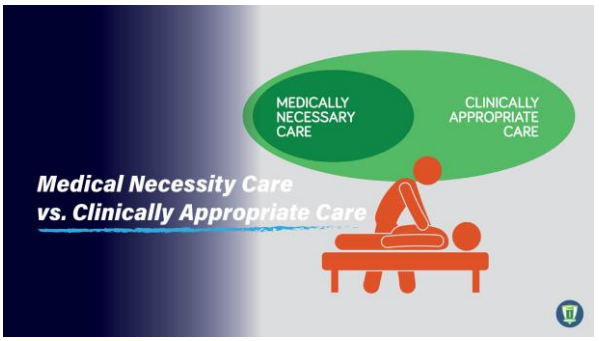

NEXT GEN MEDICARE
Practical and Updated Training For Billing & Risk Management
Full Spine Adjusting, Coding and Modifiers
Presented by:
Colleen G. Auchenbach, DC, CPCO, CPMA | Director of Education
Rachel Moore, DC | Specialist

2


MEDICALLY NECESSARY CARE
CLINICALLY APPROPRIATE CARE
Medical Necessity Care vs. Clinically Appropriate Care

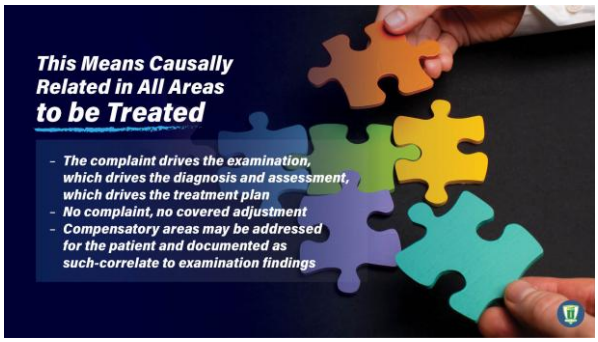
3


So? I'm a Full Spine Adjuster!
- Medical necessity definition dictates that you must prioritize each area of complaint
- Every visit:
- S + O (P + ART) for every region treated
- 2 DX codes for each region
- Treatment plan for each/short and long term goals

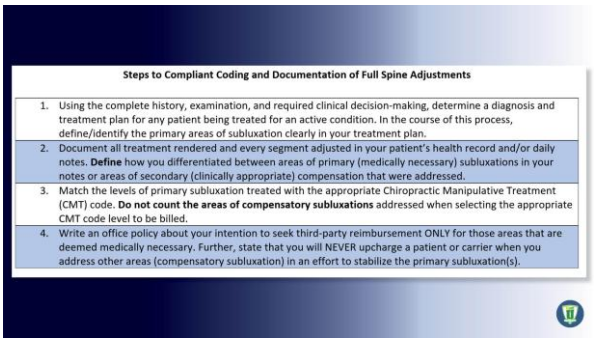
4


Understand and Implement Medical Necessity Definitions
The definition of Medical Necessity, per Medicare, is:
- The patient must have a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment, and the manipulative services rendered must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function.

5


This Means Causally Related in All Areas to be Treated
- The complaint drives the examination, which drives the diagnosis and assessment, which drives the treatment plan
- No complaint, no covered adjustment
- Compensatory areas may be addressed for the patient and documented as such-correlate to examination findings

6


Steps to Compliant Coding and Documentation of Full Spine Adjustments
1. Using the complete history, examination, and required clinical decision-making, determine a diagnosis and treatment plan for any patient being treated for an active condition. In the course of this process, define/identify the primary areas of subluxation clearly in your treatment plan.
2. Document all treatment rendered and every segment adjusted in your patient's health record and/or daily notes. Define how you differentiated between areas of primary (medically necessary) subluxations in your notes or areas of secondary (clinically appropriate) compensation that were addressed.
3. Match the levels of primary subluxation treated with the appropriate Chiropractic Manipulative Treatment (CMT) code. Do not count the areas of compensatory subluxations addressed when selecting the appropriate CMT code level to be billed.
4. Write an office policy about your intention to seek third-party reimbursement ONLY for those areas that are deemed medically necessary. Further, state that you will NEVER upcharge a patient or carrier when you address other areas (compensatory subluxation) in an effort to stabilize the primary subluxation(s).

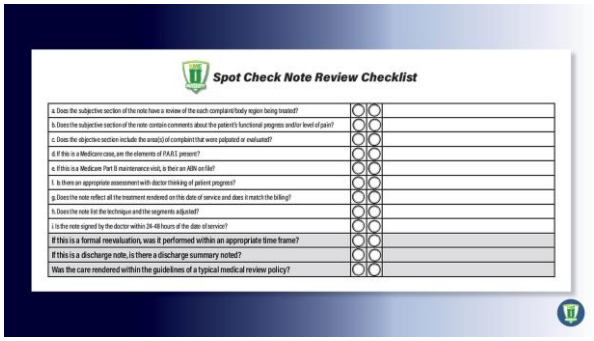
7


Plan:
Today's Treatment:
Primary Treatment:
Diversified- Chiropractic Manipulative Treatment (CMT) to the left C3, C4, right C5, L3, L4, right L5, right sacrum and right pelvis spinal level(s).
Compensatory adjustment(s) at level(s): T5, T6
Supportive Therapy
Hot Pack hot moist pack applied to posterior cervical (neck) and lumbar regions for 8 minutes.
Ultrasound with contact medium applied to posterior cervical (neck) region for 10 minutes at a setting of continuous 100% and at 1.0 W/cm2.
Low volt EMS, unattended applied to lumbar, left and right sacroiliac regions for 8 minutes.
Advised
Tx Effect: Treatment rendered without incident
Next Visit: continue with treatment plan as scheduled
Chiropractic technique clearly indicated
Specific segments adjusted are noted
Compensatory segments addressed are noted separately
Ancillary services are clearly indicated, with location and details
Time is documented for all therapies
Active Treatment Visit "P"lan
- Include technique for adjustments along with specific segments adjusted-both primary and compensatory
- Each modality is clear, with location and time

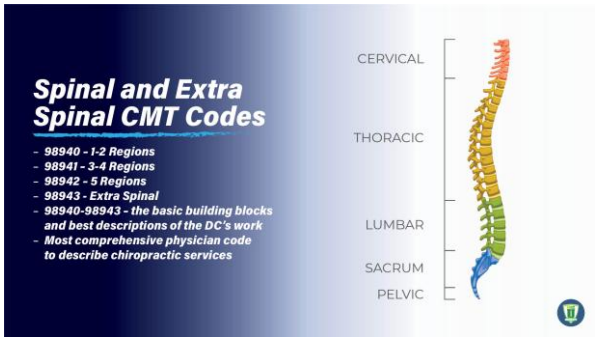
8


Get your Requested Materials Ready!

9


Spot Check Note Review Checklist
a. Does the subjective section of the note have a review of the each complaint/body region being treated?
b. Does the subjective section of the note contain comments about the patient's functional progress and/or level of pain?
c. Does the objective section include the area(s) of complaint that were palpated or evaluated?
d. If this is a Medicare case, are the elements of P.A.R.T. present?
e. If this is a Medicare Part B maintenance visit, is their an ABN on file?
f. Is there an appropriate assessment with doctor thinking of patient progress?
g. Does the note reflect all the treatment rendered on the date of service and does it match the billing?
h. Does the note list the technique and the segments adjusted?
i. Is the note signed by the doctor within 24-48 hours of the date of service?
If this is a formal reevaluation, was it performed within an appropriate time frame?
If this is a discharge note, is there a discharge summary noted?
Was the care rendered within the guidelines of a typical medical review policy?

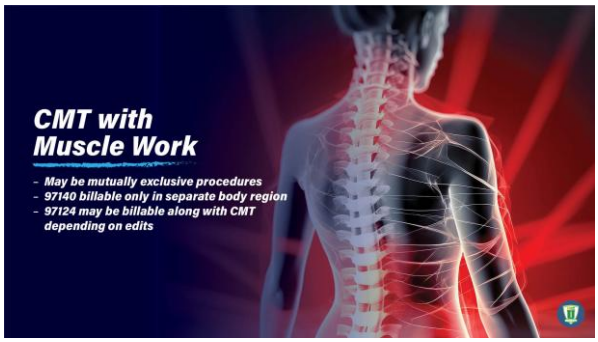
10


Spinal and Extra Spinal CMT Codes
- 98940 - 1-2 Regions
- 98941 - 3-4 Regions
- 98942 - 5 Regions
- 98943 - Extra Spinal
- 98940-98943 - the basic building blocks and best descriptions of the DC's work
- Most comprehensive physician code to describe chiropractic services
CERVICAL
THORACIC
LUMBAR
SACRUM
PELVIC

11


Extra Spinal Adjusting
- Regions
- Head
- Upper extremities (shoulder to fingers)
- Lower extremities (hip to toes)
- Anterior ribs
- Abdomen
- May be billed once per visit
- Can be billed along with spinal CMT code
- Confirm reimbursement

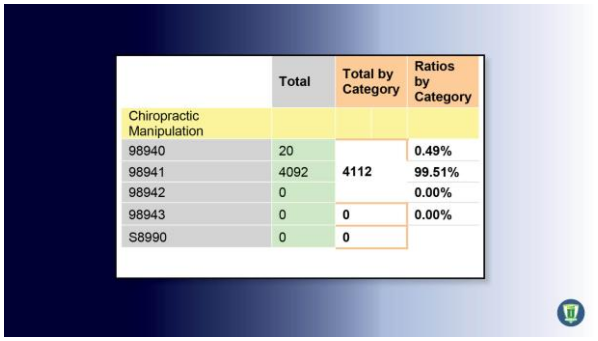
12


CMT with Muscle Work
- May be mutually exclusive procedures
- 97140 billable only in separate body region
- 97124 may be billable along with CMT depending on edits

13

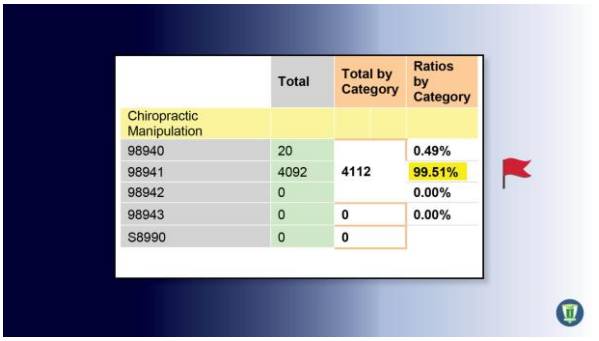
14

15



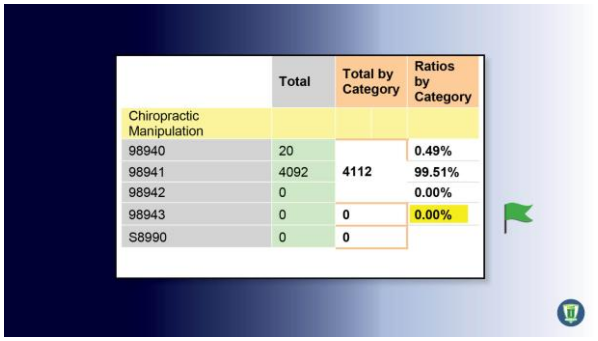
	Total	Total by Category	Ratios by Category
Chiropractic Manipulation			
98940	20		0.49%
98941	4092	4112	99.51%
98942	0		0.00%
98943	0	0	0.00%
S8990	0	0	

16



	Total	Total by Category	Ratios by Category
Chiropractic Manipulation			
98940	20		0.49%
98941	4092	4112	99.51%
98942	0		0.00%
98943	0	0	0.00%
S8990	0	0	

17



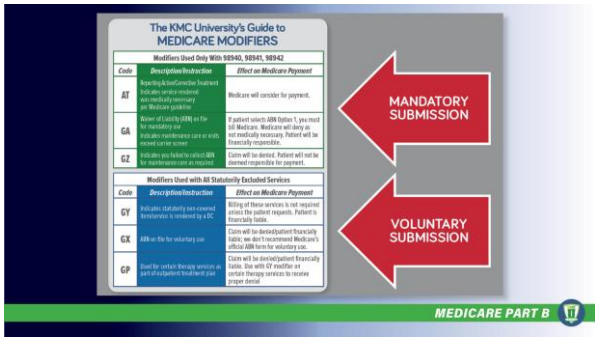
	Total	Total by Category	Ratios by Category
Chiropractic Manipulation			
98940	20		0.49%
98941	4092	4112	99.51%
98942	0		0.00%
98943	0	0	0.00%
S8990	0	0	

18

19

20

21

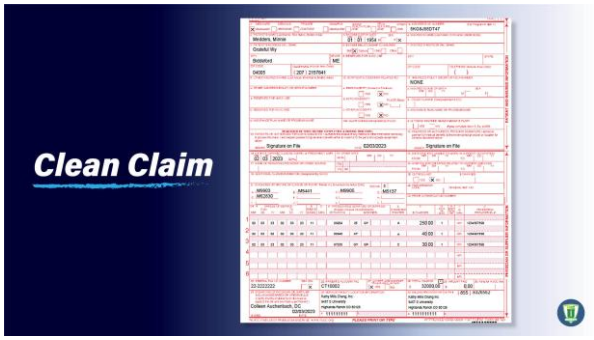


22

23

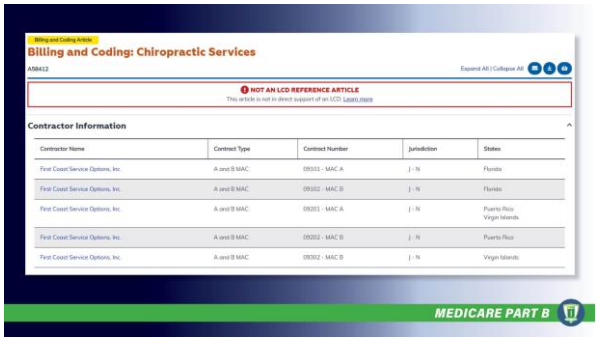
24

25

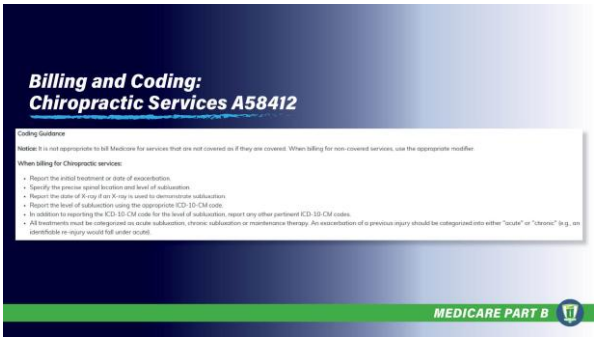


26

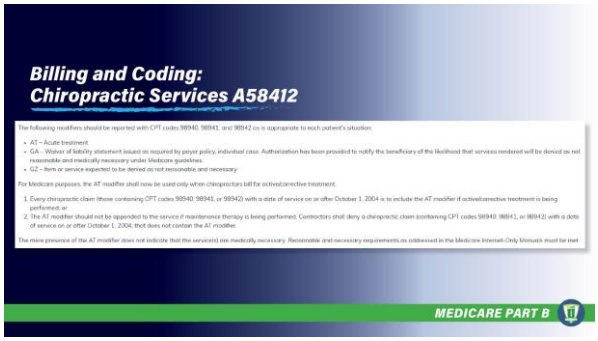
27



28



29

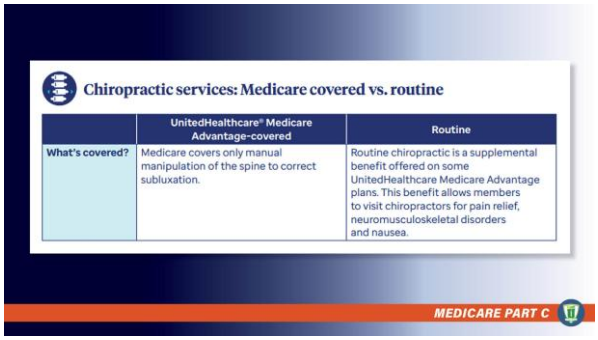


30

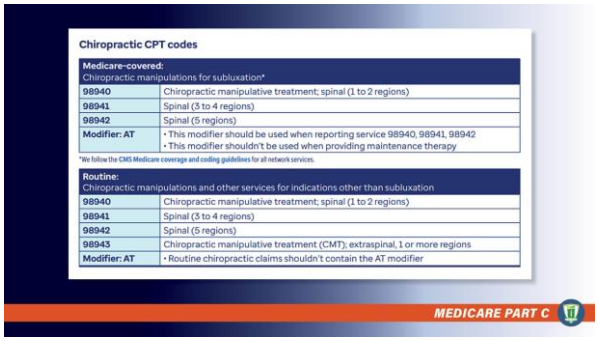
31


UnitedHealthcare Medicare Advantage chiropractic and acupuncture coverage
Quick reference guide
Routine chiropractic and acupuncture benefits cover additional services not covered by original Medicare. These additional benefits are offered on some, but not all, UnitedHealthcare® Medicare Advantage plans.
In this quick reference guide, you'll learn about what original Medicare covers and what some UnitedHealthcare plans cover for chiropractic and acupuncture benefits.
You can also use this guide for important phone numbers, websites and addresses, as well as a list of common CPT® codes to use for claims submissions.
Questions?
For chat options and contact information, visit UHCprovider.com/contactus.
MEDICARE PART C

32


Chiropractic services: Medicare covered vs. routine
UnitedHealthcare® Medicare Advantage-covered
Routine
What's covered?
Medicare covers only manual manipulation of the spine to correct subluxation.
Routine chiropractic is a supplemental benefit offered on some UnitedHealthcare Medicare Advantage plans. This benefit allows members to visit chiropractors for pain relief, neuromusculoskeletal disorders and nausea.
MEDICARE PART C

33


Chiropractic CPT codes
Medicare-covered:
Chiropractic manipulations for subluxation*
98940 Chiropractic manipulative treatment; spinal (1 to 2 regions)
98941 Spinal (3 to 4 regions)
98942 Spinal (5 regions)
Modifier: AT • This modifier should be used when reporting service 98940, 98941, 98942 • This modifier shouldn't be used when providing maintenance therapy
*We follow the CMS Medicare coverage and coding guidelines for all network services.
Routine:
Chiropractic manipulations and other services for indications other than subluxation
98940 Chiropractic manipulative treatment; spinal (1 to 2 regions)
98941 Spinal (3 to 4 regions)
98942 Spinal (5 regions)
98943 Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
Modifier: AT • Routine chiropractic claims shouldn't contain the AT modifier
MEDICARE PART C

34


"Time for a Break"

35