

Medicare Article: Part III
Filling out the Health Insurance Claim Form

Medicare is the largest purchaser of managed care and the largest health payer in the country. Supplying coverage for over 43 million Americans and growing with the aging of the boomer population, the impact it has in the health arena cannot be denied.

A bulk of Medicare denials stem, quite simply, from filling out the Health Insurance Claim Form incorrectly. It is important that offices follow a systematic process for filing claims. It is also crucial for our profession that all services are documented showing necessity in your records, and that you list all services on the claim form even if it is viewed as non-covered and/or non reimbursable by Medicare.

This is important because the chiropractic profession must have data if, in the future, we lobby for more covered services. If we haven't utilized/reported/performed the services in the past then why should we expect coverage in the future? All services, covered or not, should be documented completely in your records. Complete submissions will help ensure the path that chiropractic is on will continue to be a progressive one. A quick reminder that non-covered service listings will require a GY modifier.

This article is the third of a series of articles that have been prepared by the Association of Chiropractic Colleges Post-graduate Subcommittee to serve doctors in the field and to address the concerns outlined in the 2005 OIG report which stated that 94% of claims submitted by chiropractors are missing required elements in the documentation.

Part III of our Medicare series follows. Please watch your college publications and websites for release of further information in this series. For more detail, also contact the ACC for information on access to their latest webinar product and stay abreast of Medicare issues and rules at <http://www.cms.hhs.gov/home/medicare.asp>

Sincerely,

Participating ACC Post-graduate Subcommittee Continuing Education Directors:

Laurie Mueller, DC	Palmer College of Chiropractic
Tom Ventimiglia, DC	New York Chiropractic College
Ralph Barrale, DC	Logan College of Chiropractic
Lester Lamm, DC	Western States Chiropractic College
Michelle Yungblut	Parker College of Chiropractic
John Nab, DC	Cleveland College of Chiropractic

Thank you to our expert Medicare consultant, Ms. Susan A. McClelland.

Filling out the Health Insurance Claim Form

Top 13 Quick Tips

For even more detailed information on filling out the health insurance claim form please visit http://www.nucc.org/images/stories/PDF/claim_form_manual_v2-1_3-07.pdf.

(Adapted from “Medicare Made Simple” notes as presented by Susan A. McClelland, BS, CCA, FICC for the Association of Chiropractic Colleges May 3, 2007).

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 sent back to you.

Box 2: Reproduce 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: Write “NONE” (if Medicare is primary) or enter the primary insurance policy #. You must check to MAKE SURE if Medicare is primary and that you aren’t dealing with PI, WC, or primary Employer Health Insurance.

Box 14: Insert the date of first treatment or date of exacerbation. Note: the date of first treatment is NOT the first time they entered your office, but rather should be the first visit for this occurrence of the current condition.

Box 17/17a: Insert the referring/ordering physician’s name and NPI. This could be you or someone else. Fill it out for x-ray codes, labs, or consults.

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

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

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

Box 24 I/J: Provider NPI.

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

Box 21 ICD-9: The primary code must be a subluxation (739.*). Secondary codes should be NMS codes from an approved list.

Box 24D CPT Coding: Only put one service per line! Spinal CMT coding 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.)

Modifiers: Don't forget them! The five modifiers used in chiropractic care are listed below.

- -GY : Non-covered service
- -GA : properly delivered ABN
- -GZ : 'Oops'. Use this on the rare occurrence that you should have gotten an ABN but, for some reason, did not.
- -GP : Therapy
- -AT : Active care (acute and chronic) spinal CMT.