

# **Proper and Ethical Billing and Coding ~ 4 Hours Learning Objectives**

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Live in Northern California & Online**

## **Proper and Ethical Billing and Coding:**

1st hour Objective: Attendees will be made aware of proper and ethical billing coding concepts discussed in the first hour of material on this subject, realize what needs to be done in given situations so as to be compliant with the Chiropractic Board as well as state and federal laws, and learn to think first and avoid potential problems. These first hour topics include overview of the insurance concept, insurance fraud from a legal and practical standpoint, when and when not to bill insurance, timely filing of claims, doctor responsibilities including confidentiality, etc.

### **Proper and Ethical Billing and Coding - 1st hour -**

- Introduction
- Overview of Insurance Concept
- Insurance Fraud and How to Prevent It -
  - Insurance Fraud defined -
    - intent
    - misrepresentation
    - material facts
    - justifiable reliance
    - to obtain property of another (e.g. money from an insurance company)
- When Insurance is Applicable -
  - Stable v. Unstable Conditions
- Timely Filing of Claims -
  - Medicare (federal) - by Dec. 31st of the calendar year following a given fiscal year
  - State claims -
    - California statutory limitation
    - contract limitations
- Doctor Responsibilities -
  - Confidentiality -
    - HIPAA
    - California state confidentiality laws -
      - patient consent
      - conservator consent
      - court subpoena
      - court order
      - state investigator authority

2nd hour Objective: Attendees will be made aware of proper and ethical billing coding concepts discussed in the first hour of material on this subject, realize what needs to be done in given situations so as to be compliant with the Chiropractic Board as well as state and federal laws, and learn to think first and avoid potential problems. These second hour topics include doctor responsibilities (continued) including negligence and how to avoid it, obtaining patient consent, proper recordkeeping and documentation, proper insurance billing, the significance of a signature on billing forms, etc.

- Doctor Responsibilities (continued) -
  - Negligence (avoiding it)
  - Reasonable Protective Measures
  - Obtain Patient Consent
  - Proper Chart Recordkeeping and Documentation -
    - signs, symptoms
    - diagnoses
    - recommendations
    - release of patient for insurance purposes
  - Proper Insurance Billing

proper encoding of HCFA-1500 and CMS-1500 billing forms  
Signature on Billing Form

3rd hour Objective: Attendees will be made aware of proper and ethical billing coding concepts discussed in the first hour of material on this subject, realize what needs to be done in given situations so as to be compliant with the Chiropractic Board as well as state and federal laws, and learn to think first and avoid potential problems. These third hour topics include denials and appeals, Medicare reviews, diagnosis codes including E and numerical codes, personal injury diagnosis codes and the proper hierarchy of listing these codes, use of as many billing as necessary to list all pertinent diagnosis codes, Medicare diagnosis codes, evaluation and management CPT codes, etc.

Denials and Appeals

Medicare Reviews -

Do NOT Ignore Medicare Reviews

Diagnosis Codes -

E (External cause) Codes

Numerical Codes -

4th and 5th digits

Personal Injury diagnosis codes -

hierarchy of listing diagnosis codes -

a) trauma

b) neurological symptoms

c) symptoms other than neurological symptoms

d) underlying conditions

use as many billing sheets as is necessary to list all diagnosis codes

Medicare diagnosis codes

Procedure (CPT) Codes -

Evaluation and Management -

significantly and separately identifiable (non-routine)

-25 modifier

extent of history

extent of examination performed

complexity of decision making

time

4th hour Objective: Attendees will be made aware of proper and ethical billing coding concepts discussed in the first hour of material on this subject, realize what needs to be done in given situations so as to be compliant with the Chiropractic Board as well as state and federal laws, and learn to think first and avoid potential problems. These fourth hour topics include radiology CPT codes, adjusting codes in reference to properly defined areas of the human body, physical therapy codes including modalities and therapeutic procedures, modifiers, supplies, correct answers to tough questions, etc.

Radiology (Diagnostic Imaging)

Adjusting Codes -

defined areas

98940

98941

98942

98943

Physical Therapy Codes -

Modalities –

97010 - 97028 - supervised (but does not require direct patient contact by the doctor)

97032 - 97039 - direct supervision (constant attendance) is required

Therapeutic Procedures - attempt to improve function with direct supervision

97110 - 97799

Modifiers --52 --59 –

Supplies

Correct Answers to Tough Questions