

**KMC University's
Virtual Hands-on-Lab**

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**Virtual
Hands-On
LAB**

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Our Plan for Today

- Together for this intro
- Breaking into three main workshop groups
 - ABN and Advance Notice
 - Active vs. Maintenance Care
 - Coding/Modifier/Full Spine Adjusting
- You will stay in the breakout, and instructors will rotate to you for three sessions
- Back together Medicare finances
- Lunch at approximately 1:20pm MT for about 30 minutes

Interact




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**Know How You'll
Arrange for Lunch**



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**NEXT-GEN
MEDICARE**



**Next-Gen Medicare
ISSUES LIST AND ACTION PLAN**

PRACTICE NAME:

NAME AND DATE:

Issues List	Action Plan

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**We Have Freebies
and Downloads**

- After the event, we'll share a page of downloads for your reference
- KMC University members will also receive the direct links to the training in your online training library
- Watch out for emails post-event to complete your Virtual Hands-On Lab Experience



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**Let's Break Out:
Connection
Before Content**

- Your Name/Location
- Length of time in practice or on the job
- Magic wand wish about your job
- Practice Muting and
- Unmuting yourself

All Breakout Rooms will close in 50 seconds

Leave Breakout Room

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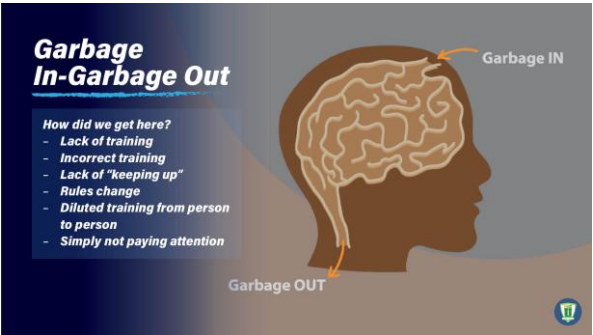
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CHIROPRACTIC MEDICARE BENEFITS AND LIMITATIONS

Recognize the Fundamentals of Medicare Coverage for Chiropractic Services

Covered and Payable	Active Treatment (AT) Spinal Chiropractic Manipulative Therapy (CMT) CPT Codes 98940, 98941, 98942
Covered but Not Payable	Spinal CMT codes are deemed Covered but Not Payable when performed for: <ul style="list-style-type: none">• Chiropractic maintenance treatment• More than one spinal manipulation per day
Statutorily Excluded from Medicare Chiropractic Benefit	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: <ul style="list-style-type: none">• Extremity CMT (98943)• X-rays• Products/supplies• Therapies• Exams• Alternative treatment protocols

*ABN is not required for these services. Office Financial Policy is recommended to communicate these limitations of Medicare coverage.

Step One:

Must Know The Difference Chiropractic is Different In Medicare

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Things to do:

- ★ Apply for a National Provider Identification number (NPI)
- ★ 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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Types of Medicare Coverage: Part B

THE FOUR PARTS OF MEDICARE

PART A
HOSPITAL INSURANCE

PART B
MEDICAL INSURANCE

Chiropractic benefits are included in Traditional Medicare Part B

PART C
MEDICARE ADVANTAGE PLANS (MA/MSA)
Includes Part A, Part B, and sometimes Part D coverage

PART D
MEDICARE PRESCRIPTION DRUG COVERAGE

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Covers 80%

Patient Responsible 20% plus deductible

The Traditional Medicare Card

JOHN L. SMITH Beneficiary Name

1234-5678-9012 Medicare ID Number

01-01-2016 Medicare Coverage Start Date

PART A PART B Type of Medicare Coverage

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Types of Medicare Coverage: Part C

THE FOUR PARTS OF MEDICARE

PART A
HOSPITAL
INSURANCE

PART B
MEDICAL
INSURANCE

Outpatient benefits are included in
Traditional Medicare Part B

PART C
MEDICARE
ADVANTAGE
PLANS
(HMOs/PPOs)

Includes Part A,
Part B, and sometimes
Part D coverage

PART D
MEDICARE
PRESCRIPTION
DRUG
COVERAGE

MEDICARE PART C

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Medicare Part C

- Complete
- Advantage
- PPO
- HMO
- PFFS

MEDICARE PART C

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Obligations of DCs When Agreeing to Accept and Treat Medicare Part C Patients

Accepts and Treats Medicare Part C Patients

NO (Not enrolled in any Part C Plan)
Does not accept enrollment in Medicare Part C
Does not accept enrollment in Medicare Part C

YES (Non-Participating with Patient's Plan)
Change plans at Part B for action
Does not accept enrollment in Medicare Part C
Does not accept enrollment in Medicare Part C

YES (Participating with Patient's Plan)
Change plans at Part B for action
Does not accept enrollment in Medicare Part C
Does not accept enrollment in Medicare Part C

Charge Part B allowed
Charge Part B allowed
Charge Part B allowed

Medical Necessity
Medical Necessity
Medical Necessity

Proper use of billing
Proper use of billing
Proper use of billing

MEDICARE PART C

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What the Office Must Know

Is the patient eligible for services today?

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

Did I compare the services I intend to render to the payer's medical review policy to check for services that may be deemed experimental, unproven, or investigational? And am I clear about the payer's definition of medical necessity?

Did I review the coding and documentation requirements in the payer's medical review policy to ensure we know the rules of engagement and can produce a valid, reimbursable claim?

MEDICARE PART C

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Why Verify Medicare?

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

MEDICARE PART C

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Our Medicare Part B Avatar

Minnie Medders

MEDICARE PART B

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