

Ethics & Law – Medicare Billing Requirements – 2 Hours
Back To Chiropractic CE Seminars
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Objectives

Federal law controls Medicare billing and coding requirements for Chiropractors. The objectives of this course are to instruct California Chiropractors understand the law and to know, understand and use the correct terminology required by federal law. They will be instructed on the legal requirements for Medicare in order to not violate federal law and its very specific legal requirements. Participants will be taught that we are subject to the law and must ethically conform to the law to avoid audits and survive reviews.

Hour 1

Participants will be provided legally compliant Medicare SOAP notes forms for Initial Visits, Subsequent Visits and Outcome Assessments for chiropractic patients. Eight common myths about Medicare billing will be dispelled and the legally correct facts will be presented. Participants will be taught common Medicare mistakes that are taken right from the Medicare website which is trying to teach Chiropractors to document properly, ethically and legally under the Medicare system.

Hour 2

During hour 2, the eight myths will be presented in detail, citing applicable law such as Medicare Benefit Policy Manual, Chapter 15, Section 240. The Mandatory Claim Submission Rule is explained to help doctors understand their legal and ethical obligations to every senior citizen and other Medicare recipients. The process of audits will be presented and additional resources will be provided including the exact location(s) on the Medicare website where doctors can receive additional information. Doctors will be taught the rules of the “Opt Out” provision of Medicare with legal citations to Section 40.4 of the Medicare Benefits Policy Manual. The rules of ABN are presented as well as the rules for “maintenance” chiropractic coverage. Specifics regarding the legal requirements for paperwork are presented and how durable medical equipment (DME) is paid by Medicare.