

HEARTBEAT

The monthly newsletter from The OSCA

February 2019

Update for Medical Mutual of Ohio Issue

The OSCA continues to work on issues that affect our members regarding Medical Mutual of Ohio (MMO). The two most recent issues involve the use of CPT code 97124 and the use of the 59 modifier, most frequently used with 97140.

As phone calls and written communications by the OSCA to Medical Mutual have not resulted in a productive dialogue, we have requested an in-person meeting. We expected this meeting to take place in the first week of February. This date has been pushed back, and at the request of MMO, will be scheduled as a teleconference.

The OSCA brought the findings from the most recent Opioid Reduction Report to MMO's attention. This report lists that insurers should reallocate funds to cover non-opioid services such as chiropractic, acupuncture, massage therapy, physical therapy, meditation and cognitive behavioral therapy as their number one recommendation. Medical Mutual participated in the task force that created this recommendation. We would like to have a better understanding of how their current policies, and enforcement of those policies, helps to increase access to the recommended conservative treatments for those insured by MMO.

This report goes further in the first recommendation to suggest that insurers should review their policies on bundling services as this practice can be dis-incentivizing to providers, making it more difficult for patients to receive these conservative treatments. We would like MMO to explain their bundling policy specific to 97140 and whether their current policy makes it more difficult for patients to receive this and other conservative services.

We would also like to bring to their attention that the current administrative/provider services structure has created several challenges for our providers that have led to confusion or misunderstanding of benefits, both for our providers and the patients they serve. This includes, but is not limited to:

- Incorrect verification of benefits when the provider calls provider services
- Misquoting of benefits when the insured/patient calls customer service
- Inability to receive SPD in a timely manner, or at all, when it is requested by the provider and/or the insured/patient

Although through previous communications we have attempted to convey this and other concerns, the upcoming teleconference will be an opportunity to discuss this with MMO leadership, including their Medical Director.

We have two goals:

1. To ensure that our providers have a reliable, consistent, and easy to access method to understand MMO policy, and the limitations to the services our members provide.

2. Have an opportunity to present a differing perspective on MMO policies we may disagree with, in an attempt to improve access to conservative care options that are evidence based and are included in best practice recommendations.

To give some historical perspective on the issues related to the codes in question, the NCCI (National Correct Coding Initiative) committee is a committee of the Centers for Medicare and Medicaid. "The CMS developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims." Although these edits are specific to Part B claims, the committee releases a report of their edits each year for transparency. Other 3rd party payers have chosen to adopt these billing edits. The edits effect all health providers and professions, not just Doctors of Chiropractic. As far back as 2003, we can find documentation of the edit that effects 97140, 97124 and 97112 when performed at the same time as CMT. We have reached out to this committee to request that they review and remove this edit. We have spoken with the Medical Director for this committee and provided 3 written appeals for removal. We are currently awaiting a requested conference call with the committee and the corresponding Medicare representative. Although we may not be able to succeed in removing this edit, we feel it is important to exhaust all options available. As we see it, this is an edit that was created by Medicare, yet has no effect on Medicare beneficiaries, as Medicare explicitly limits coverage to CMT only. However, this edit is having unintended consequences by giving 3rd party payers the basis to deny the services in question.

Based on feedback we are hearing from membership, it is important to address some questions and misconceptions.

Membership concern: "If we receive no update, we assume no work is being done."

OSCA response: We hear you. And will do a better job of letting you know. Even if the update is "no change, but we're still working on it."

Membership concern: "By quoting and/or making membership aware of MMO policy regarding massage, the OSCA agrees or sides with MMO."

OSCA response: This assumption is incorrect. Regardless of whether you understand or agree with a policy as a network provider, you are still responsible for providing services consistent with the policy and the contract you signed. As soon as the OSCA becomes aware that there may be confusion leading to member audits, it is our responsibility to provide clarification. Furthermore, just because a service is within your SCOPE to perform or DELEGATE does not automatically mean that it is a service covered by or billable to a payer. Misrepresenting the rendering provider on the HCFA form, or changing the CPT code, to circumvent a benefit limitation, does not make it an acceptable billing practice, even if done so unknowingly.

Having said all of that, we can work to CHANGE policies going forward. HOWEVER, if and until a policy change is made it is your responsibility to make sure that your performed and billed services are done so compliantly.

The most challenging thing when dealing with these types of issues is that we can make the right argument at the right time, yet we don't control the time frame or the outcome. What the OSCA can assure you of is that we are still pushing, fighting, and working on these and other issues every day, for every DC. When one door closes, we don't take no for an answer. We open the next door, employ the next strategy.

We are working for you so that you can do what you love each day! It is not an easy fight, but it is a worthwhile one and one we will not give up!

There is still time to sign up for the OSCA Sneaker Drive! Please click below to sign up and help those in need!

OHIO STATE
CHIROPRACTIC ASSOCIATION

SNEAKER DRIVE!

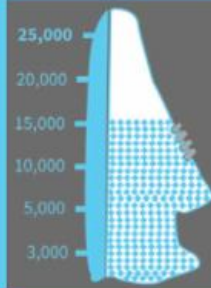
2019
February 1
April 30

Win a Prize!

Collectively, if OSCA collects....

- 25k pairs: THREE members will win a trip!
- 20k pairs: TWO members will win a trip!
- 15k pairs: ONE member will win a trip!
- 10k pairs: Southwest/Amazon gift cards
- 5k pairs: Office wins a party
- 3k pairs: Google Home and Mini

OSCA Goal



"Kick" off the new year making a difference!



Have a sneaker drive in your practice to help fight poverty, by asking your patients to clean out their closets for any sneakers no longer being worn!

No cost or logistics!



Click here to register for a Sneaker Bag!

Government Corner



The 133rd General Assembly kicked off its legislative calendar this week. There is a new speaker of the House, Larry Householder (R- Glenford). Committees and a more robust committee schedule should be announced shortly. The OSCA legislative team is excited to begin working with Speaker Householder and all the other elected representatives in the 133rd Ohio General Assembly.

Speaking of, do you want to speak directly to these representatives? You will be able to speak about the benefits of chiropractic and why all legislators need to be #TeamChiro at Ohio Chiropractic Advocacy Day 2019! This is the best way for you to influence positive difference in the profession you love!

****Sign up today! It's important you sign up**

as soon as possible so we can ensure that you have a meeting with your Representative! We have to set these meetings now, so DO NOT WAIT!**

Important Updates for Your Office

CareSource Take Backs:

- **Acupuncture** – the acupuncture take back has been discontinued. If you received a request for refund of monies paid for acupuncture services, you can disregard the request.
- **X-ray** – X-ray limitations for CareSource are 2 units per 6 months. If additional units are medically necessary, you can request a prior authorization for additional units. If you exceeded the benefit limit, you may receive a take back request for any units OVER the 2 unit per 6-month limit. If your office exceeded the allotted units, but feel the x-ray was medically necessary, you have the option to appeal the recoupment and request a retro prior authorization for the service that exceeds the benefit limit. You must do this within 90 days of your notification. The policy can be viewed here. Please note that their policy allows for 30 days from date of service to do a retro prior authorization under normal circumstances. However, if CareSource is initiating the take-back, you have 90 days from the date of the take-back notification to appeal and file a retro prior authorization request.

Caresource Acupuncture Denials: CareSource is expected to update their their diagnosis list for acupuncture services in the next few weeks. The OSCA will forward that list

on to membership as soon as it is received. Unresolved configuration issues that led to denials of acupuncture services in 2018 that should have been paid are being resolved. Those claims are expected to reprocess for payment toward the end of this month. This is limited to acupuncture services for migraine and low back conditions only.

Massage Therapy Reminder: Many members found themselves subject to a take-back audit related to the utilization of a LMT to deliver 97124 massage services. In order for this service to be paid, offices are billing it under the DCs identifying number but allowing the LMT to perform the service. 97124 is not a covered service when performed this way. It is only a covered service when performed AND billed by the chiropractor.

It is important for all of our members to know this benefit requirement/limitation so that you may provide the service in a compliant manner.

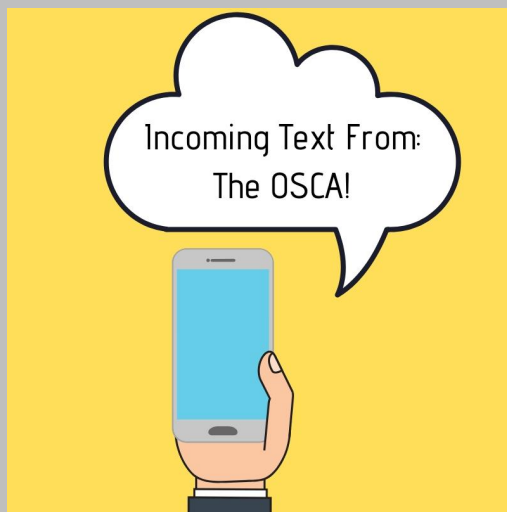
Q: My office got around this limitation by billing 97140 instead.

A: This would also be incorrect. It does not change that fact that massage therapy/massage therapists are listed in plan exclusions. It also does not get around the fact that you are billing the service under your name and allowing another licensed person to perform the service. This is not a compliant billing practice.

The OSCA has contacted MMO in regards to Ohio AG DeWine's Insurer Task Force on Opioid Reduction's Report, published in 2018. This report lists that insurers should reallocate funds to cover non-opioid services, such as chiropractic, acupuncture, massage therapy, physical therapy, meditation and cognitive behavioral therapy, as their number one recommendation. Medical Mutual participated in this task force. We would like to have a better understanding of how their current policies, and enforcement of those policies, helps to increase access to the recommended conservative treatments for those insured by MMO. We are awaiting those answers.

CBD Oil Reminder: The OSCA sent communication to the membership last year in regards to the sale of products containing CBD and hemp oil. While this information was met with frustration, our goal is to continue to provide you with information that will protect your license and ability to practice.

Until the current language changes, products that contain CBD and hemp oil fall within the definition of marijuana and can only be dispensed by designated dispensaries in Ohio. Businesses around the state that have been selling these products have been the target of recent enforcement. Please reference this informational sheet from the Ohio Board of Pharmacy for any clarifications.



Get Updates from the OSCA Directly to your Cellphone!

The OSCA will soon begin utilizing text messages to send members important insurance updates, renewal notices, and other vital information.

These are completely optional! No one will receive any text messages without opting-in to the program! To do so, log-in to your profile at www.oscachiro.org. Go to "Edit Bio" and enter in your mobile number and hit "yes" on the drop down box next to Text Opt-In. It's that easy! You can expect anywhere from 2-4 texts per month. Standard Data and message rates do

UPCOMING CE EVENTS

- March 3: Rehab Advanced Standing Diplomate Program (Module I) - Columbus
- March 6: Medicare for Chiropractors (4 CE) - Columbus
- March 23: The Spine Rehab Series - Columbus
- April 9: Diagnosing and Treating the Spine (6 CE) - Cincinnati
- April 25: Diagnosing and Treating the Not-So-Simple Shoulder (6 CE) - Toledo
- May 18-19: Mastering the Assessment and Management of Shoulder and Upper Extremity Problems (10 CE) - Columbus



The Spine Rehab Series



The Spine Rehab Series was designed specifically for those chiropractors wanting to advance their knowledge in functional rehabilitation. The series provides hands-on education, allowing the doctor to assess the patient's functional deficits, and teaches how to create a specific treatment plan for each rehab patient. Insurance companies are requiring a transition from passive to active

care and current research shows chiropractic care with therapeutic active rehab is becoming the gold standard. The Spine Rehab Series will help the chiropractic physician achieve better patient outcomes, increased clinic revenues and improved practice growth through better patient care. The 4-part series will teach functional active care skills, allowing the doctor to implement rehabilitative methods instantly into their own practice.

Course Schedule

Lumbopelvic Rehab Part I	Saturday - March 23rd, 2019
Lumbopelvic Rehab Part II	Saturday - April 27th, 2019
Scapulothoracic Rehab	Saturday - May 11th, 2019
Cervical Rehab	Saturday - June 1st, 2019

Time

Each 10-hour class will run from 9am – 7pm.

**All classes have hands-on component so please dress accordingly

Instructor

Jonathan Gose DC, DACBSP, DACRB

Location:

Quest Conference Center
8405 Pulsar Place
Columbus, Ohio 43240

[Click here to register!](#)

**Medicare for Chiropractors-
Learn Directly from the Expert!**

Dr. Berman, CGS Part B Medical Director for Ohio will be in Columbus and speaking only to DCs like you about the ins and outs of Medicare Billing and Coding. You can take this

four hour course in the morning and make it back to your office after lunch with a newfound confidence in how your office handles Medicare patients!

What: Medicare for Chiro- Learn Directly from the Expert!

Speaker: Dr. Earl Berman, MD

When: Wednesday March, 6th from 8:00am-12:00pm

Where: The Fawcett Event Center, 2400 Olentangy River Road, Columbus, Ohio 43215

CEs: 4 Hours

Cost:

Member DC/Staff: \$69/\$39

Non-Member DC/Staff: \$109/\$69

Membership Plus: Included with your membership!

Learn all the latest in Medicare Documentation- Directly from the Expert!



[**Click here to register!**](#)

Preferred Affiliate Spotlight

Viotron International is a distributor for Biotics Research Products proudly serving Michigan, Ohio, Indiana, Kentucky and Tennessee. For more than 30 years, Biotics Research Corporation has revolutionized the nutritional/dietary supplement market by blending "The Best of Science and Nature." By combining nature's principles with scientific ingenuity, our products magnify the nutritional benefits to clinicians and the clientele with the cost effective innovation and enhanced product performance. We drive advancements by focusing our initiatives in four key areas through research, natural effectiveness, unparalleled quality control and innovation.



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