
Mastering Chiropractic Practice: A Comprehensive Workshop on Risk Management, Documentation Excellence, and X-Ray Mastery
Presented by Alicia M. Yochum, RN, DC, DACBR, RMSK and Kathy (KMC) Weidner, MCS-P, CPCO, CCPC, CCCA

Register here: *https://www.footlevelers.com/seminars/detail?itn=FLSEM20231202-CO*

The Symposium Live CE Event/Epic Clinic
Clearwater Beach, FL
December 1-3
Compliance Implications of a Cash-Based Practice and Specialty Practice
Presented by Kathy (KMC) Weidner, MCS-P, CPCO, CCPC, CCCA

Register here: *https://www.beachseminars.com/https-www-beachseminars-com-the-symposium-2023*