

THE HEARTBEAT OSGA NEWSLETTER

AUG 2024

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ADVANTAGE PRIOR
AUTHORIZATION
REQUIREMENTS**

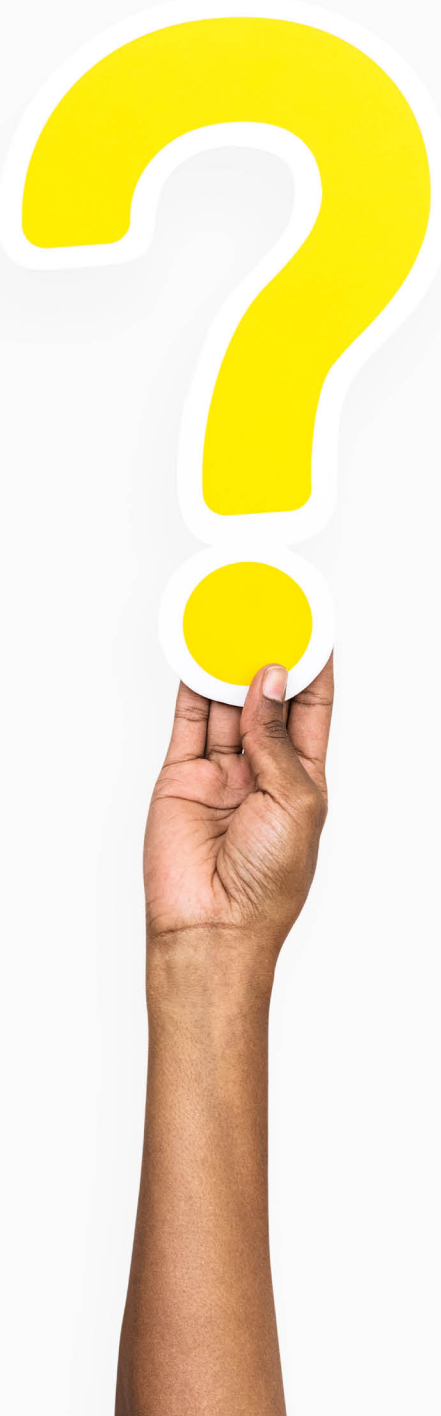
GET YOUR PATIENTS INVOLVED

CONVENTION UPDATES

LEGAL CORNER

OSCA UPDATE ON MEDICARE ADVANTAGE PRIOR AUTH CHANGES

As a follow-up to our previous communication, we want to bring your attention to significant changes regarding prior-authorization requirements that will impact you and your Medicare Advantage patients. Beginning August 29, 2024, Humana will implement new prior-authorization protocols for chiropractic and other physical therapy services. UnitedHealthcare, through Optum, will follow suit on September 1, 2024, with similar requirements under their Medicare Advantage plans.



WHAT OSCA HAS DONE FOR YOU?

In response to these upcoming changes, the OSCA sent immediate communication to UHC and Optum adamantly opposing these requirements. In addition, through its membership in ChiroCongress, (a national association for state associations) and Dr. Spaulding's participation in the Payor Policy Initiative (PPI) Committee, the OSCA helped craft a national advocacy effort for state associations, their member doctors and the patients they serve. This effort includes action at the national, state, and local level.

At the state level, OSCA has formally addressed our concerns by sending a detailed letter to the leadership at UnitedHealthcare to Mr. Noel, the CEO of the UHC Medicare division and Mr. Rehtin, newly appointed CEO at Humana. At the national level, ChiroCongress has done the same. States across the country are encouraged to and will be sending communication to UHC Medicare leadership as well. Our letter strongly advocates against the upcoming changes, emphasizing the administrative burden, potential barriers to these cost-effective conservative treatment options, and the undermining of provider judgment that these new requirements impose. Our goal is to protect our profession's ability to provide timely, necessary care to patients without undue administrative hurdles.

HOW YOU CAN HELP?

We encourage our members to actively participate in this advocacy effort at the local level by getting your patients involved.

To support your efforts, we are providing a Patient Advocacy Flyer that you can distribute to your Medicare Advantage patients. This flyer includes vital information about the prior-authorization changes and guidance on how patients can advocate for themselves by contacting their insurance providers directly.

We strongly urge you to share this flyer widely to ensure that patients are informed and empowered to protect their access to essential care. [Download the flyer here.](#)

WHAT'S NEXT

The OSCA will continue to monitor these changes closely and will keep you updated on any further developments. We remain committed to advocating for fair and reasonable policies that prioritize patient care and support the vital work you do every day.

Thank you for your continued dedication to your patients and our profession. Together, we can make a difference in how these policies are implemented and ensure that chiropractic care remains accessible and effective for all who need it. If you have further questions or concerns, please reach out to OSCA.



LEGAL CORNER

Q: CAN I CHARGE AN ADMINISTRATIVE FEE TO MY PATIENTS?

The short answer, it depends. Here, OSCA General Counsel guides you through several scenarios to consider.

Whether or not a provider can charge an administrative fee depends, in large part, on the patient's insurance and whether the service is covered by the insurer.

NON-COVERED SERVICES:

Most insurers permit the assessment of administrative fees (such as deposit fees and missed appointment fees) when patients are seeking non-covered services. If the patient is receiving a non-covered service, then the member can charge a reasonable administrative fee if the patient agrees in writing to the fee and the member follows their practice's written policy. Medicaid permits patients to pay for non-covered services (and related administrative fees) if the patient agrees to be liable for payment of the service and signs a written statement to that effect before the service is rendered. Similarly, a provider can charge Medicare beneficiaries for administrative fees, provided that they also charge non-Medicare patients the same fees. The payment responsibility rests entirely with the beneficiary for all administrative fees. Last, if the patient is self-pay all the time or for a specific service, then they may be charged an administrative fee for all services.

COVERED SERVICES:

Conversely, if the patient is receiving a covered service, then whether they can be charged an administrative fee depends on each insurer's policies. The member would need to consult with their insurers and review the terms of their Provider Agreements. Importantly, a member should not charge Medicaid beneficiaries an administrative fee for any covered service because the Medicaid payment for a covered service is considered payment in full. It is not permissible for Medicaid providers to (1) bill a Medicaid beneficiary for any

provider's fees or (2) ask a Medicaid beneficiary to share in the cost of an appointment beyond their designated financial responsibility (which does not include paying a provider's administrative fees). See OAC Rule 5160-1-13.1.

Medicare permits charging patients a missed appointment fee, even if a service is covered. Missed appointment fees are not considered cost-sharing (to which Medicare's assignment and limiting charge provisions apply), but are instead charges for a missed business opportunity by the provider. However, all other types of administrative fees by Medicare providers for covered services are not permissible because the Medicare fee schedule is considered the full charge for the covered service and providers may not collect more than the applicable copayment or coinsurance amount for a covered service. For payors covered by commercial insurance, the member should consult the insurer's specific policies around administrative fees. If an insurer does not prohibit the charging of an administrative fee, then the member's practice's policy needs to make clear that the administrative fees do not apply to the patient's copayment or other financial responsibility.

Last, if the patient is self-pay or uninsured, then they may be charged an administrative fee for all services rendered to them.

Similarly to Medicaid, whether or not a provider can charge an administrative fee to an injured worker covered by BWC also depends on whether the service is covered. When a service is covered by workers' compensation, an administrative fee may not be assessed against a patient covered by workers' compensation insurance.

However, if the patient is receiving a non-covered service, then the BWC-certified provider may charge patients for the costs of services and a reasonable administrative fee as long as they first notify the patient that the services are not covered by the MCO, BWC, or their self-insuring employer and that the patient is responsible for payment in full. [See BWC's Provider Billing and Reimbursement Manual.](#)

Q: DOES MMO'S CHIROPRACTIC POLICY ALLOW FOR 97140 ON THE SAME DAY AS CMT SERVICES?

Medical Mutual Ohio's (MMO) Chiropractic Reimbursement Policy indicates that MMO will not reimburse providers for manual therapy services (CPT Code 97140) when billed with a CMT code (CPT Codes 98940-98943) on the same day. However, per their Provider Manual, MMO does follow National Correct Coding Initiative (NCCI) edits. Per NCCI, MMO DOES recognize modifier 59 when appended to 97140 billed in conjunction with CPT Codes 98940-98943 and this will bypass the NCCI component service of a comprehensive service edit.

When using Modifier 59, medical record documentation should establish medical necessity for the:

- **Different session or patient encounter**
- **Different procedure or surgery that is distinct and independent**
- **Procedure or surgery on different site or organ system**
- **Separate incision/excision**
- **Separate lesion**
- **Separate injury (or area of injury in presence of extensive injuries)**

It is important to understand the correct use of the -59 modifier. By definition, you must meet at least one of the bulleted criteria above. If not, it's not appropriate to append the modifier and you should expect the services to be bundled together. This is a commonly audited cpt code and modifier and as always it is important to make sure you understand and bill correctly.

REHAB ADVANCED STANDING PROGRAM

PAID ADVERTISEMENT

"If you have wanted to become a DACRB, this is the time to do it. This 50 hour Program will teach you the basic essentials of functional rehab to give you a jump start in learning what is necessary in order to sit for the ACRB" exam."

2024 FALL DATES & TIMES:

MODULE I - SEPT 14TH-15TH

MODULE II - OCT 12TH-13TH

MODULE III - NOV 9TH-10TH

MODULE IV - DEC 7TH-8TH

PRICING

Modules I - IV are also \$249.00 per course or \$950 for Modules I – IV combined.

Note: All Modules are virtual (not on location) and will be conducted via the Zoom format. Once you register, you will be e-mailed a link to join the Module session that you have registered for.



For more information and to register log onto:
<https://www.rehabadvancedstanding.com/>

REMINDER: THE OSCA IS REQUESTING NOMINATIONS FOR THE 2024 OSCA LIFETIME ACHIEVEMENT AWARD

Each year, the OSCA Convention provides an opportunity for us to come together in fellowship and celebration of the chiropractic profession, the efforts and accomplishments of the association, and the major contributions made by many chiropractors across the state of Ohio

This prestigious award is considered a highest honor, and we would love your feedback during the selection process.

PLEASE PROVIDE YOUR NOMINATION TO THE OSCA BY AUGUST 23, 2024.

Make sure to include:

- **The name of your recommendation,**
- **The impact they have had on you personally and professionally,**
- **Their impact and contribution to the chiropractic profession, specifically in Ohio**
- **Why you feel they are the most deserving recipient.**

All nominations should be directed to osca@oscachiro.org with the subject line Lifetime Achievement Nomination.



OSCA ELECTIONS

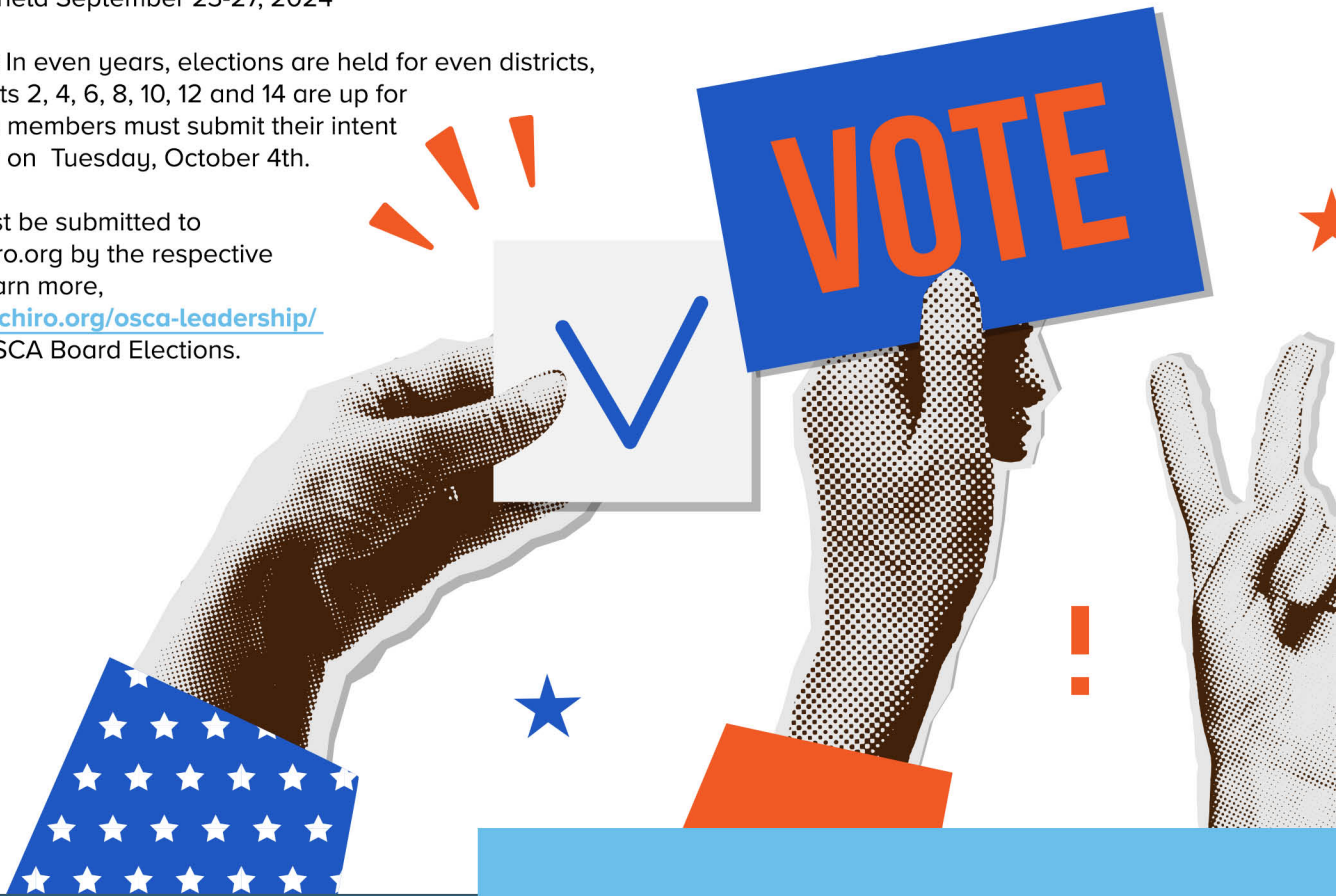
Are you interested in serving on the OSCA Board of Directors? Elections are coming up.

Officer Elections: Eligible members must submit their intent to run by 4:30pm on Tuesday, September 3rd.

Elections will be held September 23-27, 2024

District Directors: In even years, elections are held for even districts, therefore, Districts 2, 4, 6, 8, 10, 12 and 14 are up for election. Eligible members must submit their intent to run by 4:30pm on Tuesday, October 4th.

Intent to Run must be submitted to brandy@oscachiro.org by the respective deadlines. To learn more, visit <https://oscachiro.org/osca-leadership/> scroll down to OSCA Board Elections.





LUNCH & LEARN

SERIES 1PM-2PM EST

SEPT 4 **Patient Communication: During the Doctor-Patient Encounter**
Dr. Thomas Ventimiglia. Sponsored by NCMIC

NOV 6 **Pregnancy and Family Chiropractic**
Dr. Alan Smith. Sponsored by Foot Levelers

DEC 4 **Sleep, Cognition & Intelligence**
Dr. Anish Bajaj. Sponsored by Foot Levelers

ALREADY HAVE 200 HOURS IN ACUPUNCTURE BUT WANT TO EARN YOUR DIPLOMATE?

300 Level Diplomate Course starting in Ohio next month. One in person weekend and 75 online learning hours. Learn more by following the link below and registering today!

CLICK HERE

DID YOU SEE?

Ohio Senator Sherrod Brown became the 14th co-sponsor of S.799, the Chiropractic Medicare Modernization Act. He joins two other Ohio Congressmen, US Representatives Mike Carey and Greg Landsmen who have co-sponsored the sister legislation in the US House, HR 1610, in 2023. This legislation would ensure that chiropractors are reimbursed for services rendered within their full scope of state licensure for services that are already covered by Medicare when performed by another healthcare provider. Reach out to your elected officials today and ask them to co-sponsor. Materials are available so that you and your patients can easily reach out and ask for their support.

Visit <https://oscachiro.org/medicare-action-center/>

“Many Ohioans rely on chiropractic services to alleviate chronic pain. Our legislation will improve access to the treatment older Ohioans need by expanding Medicare coverage for all chiropractic services,”

-Senator Sherrod Brown

BEYOND ALL LIMITS

2024 ANNUAL CONVENTION

DID YOU KNOW?

Breakout sessions are set up differently this year. Instead of being a 4-hour deep dive into one subject with one breakout speaker, each breakout session will be only 2 hours. This means that you will be able to attend two different breakout sessions, increasing the exposure you will have to the latest information and experts in our profession at this year's event.

WHAT BREAKOUT TOPICS WILL YOU HAVE TO CHOOSE FROM?

- Dr. Freddys Garcia - Why Chiropractors Need to be Doing Vestibular Rehabilitation
- Dr. Brandon Steele - Resolving Peripheral Nerve Entrapments in the Upper Extremity
- Dr. Kurt Jurgens - Sites of Peripheral Entrapment that Mimic Nerve Root Pathology in the Lower Extremity
- Dr. Mark Sanna – Mastering the Medicare Maze (For DCs and CAs)

DO YOU NEED ACUPUNCTURE CES?

THE ACUPUNCTURE BREAKOUT WILL INCLUDE 6 HOURS!

Dr. John Lockenhour will dive into the following topics:

- Acupuncture Treatment for Sleeping Disorders
- Acupuncture Treatment of Headaches
- Acupuncture Treatment of Neuritis, Neuralgia, and Neuropathy

ARE YOU BRINGING YOUR CA'S?

You should! We will have dedicated breakout sessions for them on Saturday and Sunday

SATURDAY BREAKOUTS:

Your CAs will pick 2 topics from below.

- Dr. Mark Sanna – Mastering the Medicare Maze
- Dr. Mark Davini – Breakout 1: How to be a Rock Star CA
- Dr. Mark Davini – Breakout 2: Get to Know all of Commonly Used Modalities in a Chiropractic Office

SUNDAY:

- Lisa Maciejewski-West – CA Breakout Bonus Session

Learn more and get registered today! And don't forget to book your hotel room.



REMINDER

The OSCA group block rate is a deep savings per night and it expires soon – September 3rd! Use this link to book your room now.

BEYOND ALL LIMITS

2024 ANNUAL CONVENTION

INTERESTED IN ADDING PRODUCTS, SERVICES OR EQUIPMENT TO YOUR OFFICE?

Join us at Convention to meet and mingle with these sponsors and exhibitors who will be on hand to provide demos, samples, and answer all of your questions.

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Multi-Radiance

ACN/Impact

NCMIC

Boston Scientific

Nutritional Frontiers

Buckeye X-Ray

Nutridyn

Chattanooga

Ohio Advanced Imaging

ChiroMatrix

Ohio Professionals Health Program

Chiropractic Federal Credit Union

Ortho Molecular Products

ChiroUp

Palmer College of Chiropractic

Clean Remedies

Professional Health Products

Compensation Solutions

Point of Care EHR

Foot Levelers

Standard Process

Goldstar Medical Business Services

Summus Medical Laser

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Legal Shield

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LifeWave Wellness Patches

Zirker Financial

MORE VENDORS ADDED DAILY.