

## **Online Seminar - Billing & Coding II ~ Medicare, ICD-10 & other Billing Issues Objectives**

Complying with the State of California Chiropractic Act and its associated Rules and Regulations generally speaking is not hard to do. More often than not, compliance involves thinking before doing, and having enough common sense to know when to read the Act, Rules, and Regulations when being suspicious that a given course of action might be at issue. Fortunately, most chiropractors are blessed with a high degree of common sense.

The State of California Rules and Regulations are contained in Title 16 of the California Code of Regulations, Division 4, beginning with section 301. These are posted on the State of California Board of Chiropractic Examiner's ("Board") website, and are periodically updated. It is best to periodically browse these rules and regulations to make sure you are compliant in your professional life with them.

In previous years, the California Board of Chiropractic Examiners posted their mission statement on their website, which was centered around protecting consumers from three main areas of focus - lack of competence, negligence, and insurance fraud. Competence is having and utilizing the degree of knowledge, skill, thoroughness, and training that a reasonable doctor of chiropractic would use in the performance of their professional duties. Negligence is conduct that falls below the standard of care that an objective, reasonable doctor of chiropractic would use in their professional practice. Insurance fraud is the intentional misrepresentation of at least one material fact, justifiably relied upon by another (the insurance company), so as to obtain the property of another (the insurance company). Insurance fraud is most easily avoided by not having any bad intent, but it can be extremely helpful to prove that lack of bad intent.

This written seminar specifically focuses on a variety of billing aspects, including the proposed ICD-10 system and a very detailed section on Medicare. There is an important need for Medicare to be clearly and concisely explained in one place, because it has not previously been done and it is the doctor's responsibility to handle Medicare issues properly.

## **Online Seminar - Billing & Coding II ~ Medicare, ICD-10 & other Billing Issues Outline**

1st Hour -

### **Number of Fee Schedules** -

- created by law
- created by contract
- one general other fee schedule

### **Discounts** -

- Legal authority
- Reasonable Believe of no forthcoming insurance payment
- Prompt payment

### **ICD-10** -

- Overview
- Legal Authority
- To Whom Will/Does ICD-10 Apply?
- Specificity
- 1st Character Position
- 5th & 6th Character X Positions
- Laterality
- 7th Character Position
- Chronic & Sequela Symptoms Simultaneously

2nd Hour -

### **ICD-10** (continued) -

- Conversion from ICD-9 to ICD-10
- Example

## **5 + 1 Defined Areas of the Body for Billing Purposes**

### **97140-59 -**

Non-Payable Example  
Payable Example

## **Legitimate Requests for Refunds**

### **Use the Most Appropriate CPT Procedure Code(s) -**

### **Medicare Explained -**

Overview  
Medicare Part B  
Enrollment in Medicare Part B by Doctors  
Prohibition of Billing by Doctors Not Enrolled in Medicare Part B  
How to Resist Medicare Part B's Attempt to Enroll a Doctor  
Advance Beneficiary Notice of Non-Coverage (ABN) Form  
Participating versus Non-Participating Classification  
Significance of the Participating Classification

### 3rd Hour -

### **Medicare Explained** (continued) -

Excess, Secondary, and Supplemental Insurance  
Significance of the Non-Participating Classification  
Medicare Part B Billing Limitations -  
    Actual Charge Restrictions  
    Limiting Charge Concept  
    Limiting Charge Defined  
    Limiting Charge Applications  
    Mandatory Claims Submission  
Medicare Pays only for Active Therapy  
Medicare Billing Modifiers  
Physician Quality Reporting System (PQRS)

### 4th Hour -

### **Medicare Explained** (continued) -

Medicare Subluxation Documentation Requirements  
Initial Visit Documentation  
Subsequent Visits Documentation Requirements  
Additional Documentation for Pages Other than Bills  
Medicare Billing Time Limits  
Medicare Sanctions  
Medicare Fraud and Abuse Penalties  
How to Get Out of Medicare as an Enrolled Provider  
Medicare Audits  
Retention of Records