

THE MEDICARE CLAIM

This is a continuation of a series of articles on Medicare, Medicare documentation, and related issues. The Office of the Inspector General (OIG) issued a report on June 21, 2005 concerning the inadequacy of chiropractic documentation. The purpose of these articles is to familiarize the profession with the specific concerns that were raised in that report and the areas of which Doctors of Chiropractic need to be especially cognizant.

Our purpose is to increase general understanding of the Medicare program. The first article addressed common myths prevalent within the profession. This second article pertains to billing Medicare claims. Although not specifically addressed in the OIG report, it is still a major source of error within the profession and contributes to the problems we face within the Medicare system.

Many people are not aware that Medicare is the largest health payer in the country (as well as being the largest purchaser of managed care). Currently supplying coverage for over 43 million Americans, and growing with the aging of the baby boomer population, the impact it has in the health arena obviously cannot be denied.

A significant portion of our Medicare issues stem, quite simply, from filling out the claims improperly. It is crucial for our profession that all services be properly documented and properly represented on the claim form.

Top Tips for Correctly Completing a Medicare Claim

For detailed information on filling out the health insurance claim form (general), please visit http://www.nucc.org/images/stories/PDF/instruction_manual_change%20log_7-08.pdf.

For detailed information on filling out a Medicare claim form, please visit <http://www.cms.hhs.gov/manuals/downloads/clm104c26.pdf>. Also, remember that your local contractor may have additional requirements for billing.

The following information is adapted from a “Medicare Made Simple” seminar, as presented by Susan A. McClelland, FICC (h.c.).

Box 1a: Reproduce the HICN as found on the Medicare card. This is normally a series of 9 numbers and a letter. This series of characters should be reproduced exactly on the form, without using spaces or hyphens, or your claim will be denied.

Box 2: Insert the name as found on the Medicare card. (You may know the patient as Bob Jones, but his real name may be Melvin Robert Jones. If you put “Bob” on the claim form, and the Medicare card has him listed as Melvin Robert, your claim will be denied.)

Box 11: Insert the word “NONE” (if Medicare is primary) or enter the primary insurance policy number (if Medicare is secondary). You must check if Medicare is primary and that you aren’t dealing with personal injury, workers’ compensation, or a primary employer health insurance.

Box 14: Insert the date of the first visit for this course of care. Note: This date is NOT necessarily the first time they entered your office, but rather should be the first visit for this occurrence of the condition.

Box 17/17b: Insert the referring/ordering physician’s name (this could be you) and personal NPI when billing x-ray, lab, and/or consult codes.

Box 19: X-ray date, if used to identify subluxation.

Box 21: The primary diagnosis must be subluxation (739.*). Secondary codes must be NMS codes from an approved list.

Box 24D: Spinal CMT is covered (98940/98941/98942). All other services are non-covered. Don’t forget to use the correct modifiers, and that EMS should be coded as G0283 instead of 97014 (so it will be denied as non-covered vs. invalid.)

Box 24E: Diagnosis pointer. Only put one number in this column!

Box 24F: Charges (may not be more than the Limiting Charge, if you are a non-par provider not accepting assignment).

Box 24J: Provider NPI.

Box 32: This must be the physical address of where the services were rendered (not a PO Box).

Box 32a/b: Should be blank.

Box 33a: Group or corporate NPI (if available); otherwise, personal NPI.

Modifiers: Don’t forget them! Here are the five most common Medicare modifiers used in chiropractic care.

- -GY : Non-covered service
- -GA : Properly delivered ABN

- -GZ : “Oops.” Use this on the rare occurrence that you should have gotten an ABN signed but, for some reason, did not (this modifier is optional).
- -GP : Therapy services
- -AT : Active (acute and chronic) spinal CMT.