
Medicare
is the Central Hub

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Medicare Can
Seem Complicated
It's simple
until you
make it
complicated

2


Let's Discuss
and Q/A

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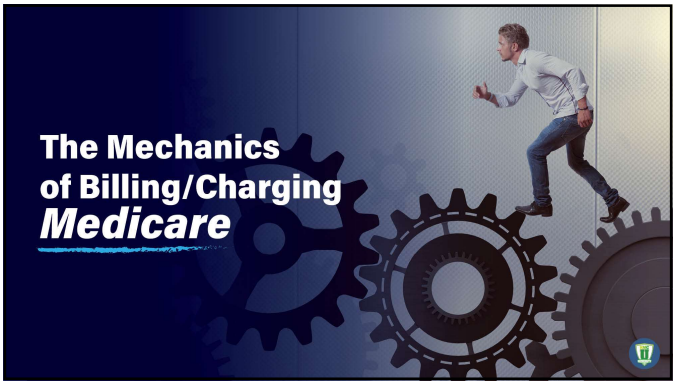
The Mechanics
of Billing/Charging
Medicare

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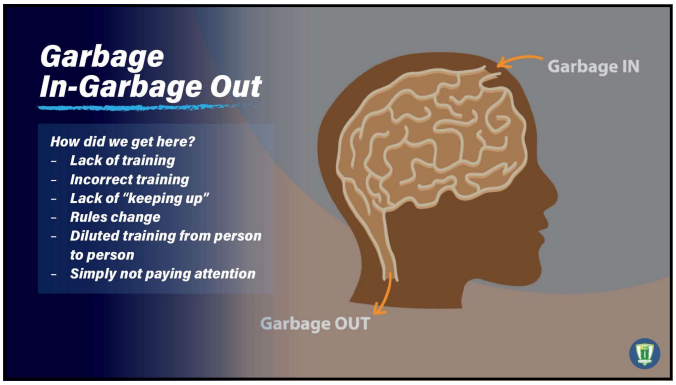
Garbage
In-Garbage Out
How did we get here?
- Lack of training
- Incorrect training
- Lack of "keeping up"
- Rules change
- Diluted training from person to person
- Simply not paying attention
Garbage IN
Garbage OUT

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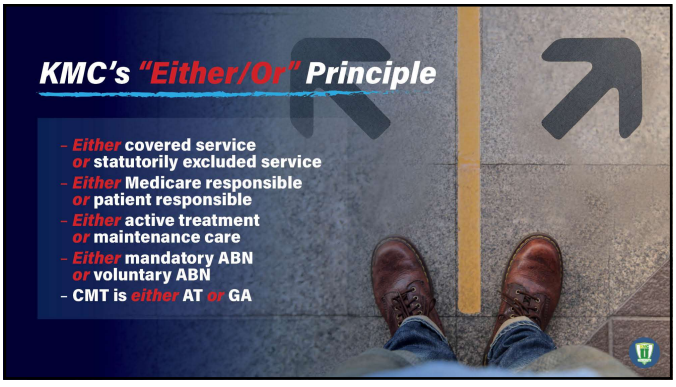
KMC's "Either/Or" Principle
- Either covered service or statutorily excluded service
- Either Medicare responsible or patient responsible
- Either active treatment or maintenance care
- Either mandatory ABN or voluntary ABN
- CMT is either AT or GA

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The Basics

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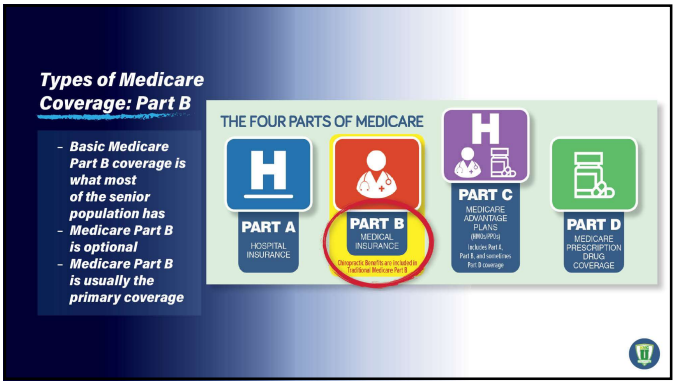
Types of Medicare Coverage: Part B
- Basic Medicare Part B coverage is what most of the senior population has
- Medicare Part B is optional
- Medicare Part B is usually the primary coverage
THE FOUR PARTS OF MEDICARE
PART A
HOSPITAL INSURANCE
PART B
MEDICAL INSURANCE
PART C
MEDICARE ADVANTAGE PLANS
PART D
MEDICARE PRESCRIPTION DRUG COVERAGE

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CHIROPRACTIC MEDICARE BENEFITS AND LIMITATIONS
Recognize the Fundamentals of Medicare Coverage for Chiropractic Services
Covered and Payable
Active Treatment (AT) Spinal Chiropractic Manipulative TX (CMT)
CPT Codes 98940, 98941, 98942
Covered but Not Payable
*ABN form must be provided to the patient prior to rendering Covered but Not Payable services.
Spinal CMT codes are deemed Covered but Not Payable when performed for:
• Chiropractic maintenance treatment
• More than one spinal manipulation per day
Statutorily Excluded from Medicare Chiropractic Benefit
*ABN is not required for these services. Office Financial Policy is recommended to communicate these limitations of Medicare coverage.
All services/supplies ordered or provided by a chiropractor, other than those defined above, are excluded from the Medicare benefit, and therefore the patient is responsible for payment. This includes but is not limited to:
• Extremity CMT 98943
• X-rays
• Products/supplies
• Therapies
• Exams
• Alternative treatment protocols
Step One:
Must Know The Difference
Chiropractic is Different In Medicare

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Covers 80%
Patient Responsible
20% plus deductible
MEDICARE HEALTH INSURANCE
JOHN L SMITH
1EG4-TE5-MK72
PART A
PART B
03-03-2016
03-03-2016
The Traditional Medicare Card
Beneficiary Name
Medicare ID Number
Medicare Coverage Start Date
Type of Medicare Coverage

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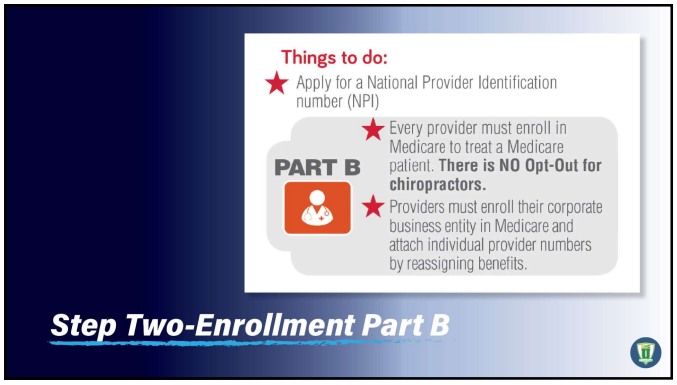
Things to do:
Apply for a National Provider Identification number (NPI)
PART B
Every provider must enroll in Medicare to treat a Medicare patient. There is NO Opt-Out for chiropractors.
Providers must enroll their corporate business entity in Medicare and attach individual provider numbers by reassigning benefits.
Step Two-Enrollment Part B

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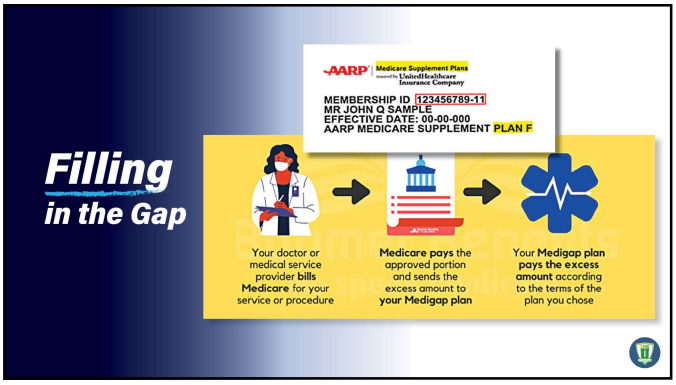
Filling in the Gap
AARP Medicare Supplement Plans
MEMBERSHIP ID 123456789-11
MR JOHN Q SAMPLE
EFFECTIVE DATE: 00-00-000
AARP MEDICARE SUPPLEMENT PLAN F
Your doctor or medical service provider bills Medicare for your service or procedure
Medicare pays the approved portion and sends the excess amount to your Medigap plan
Your Medigap plan pays the excess amount according to the terms of the plan you chose

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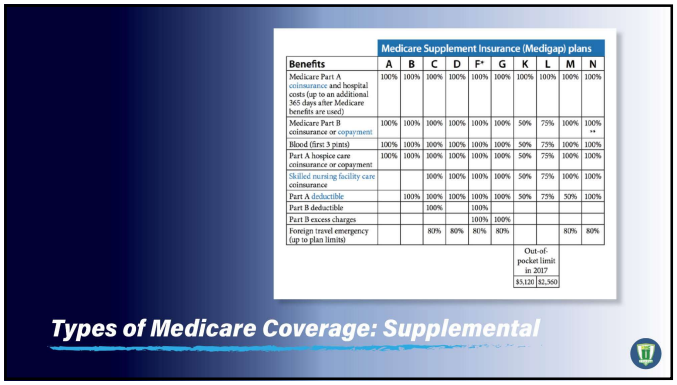


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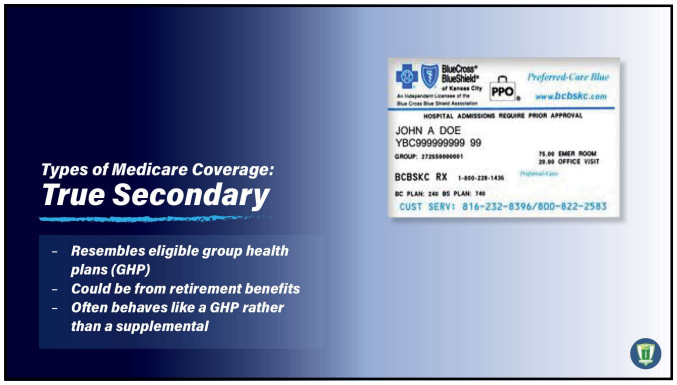


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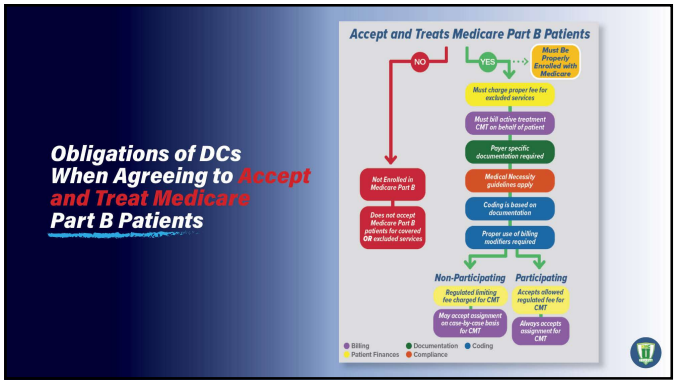


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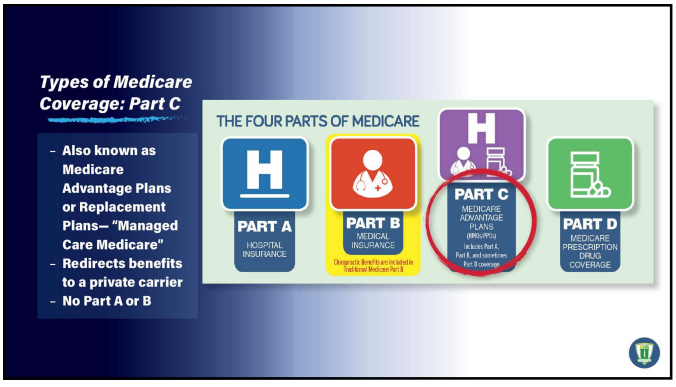


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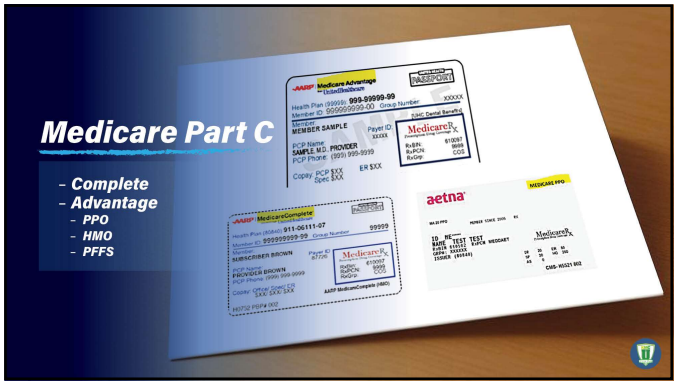


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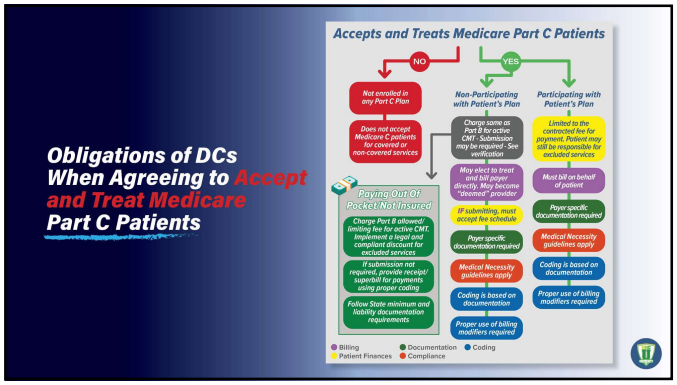


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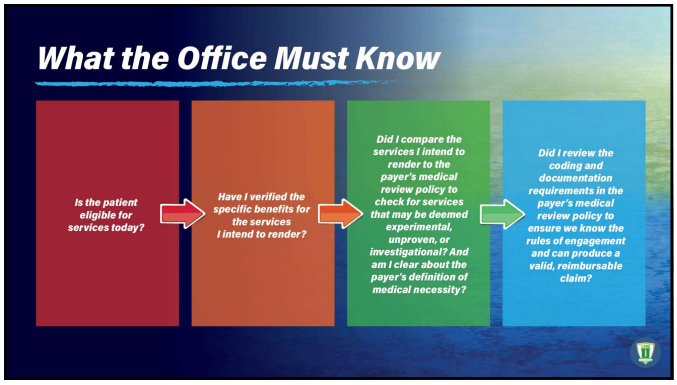


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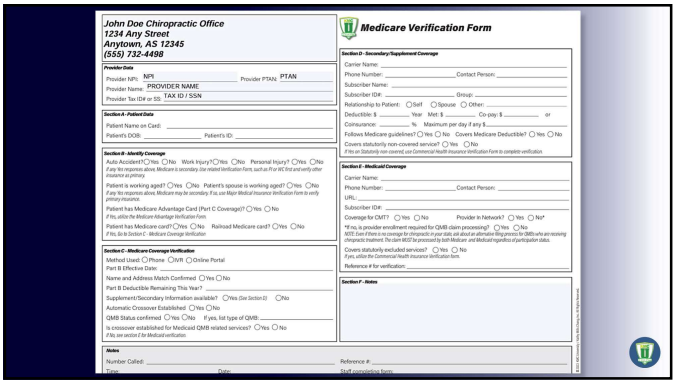


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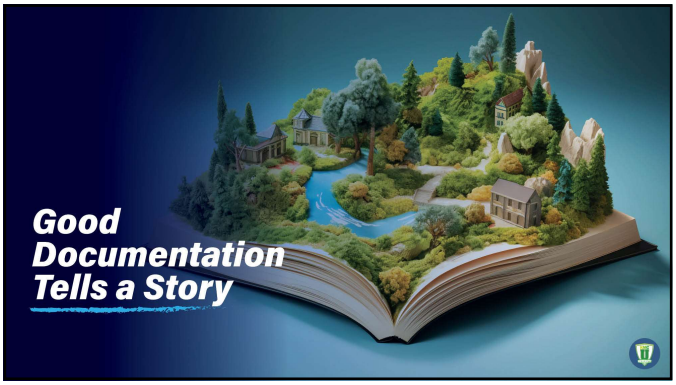


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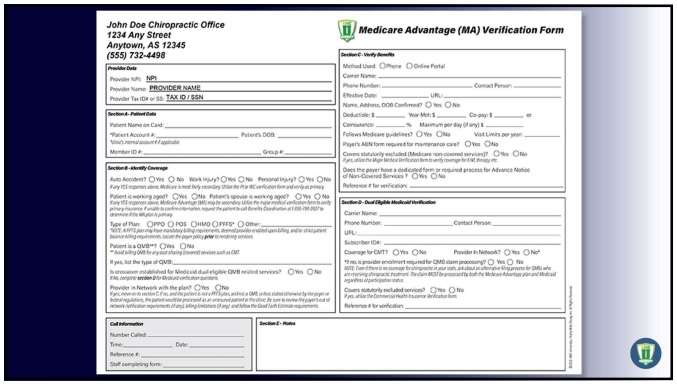


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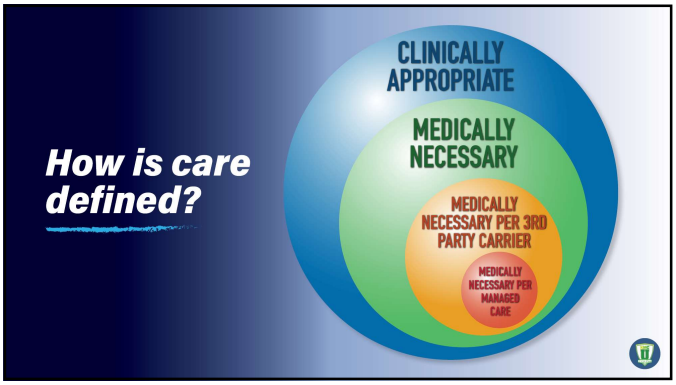


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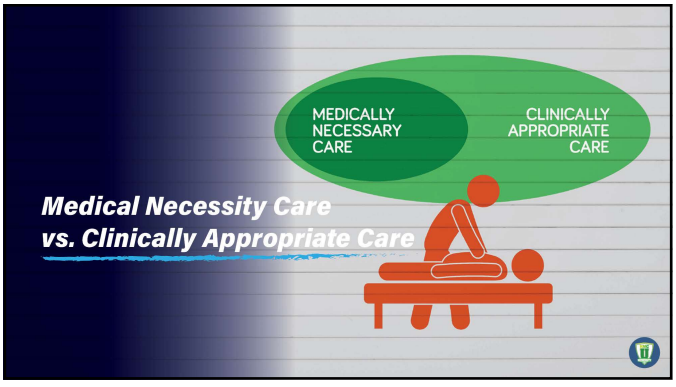


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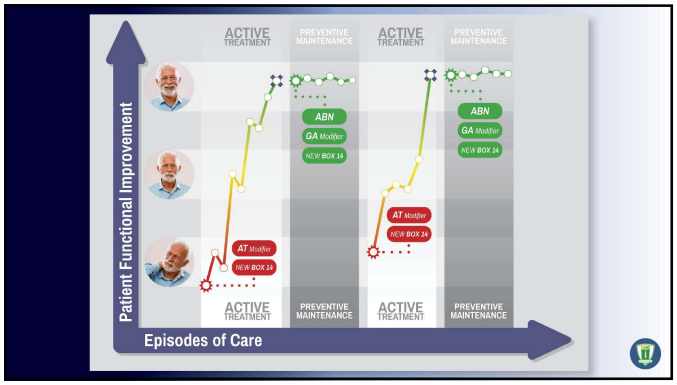


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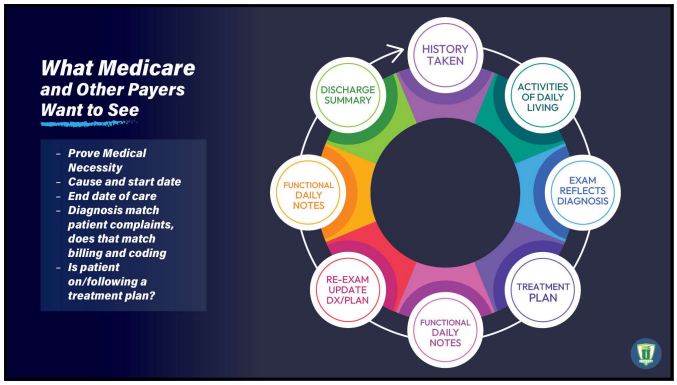


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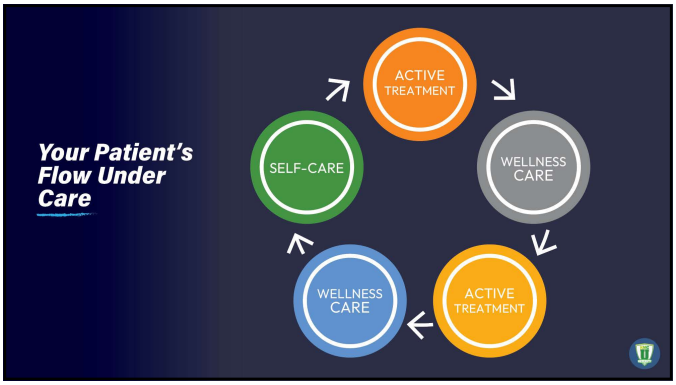


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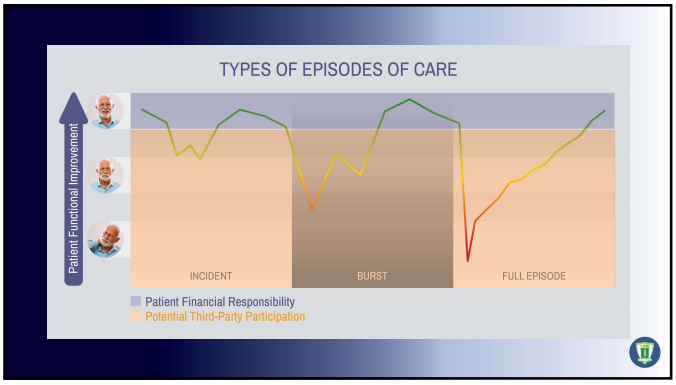


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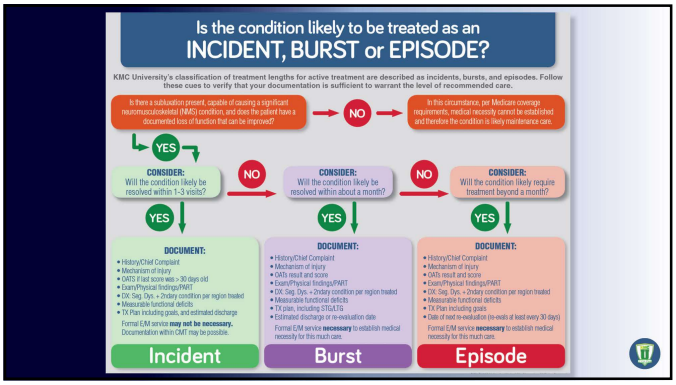


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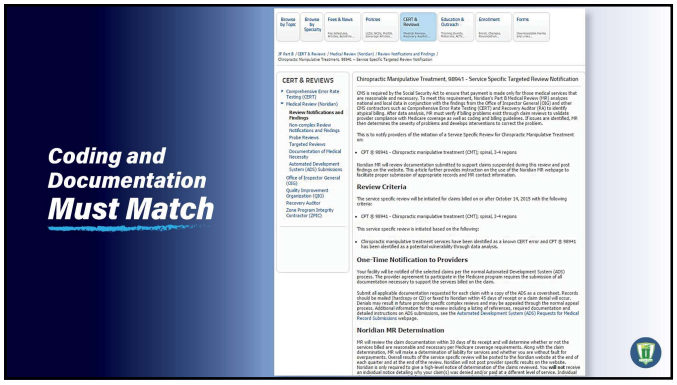


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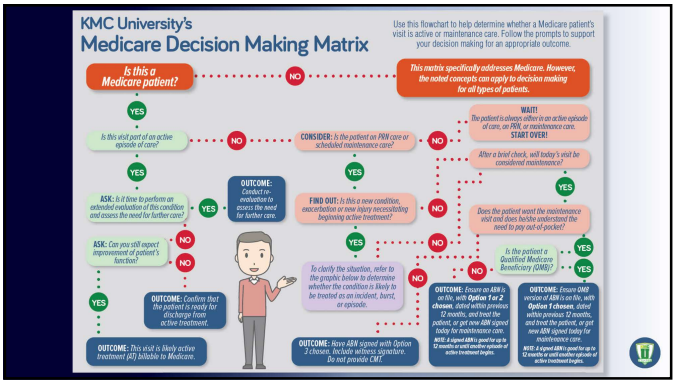


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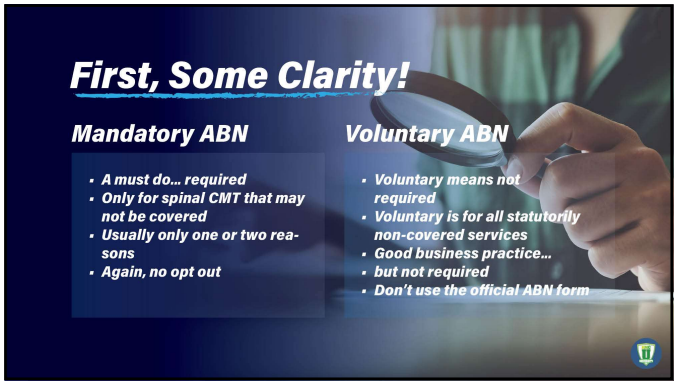


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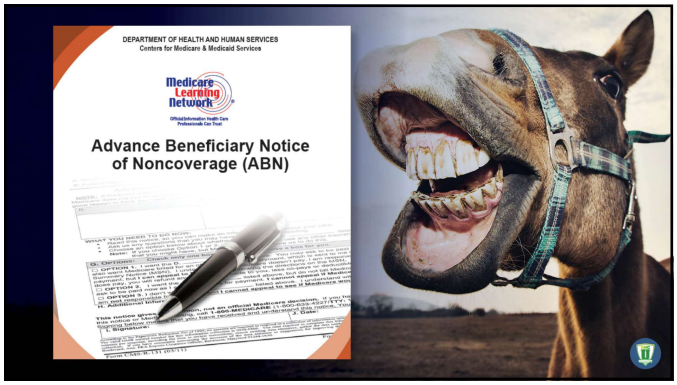


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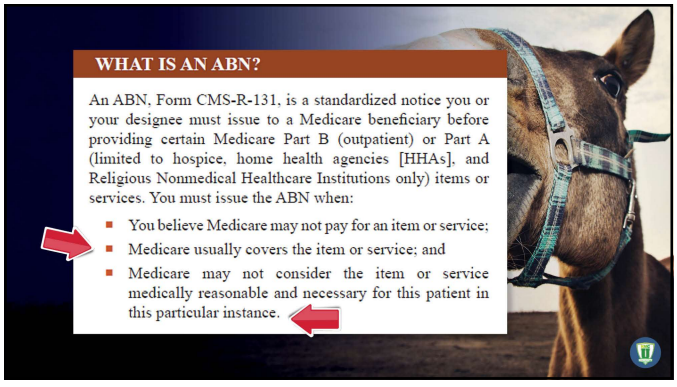


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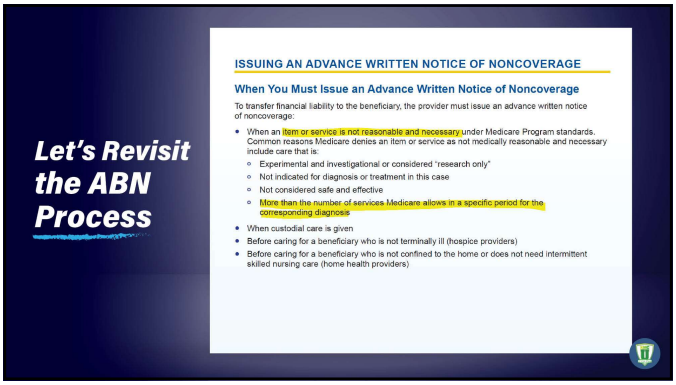


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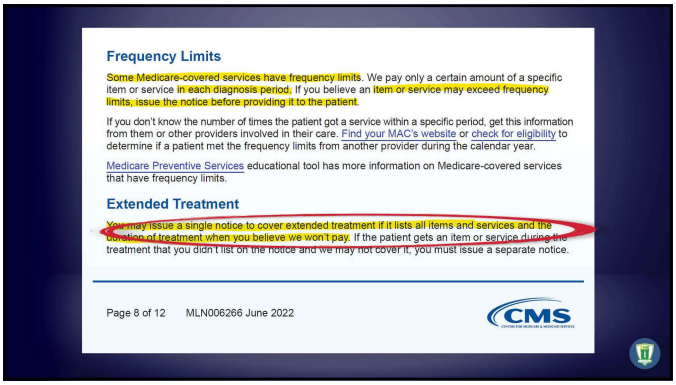


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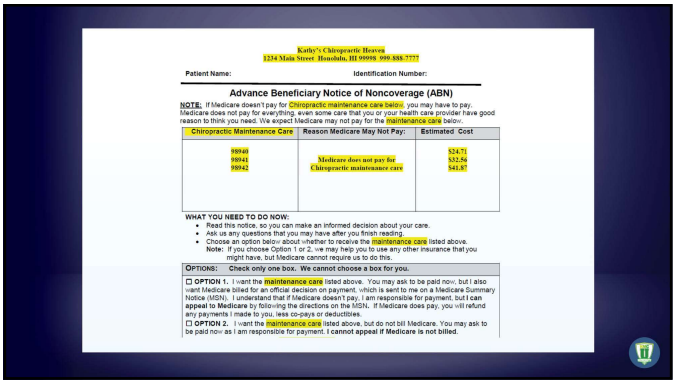


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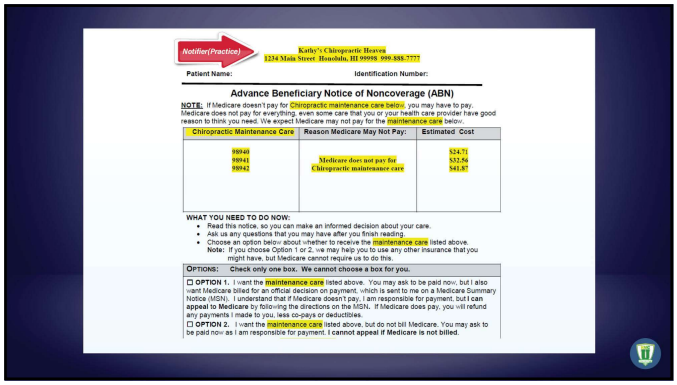


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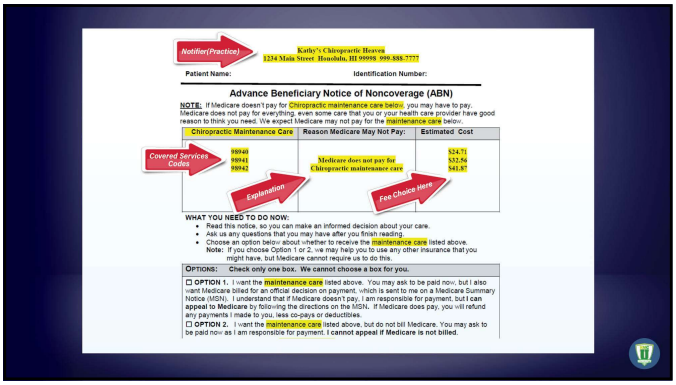


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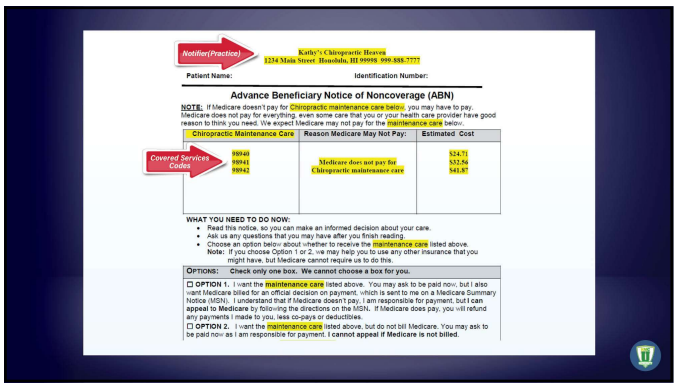


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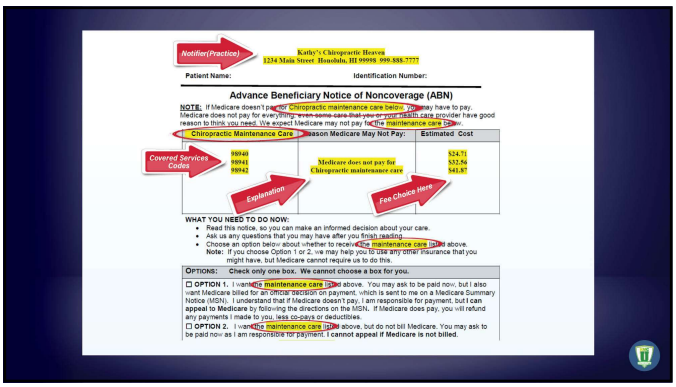


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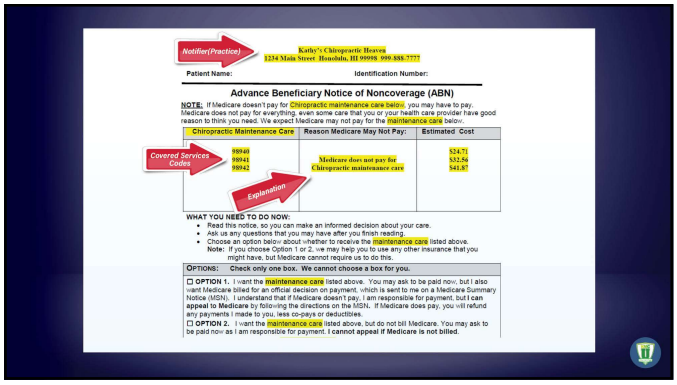


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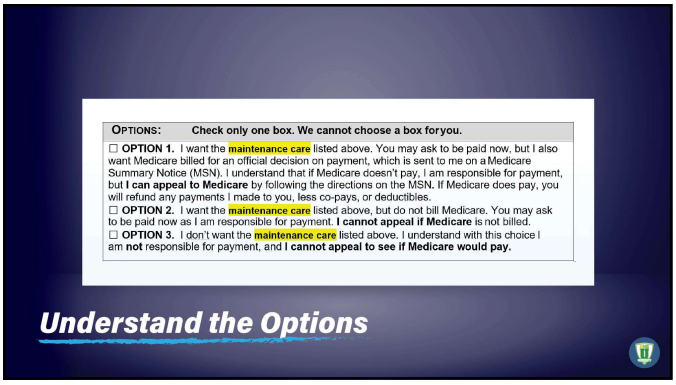


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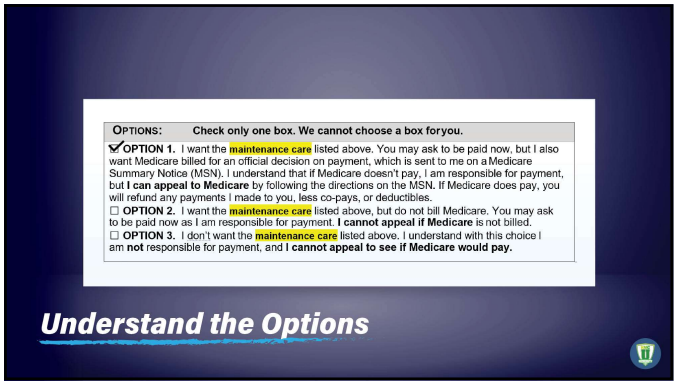


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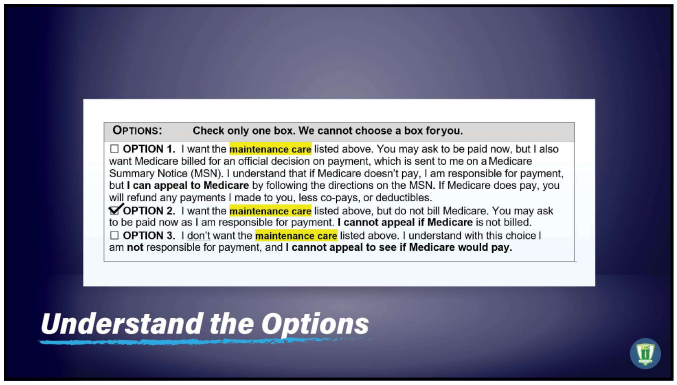


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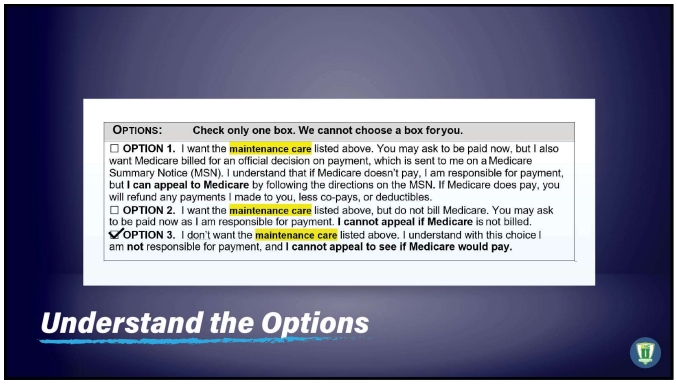


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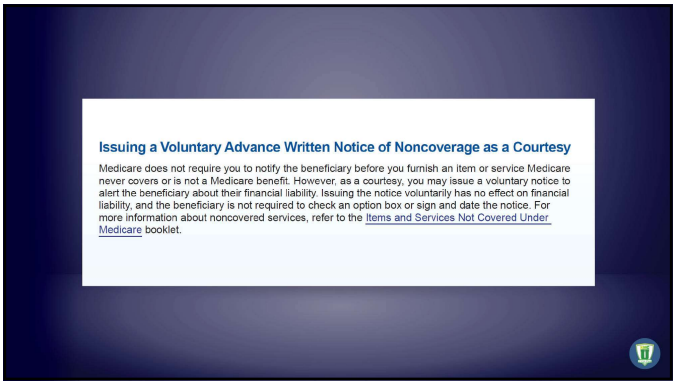


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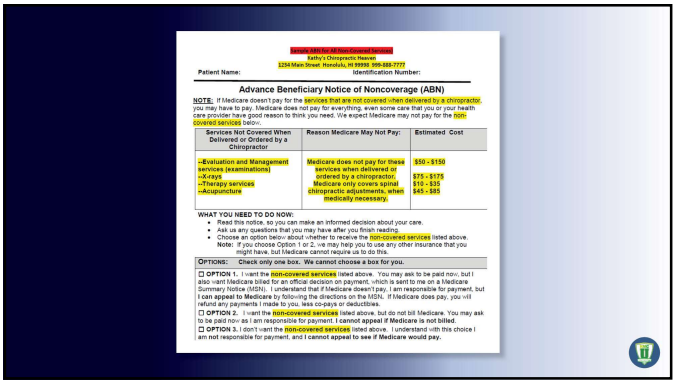


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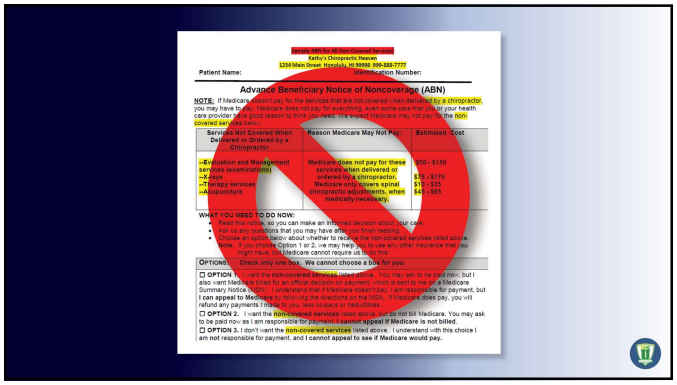


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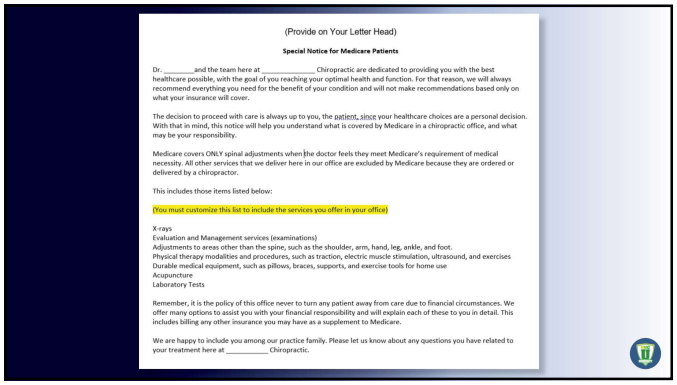


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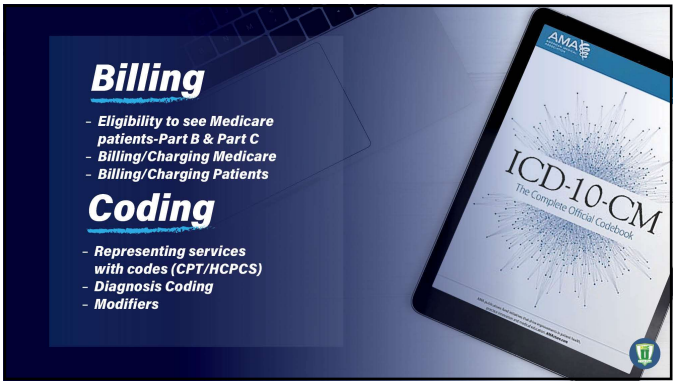


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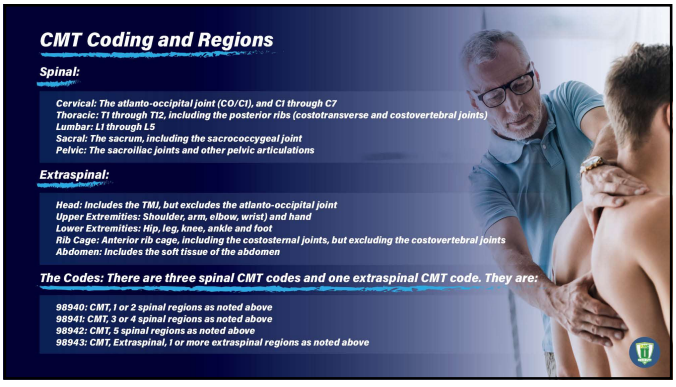


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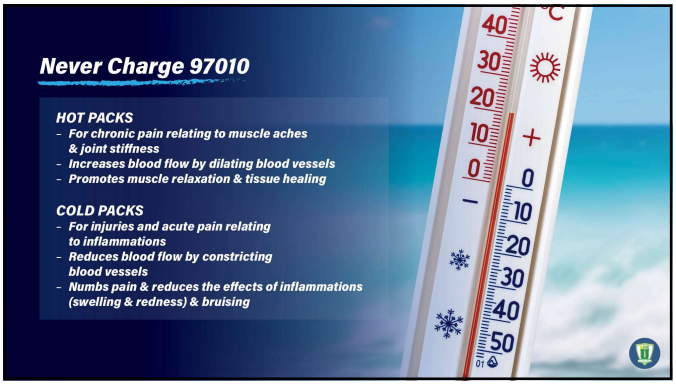


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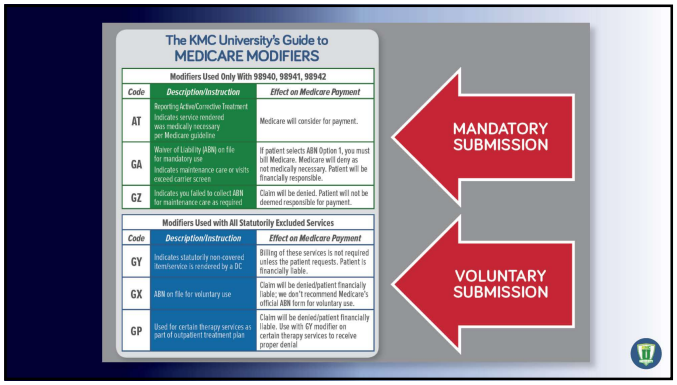


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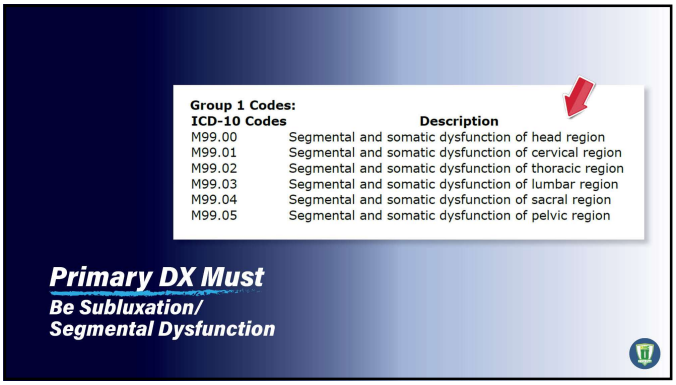


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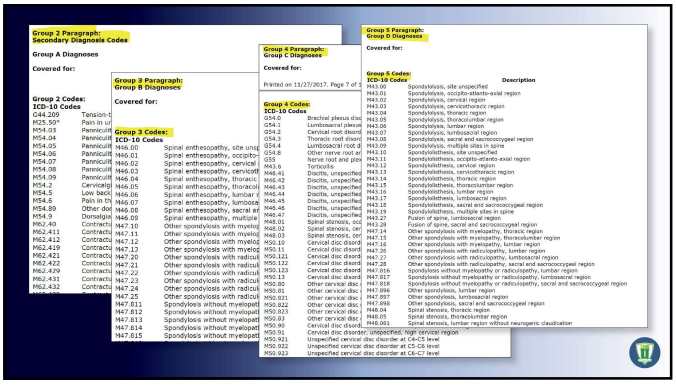


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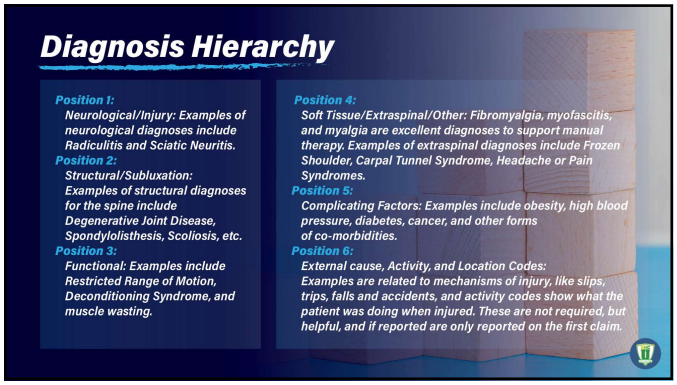


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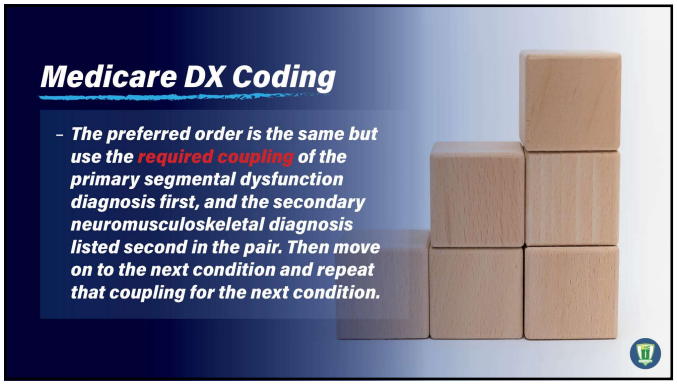


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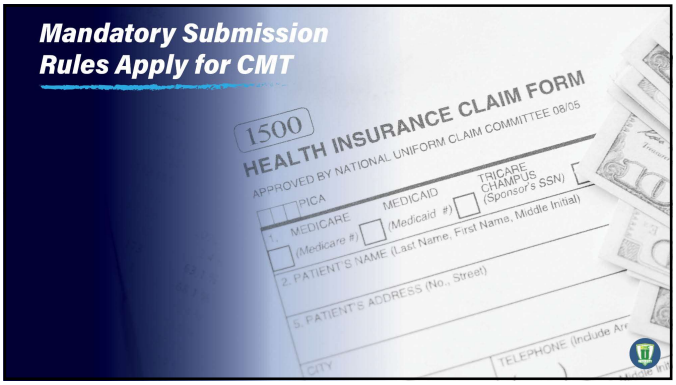


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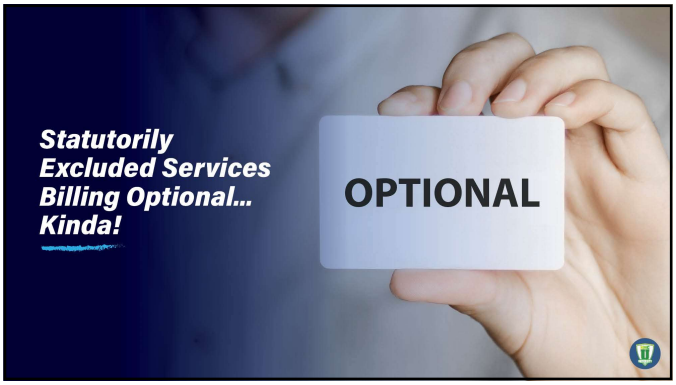


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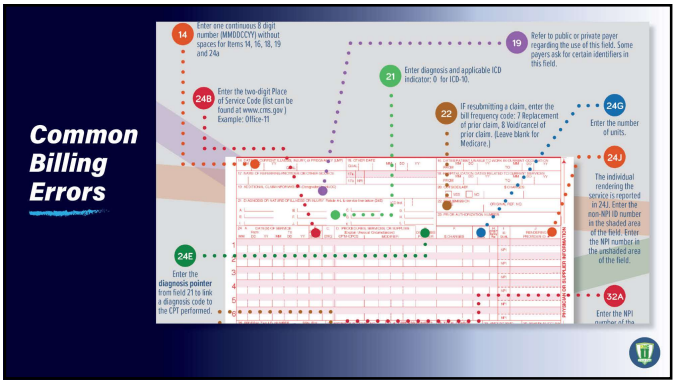


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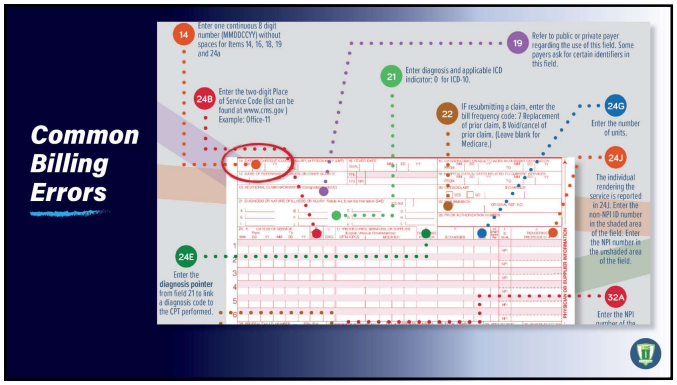


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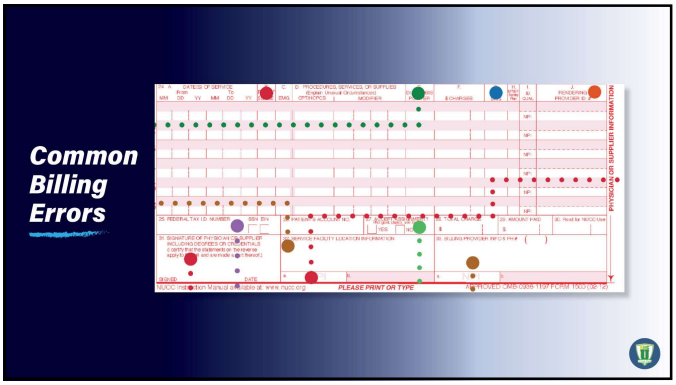


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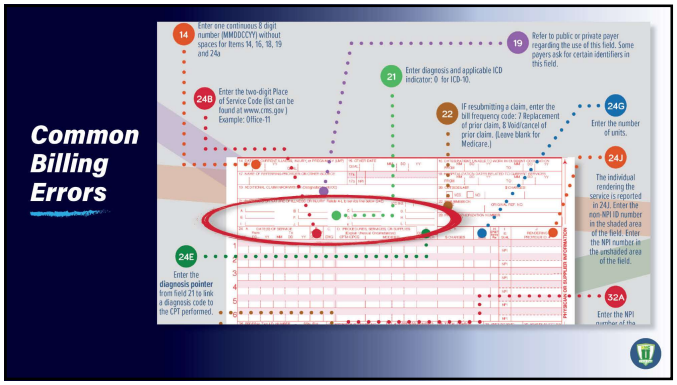


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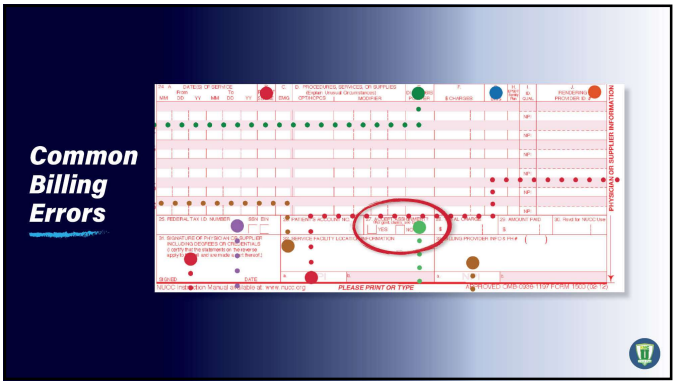


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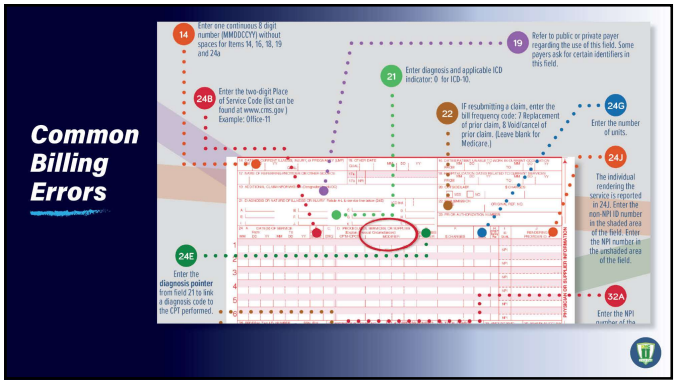


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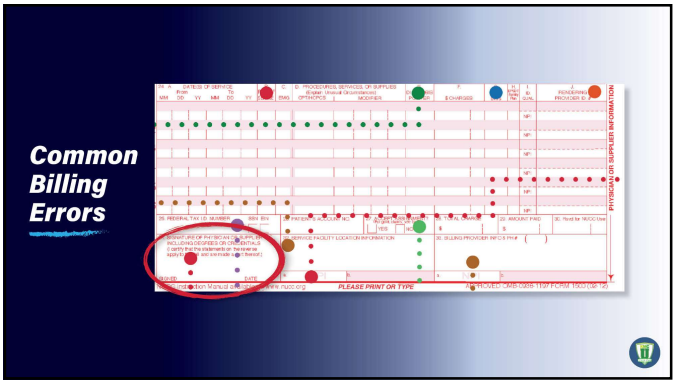


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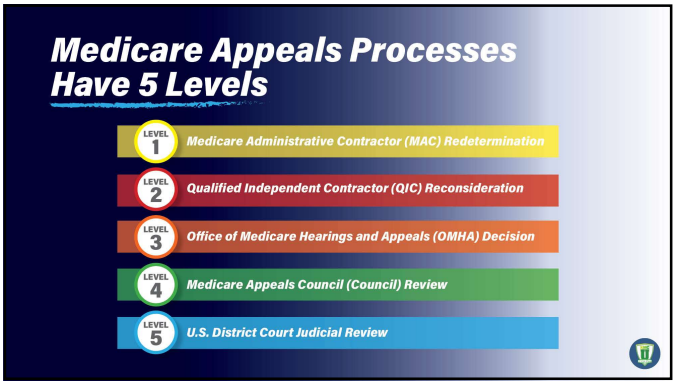


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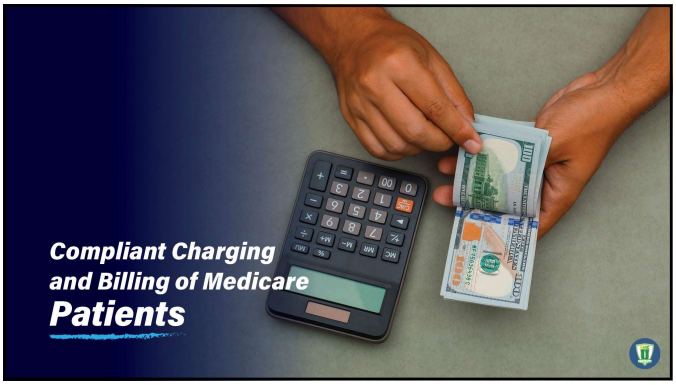


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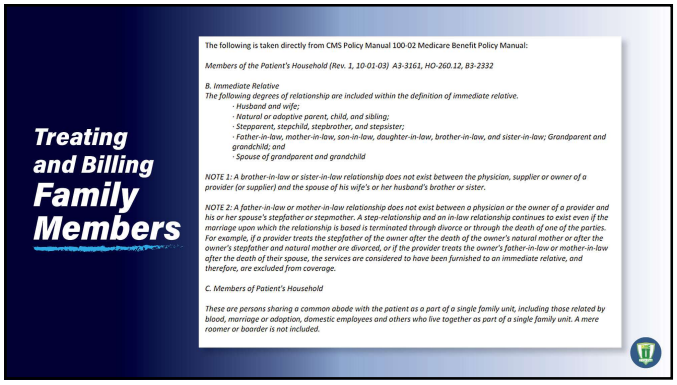


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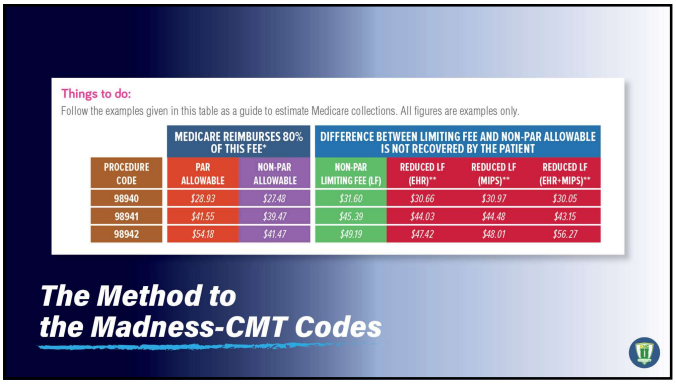


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## Four Possible Fee Structures Pass Muster-Excluded Services

1. Charge your actual fee
2. Charge a reasonable time of service discounted fee (5-15%)
3. Use a network-based, legally discounted fee of choice
4. Allow for a legal hardship/indigence fee the patient qualifies for

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## Three Choices for Fees During Maintenance Care

1. Charge allowable fee or limiting fee
2. Charge your actual fee
3. Charge a discounted fee for maintenance if the patient qualifies and you offer this to ALL types of patients
4. Codify this in your compliance policy


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## Option One: Payer's Allowable or Limiting Fee

| Continue | Charge | Set |
|---|---|---|
| – Continue to charge the allowable or limiting fee in maintenance care | – Charge that fee when billing for active treatment | – Set policy that says THIS is your fee for all phases of care: acute, chronic, or maintenance |

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## Option Two: Charge Provider's Actual Fee for Maintenance Care

**50.7.3 - Effects of Lack of Notification, Medicare Review and Claim Adjudication**

*(Rev. 2782, Issued: 09-06-13, Effective: 12-09-13, Implementation: 12-09-13)*

**A. Beneficiary Liability**

A beneficiary who has been given a properly written and delivered ABN and agrees to pay may be held liable. The charge may be the supplier/provider's usual and customary fee for that item or service and is not limited to the Medicare fee schedule. If the beneficiary does not receive proper notice when required, s/he is relieved from liability.

Notifiers may not issue ABNs to shift financial liability to a beneficiary when full payment is made through bundled payments. In general, ABNs cannot be used where the beneficiary would otherwise not be financially liable for payment for the service because Medicare made full payment. See 50.13 for information on collection of funds.

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## Option Three: Publish a Maintenance Fee Schedule Anyone Can Access

- The safest, and cleanest way to do this is to join a DMPO network like ChiroHealthUSA
- Within that fee schedule, post a fee for maintenance CMT, regardless of levels
- Anyone that is a member can access that fee schedule

ChiroHealthUSA® The Network That Works for Chiropractic!

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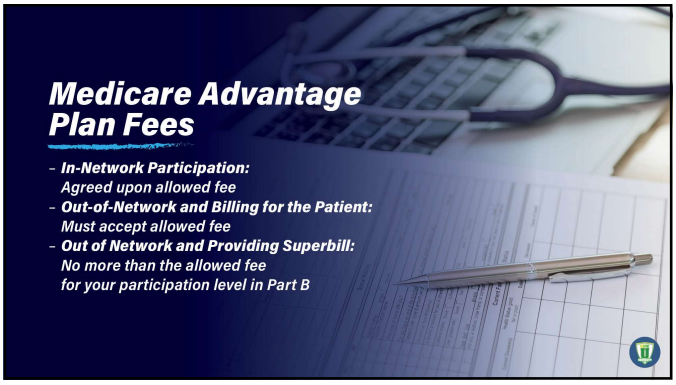
## Medicare Advantage Plan Fees

- In-Network Participation: Agreed upon allowed fee
- Out-of-Network and Billing for the Patient: Must accept allowed fee
- Out of Network and Providing Superbill: No more than the allowed fee for your participation level in Part B



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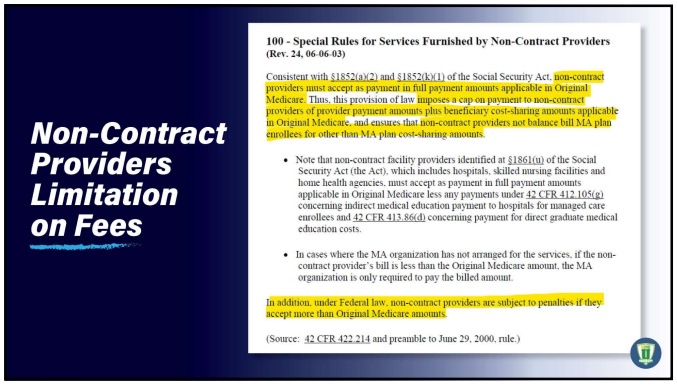


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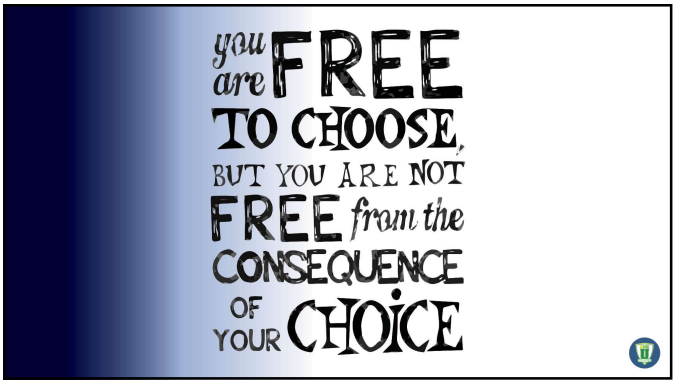


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