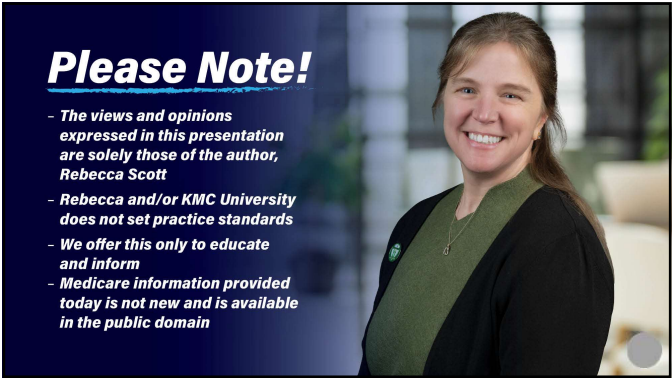
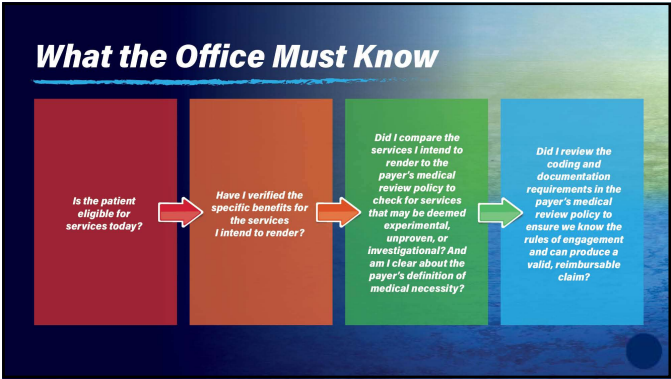




1



2



3



4



5



6

Need to Know

- First Name Last Name
- Type of Problem (area)
- Insurance or Self-Pay (filing a claim or not)
- DOB
- Address
- Email & Phone
- Insurance Details [injury claim, Medicare, Medicaid, VA, individual health, group health, Medicare Part C (MA)]

7

Need to Know

- First Name Last Name
- Type of Problem (area)
- Insurance or Self-Pay (filing a claim or not)
- DOB
- Address
- Email & Phone
- Insurance Details [injury claim, Medicare, Medicaid, VA, individual health, group health, Medicare Part C (MA)]

8

On the Initial Call ASK!



Are they enrolled in a group health plan and, will they be using their insurance for the visit?



Would they like a Good Faith Estimate ?

9

New Patient Data Collection Form

(This portion of the call will reassure the patients that they have called the right place.)

Name: _____


Who may we thank for referring you? _____

What type of problem are you having? _____

How long has this been going on? _____ Result of accident? ☐ Yes ☐ No

What have you done for this? ☐ OTC Meds ☐ Massage ☐ Saw DC ☐ Saw MD ☐ Other _____

(Tell them your doctor has seen this problem before and has had great results. Express compassion and concern when speaking to new patients.)

Appointment Date/Time:  _____

Now I'm going to ask you some questions that will save you time when you are in the office...

Address: _____ DOB: _____

City: _____ State: _____ ZIP: _____ Phone: _____ ☐ Cell ☐ Home

Email Address: _____

Do you have some kind of insurance that you'd like us to assist in filing for you? ☐ Yes ☐ No

Would you please get your insurance/Medicare Card/accident information so we can review it?

*If answer is No, "Would you like a Good Faith Estimate" for your out of pocket cost?"

10

New Patient Data Collection Form

(This portion of the call will reassure the patients that they have called the right place.)

Name: _____

Who may we thank for referring you? _____

What type of problem are you having? _____

How long has this been going on? _____ Result of accident? ☐ Yes ☐ No

What have you done for this? _____

Do you have some kind of insurance that you'd like us to assist in filing for you? ☐ Yes ☐ No

Would you please get your insurance/Medicare Card/accident information so we can review it?

*If answer is No, "Would you like a Good Faith Estimate" for your out of pocket cost?"

Now I'm going to ask you some questions that will save you time when you are in the office...

Address: _____ DOB: _____

City: _____ State: _____ ZIP: _____ Phone: _____ ☐ Cell ☐ Home

Email Address: _____

Do you have some kind of insurance that you'd like us to assist in filing for you? ☐ Yes ☐ No

Would you please get your insurance/Medicare Card/accident information so we can review it?

*If answer is No, "Would you like a Good Faith Estimate" for your out of pocket cost?"

11

Let's Talk No Surprises Act



12

Delivery Requirements

GFE Delivery Requirements

If appointment is made:

10 business days in advance, the GFE must be provided **within three business days**

3-9 business days in advance, the GFE must be provided **within one business day**

less than 3 days in advance you **ARE NOT** required to provide a GFE in writing.

Notify orally upon scheduling (provide estimate of initial evaluation).

NOTE: If the patient requests a GFE on their own, while at the clinic or just shopping for care, then you need to provide one within three days of date of request. Keep all copies of GFEs as part of the medical record and provide a hard copy or electronic to the patient or prospective patient.

19

The No Surprises Act Complexity

Independent Dispute Resolution (IDR) Process

Requires Good Faith Estimates

Advance Explanation of Benefits

Patient Provider Dispute Resolution

Transparency & Balance Billing Protections

20

The No Surprises Act Complexity

Independent Dispute Resolution (IDR) Process

Requires Good Faith Estimates

Advance Explanation of Benefits

Patient Provider Dispute Resolution

Transparency & Balance Billing Protections

21

Good Faith Estimate

"Health care providers and health care facilities are required under PHS Act section 2799B-6 to furnish a notification of the good faith estimate of expected charges to an uninsured (or self-pay) individual who schedules an item or service..."


22


Providers are defined as...

"physicians or other health care providers acting within the scope of their state licenses"

23

Self-Pay Patients

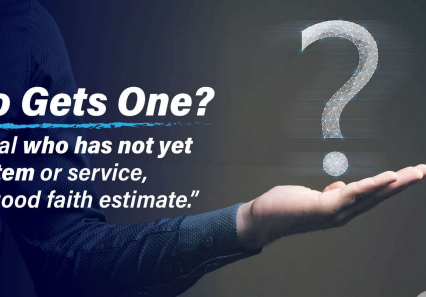
Uninsured

Does not plan to use their insurance benefits to pay for the services provided by the physician—OON!

24

Who Also Gets One?

"...to an individual who has not yet scheduled an item or service, but requests a good faith estimate."



25

Initial Visit GFE Customization

Good Faith Estimate

John Doe Chiropractic & Wellness Center
Dr. John Doe
789-20-1000000

Patient Information
Name: Study Jones Date of Birth: 04-02-1997
Address: 1 Paradise Lane Apt
City: Simplicity State: KY Zip: 41000
Phone: 555-555-1111 Email: contactme@gmail.com
Contact Preference: ☐ Mail ☒ Email (Patient understands that email is not a secure platform for sharing health information and will not treat the same. Mail for any confidential information if they desire the privacy.)

Requested Service
Primary Service Requested or Scheduled (describe):
Examination (Evaluation)
Primary Condition: Low back strain
Secondary Condition: Shoulder impingement syndrome (cervical and mid back pain)
Scheduled Appointment Date: May 3, 2022 ☐ Check button if not scheduled

Estimate

| SERVICE/ITEM | CONDITION | DIAGNOSIS CODE | NUMBER OF UNITS | COST PER UNIT | TOTAL |
|------------------------|----------------------------------|----------------|-----------------|---------------|--------|
| Exam (Evaluation) | Low back strain (neck, shoulder) | | 1 | 145.00 | 145.00 |
| Imaging | diagnostic | | 1-2 | 105.00 | 210.00 |
| Electrical Stimulation | muscle spasm | | 1 | 36.00 | 36.00 |

Total Expected Charges \$ 521.00

26

A Range is OK

Estimate

| SERVICE/ITEM | CONDITION | DIAGNOSIS CODE | NUMBER OF UNITS | COST PER UNIT | TOTAL |
|------------------------|--------------|----------------|-----------------|---------------|--------|
| Exam (Evaluation) | Pain | | 1 | 145-230.00 | 230.00 |
| Imaging | diagnostic | | 1-2 | 65-105 | 215.00 |
| Electrical Stimulation | muscle spasm | | 1 | 36.00 | 36.00 |

Total Expected Charges \$ 481.00

27

Second Step of the GFE Process

Financial Report of Findings Good Faith Estimate

John Doe Chiropractic & Wellness Center
Dr. John Doe
789-20-1000000

Patient Information
Name: Study Jones Date of Birth: 04-02-1997
Address: 1 Paradise Lane Apt
City: Simplicity State: KY Zip: 41000
Phone: 555-555-1111 Email: contactme@gmail.com
The following is a list of items and services which the provider/clinic anticipates you will need once your initial exam or re-exam has been completed.
The recommended treatment is to begin on 05/03/2022 and is projected to be completed by 05/15/2022.

| SERVICE/ITEM | CONDITION | DIAGNOSIS CODE | NUMBER OF UNITS | COST PER UNIT | TOTAL |
|-----------------------------|--|-----------------------|--------------------|---------------|---------|
| Spinal Manipulation 3 areas | General Examination (Neck, Thoracic, Lumbar Spine) | M9900, M9902, S335xxA | 15 | 65.00 | 975.00 |
| Manual Therapy | Shoulder pain | M7541 | 12 units/10 visits | 45.00 | 540.00 |
| Exercise Therapy | Cervical Dysfunction/Lumbar Dysfunction | M9900, M9903 | 20 units/10 visits | 65.00 | 1300.00 |
| Re-Exam | spine & shoulder | N/A | 2 | 85.00 | 210.00 |

28

Treatment Plan from the DC

The following is a list of items and services which the provider/clinic anticipates you will need once your initial exam or re-exam has been completed.
The recommended treatment is to begin on 05/03/2022 and is projected to be completed by 05/15/2022.

| SERVICE/ITEM | CONDITION | DIAGNOSIS CODE | NUMBER OF UNITS | COST PER UNIT | TOTAL |
|-----------------------------|--|-----------------------|--------------------|---------------|---------|
| Spinal Manipulation 3 areas | General Examination (Neck, Thoracic, Lumbar Spine) | M9900, M9902, S335xxA | 15 | 65.00 | 975.00 |
| Manual Therapy | Shoulder pain | M7541 | 12 units/10 visits | 45.00 | 540.00 |
| Exercise Therapy | Cervical Dysfunction/Lumbar Dysfunction | M9900, M9903 | 20 units/10 visits | 65.00 | 1300.00 |
| Re-Exam | spine & shoulder | N/A | 2 | 85.00 | 210.00 |

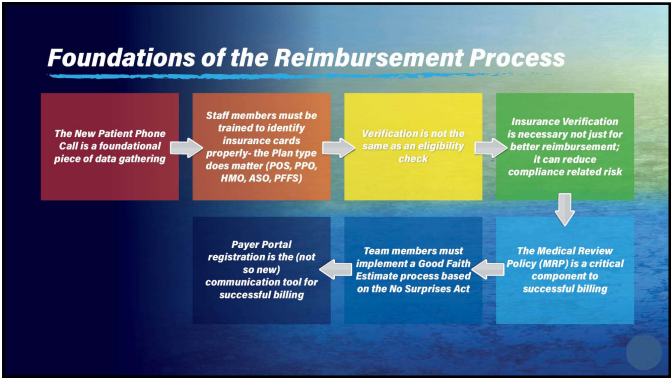
29

Maintenance Plan

The following is a list of items and services which the provider/clinic anticipates you will need once your initial exam or re-exam has been completed.
The recommended treatment is to begin on 05/15/2022 and is projected to be completed by 05/15/2022.

| SERVICE/ITEM | CONDITION | DIAGNOSIS CODE | NUMBER OF UNITS | COST PER UNIT | TOTAL |
|------------------|-------------|----------------|-----------------|---------------|-------|
| Adjustment S8990 | Maintenance | | 24 | | |

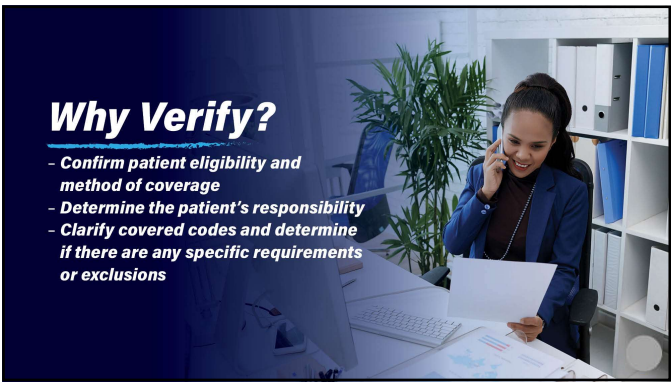
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31



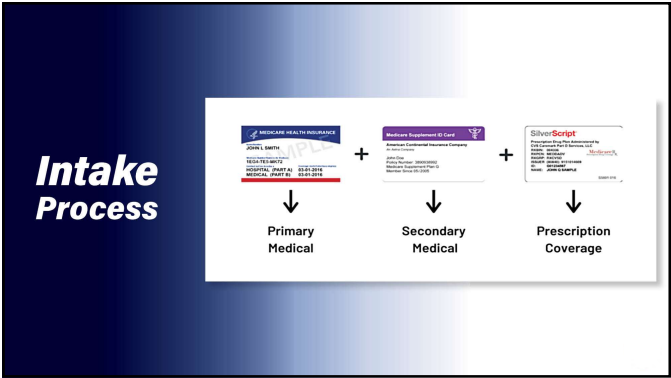
32



33



34



35



36

Filling in the Gap

MEMBERSHIP ID 123456789-11
MR JOHN Q SAMPLE
EFFECTIVE DATE: 00-00-000
AARP MEDICARE SUPPLEMENT PLAN F

Your doctor or medical service provider bills Medicare for your service or procedure

Medicare pays the approved portion and sends the excess amount to your Medigap plan

Your Medigap plan pays the excess amount according to the terms of the plan you chose

37

Medicare Advantage

Arkansas Blue MEDICARE

Enrollee Name: JANE T SMITH
Enrollee ID: ABC1234567890
Issuer: 123456789
Group Number: 12345

Plan: S1234_001
Rx Bin: 012345
Rx PCN: AA123
Rx Group: AAA00123
Issued: 01/2020

38

Medicare

- Complete
- Advantage
- PPO
- HMO
- PFFS

39

This is Why We Verify!

- Does the patient have traditional Medicare or Medicare Advantage for the year 2023?

Medicare Advantage

40

This is Why We Verify!

- What is the name of the patient's insurance for the calendar year 2022?

Wellcare Dual Access Open

41

Eligibility: A Compliant Outcome

A good process produces good results.

Nick Saban

- The correct payer is billed
- Verification of the patient identity is completed
- Basic information needed to further the next steps is gathered

42

Medicare

- Complete Advantage
- PPO
- HMO
- PFFS

43

This is Why We Verify!

- Does the patient have traditional Medicare or Medicare Advantage for the year 2023?

44

This is Why We Verify!

- What is the name of the patient's insurance for the calendar year 2022?

45

Eligibility: A Compliant Outcome

- The correct payer is billed
- Verification of the patient identity is completed
- Basic information needed to further the next steps is gathered

A good process produces good results.

Nick Saban

46

2. Have I verified the specific benefits for the services I intend to render?

47

Why Verify Medicare?

- Is it so easy that it doesn't require verification?
- Everyone has the same coverage, right?

48

Types of Medicare Coverage: Part C

<https://www.medicare.gov/medicare-plans/medicare-plans-101>

- Also known as Medicare Advantage Plans or Replacement Plans – “Managed Care Medicare”
- Redirects benefits to a private carrier
- No Part A or B

THE FOUR PARTS OF MEDICARE

PART A
HOSPITAL INSURANCE

PART B
MEDICAL INSURANCE
Originals benefits you are entitled to under Medicare

PART C
MEDICARE ADVANTAGE PLANS (also called Medicare Part C)
Medicare Advantage Plans (also called Medicare Part C) combine Part A, Part B, and sometimes Part D coverage

PART D
MEDICINE PRESCRIPTION COVERAGE

Filling in the Gap

The diagram illustrates the flow of Medicare Supplement Plan F coverage. It shows a doctor, Medicare, and a Medigap plan paying for a service.

Doctor: Your doctor or medical service provider bills Medicare for your service or procedure.

Medicare: Medicare pays the approved portion and sends the excess amount to your Medigap plan.

Medigap Plan F: Your Medigap plan pays the excess amount according to the terms of the plan you chose.

Example Card:

AARP Medicare Supplement Plans
Member: David Johnson
MEMBERSHIP ID: 123456789-11
MR. JOHN Q. SAMPLE
EFFECTIVE DATE: 01-01-2000
AARP MEDICARE SUPPLEMENT PLAN F

[illegible]

Commercial Insurance Claims & Medical Review Policy (MRP)

Medical review policies (MRPs) are plan documents used to support coverage decisions for specific healthcare procedures. Medical policies frequently address medical necessity or experimental status, both of which are not true definitions.

Once the claim has:

1. verified coverage, confirmed the provider's network status and reviewed the Medical Review Policy (MRP),
2. the provider admits the claim, this step requires recognition of the involvement of the MRP and the review of the claim to be processed by the assigned product line with an underwriter, etc.,
3. the member's insurance carrier processes the claim, leading to the payment benefit outlined in the MRP.

The insurance carrier issues an OOI to the provider with payment, if applicable, and claim description code.

Note: This would also apply if the doctor is out of network (OON) and has agreed to submit OOI claims.

Provider

1. Provider confirms and submits claim in MRP
2. Provider admits claim to payor's carrier
3. Payor recognizes OOI
4. Payor applies coverage benefits to the claim (e.g., in-network plan and/or member's MRP)
5. Payor issues OOI to provider with payment, if applicable.

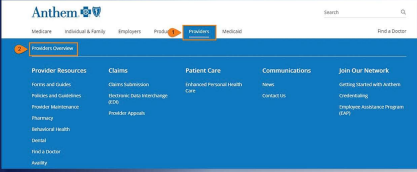
The DC provides treatment to a commercial member (plan)

PAYER

9

Provider Resources

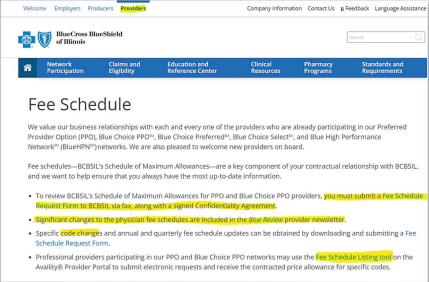
- Policies & Guidelines
- Forms & Guides
- Credentialing
- Claim Submission
- Provider Appeals



The screenshot shows the Anthem Provider Resources website. It features a navigation bar with links for Individual & Family, Employers, Health Plans, and Medical. The main content area is titled 'Provider Resources' and includes sections for Claims, Patient Care, Communications, and Join Our Network. A sidebar on the left lists various resources like Forms and Guides, Policies and Guidelines, Provider Resources, Pharmacy, International Health, and More. The right sidebar lists additional resources like Claims Submission, Evidence-Based Medicine, Provider Network, and Join Our Network.


55

Need to Know Fee Schedule?



The screenshot shows the BlueCross BlueShield of Illinois Fee Schedule page. It includes a navigation bar with links for Network Participation, Claims and Eligibility, Education and Reference Center, Clinical Resources, Pharmacy Programs, and Standards and Requirements. The main content area is titled 'Fee Schedule' and includes a section for 'Fee Schedule' and a list of 'Significant changes to the physician fee schedule are included in the Blue Cross provider manual.' The list includes specific updates to the schedule, such as the addition of new codes and the removal of others.

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BlueCross BlueShield of North Carolina
Corporate Medical Policy

Coverage Details

Chiropractic Services



Description of Procedure or Service

The American Chiropractic Association published the following definitions:

Chiropractic is a health care profession that focuses on disorders of the musculoskeletal system and the nervous system, and the effects of these disorders on general health. Chiropractors care is and must always be non-invasive and non-pharmaceutical, including any and all manual and non-manual, and any use of force of the spine or joints, and includes: spinal manipulation and other treatment modalities used to provide manual therapy to the musculoskeletal system.

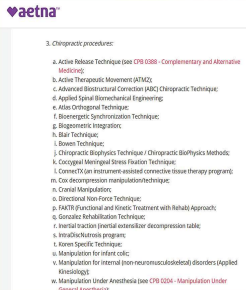
Cigna Medical Coverage Policy- Therapy Services

Effective Date: 5/15/2022
Next Review Date: 12/17/2022

57

What is Not Covered?



The screenshot shows the Aetna 'What is Not Covered' page. It includes a list of services that are not covered, such as 'Chiropractic services' and 'Chiropractic services (see CPT 98940 - Chiropractic and Alternative Medicine)'. The list also includes 'Chiropractic services (see CPT 98940 - Chiropractic and Alternative Medicine)' and 'Chiropractic services (see CPT 98940 - Chiropractic and Alternative Medicine)'. The list is organized into categories like 'Chiropractic services' and 'Chiropractic services (see CPT 98940 - Chiropractic and Alternative Medicine)'.

- Dry hydrotherapy/massage/hydrotherapy
- Non-invasive interactive neuromuscular stimulation (e.g., InterX)
- Monocurrent Electrical Nerve Stimulation (MENS)
- H-WAVE
- Spinal manipulation for the treatment of non-musculoskeletal conditions
- Equestrian therapy (e.g., hippotherapy)
- MEDITATION
- The Interactive Metronome Program
- Dry Needling
- Elastic therapeutic taping (e.g., Kinesio® tape, KT TAPE/KT TAPE P tape)
- Vertical axial decompression therapy and devices (e.g., VAX-D, DRX, D, DRX5000, DRX6000, DRX, Dynapro™ DR2, Accu-SPIRA™ System, DD (Intervertebral Differential Dynamics Therapy), Tui-Tac-401, Loxton Power SpineX LDM)

x. More Complementary Analysis:

- y. Network Technique:
- z. Neural Organizational Technique:
- aa. Neuro Emotional Technique:
- ab. NUCCA (National Upper Cervical Chiropractic Association) procedure:
- ac. Origin insertion release technique:
- ad. Positional release therapy:
- ae. Sacro-Coccygeal Technique:
- af. Spinal Adjusting Device (Pro-Adjuster, Polstar/IRAS, Activator):
- ag. Therapeutic (Wobble) Chair:
- ah. Updater Technique and Cranio-Sacral Therapy:
- ai. Webster Technique (for breast feeding):
- aj. Whitcomb Technique (see CPT 98940 - Chiropractic and Alternative Medicine)

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Payer Specific Modifier Guidance

97140 services will be denied as integral or incidental to 98940-98943 services unless submitted with a -59 modifier, indicating a distinct procedural service.

PT, OT services are limited to one hour (4 units) for the combinations of codes submitted.

Current Procedural Terminology (CPT) instructions state that modifier 59 should not be used when a more descriptive modifier is available. Providers should utilize the more specific -X modifier when appropriate.

CPT code 97140 (manual therapy techniques) may not be billed on the same date of service as an extraspinal CMT code when the manual therapy service is provided to any extraspinal body region or area. In this instance, CPT 97140 is considered to be a component of the extraspinal CMT procedural code.

59

Healthcare Reform

- Termination of Coverage Due to Non-Payment
- Marketplace Metal Plans-Essential Benefits
- Grandfathered Plans

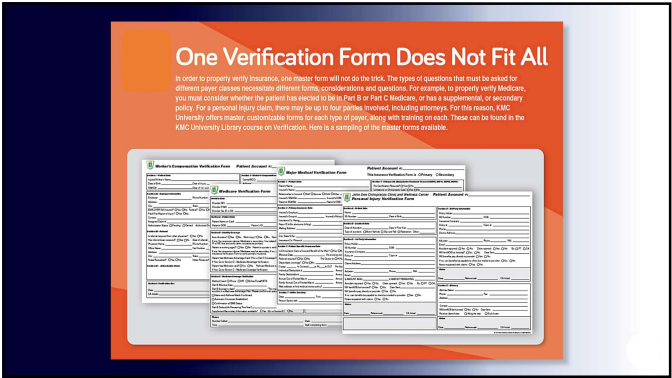


The logo features five stylized human figures in different colors (brown, blue, red, green, purple) standing in a row. To the right of the figures is the text 'heads up' in a large, bold, sans-serif font.

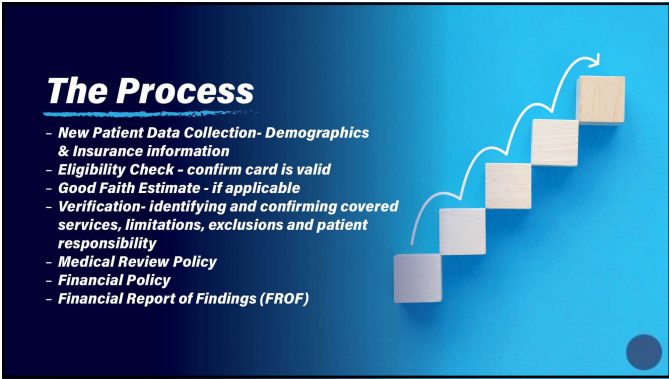
60



61



62



63



64