

THE HEARTBEAT

MAY 2023

NEWSLETTER



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MOVING SEES THIRD
YEAR IN 2023!**

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MEDICARE UPDATE

CHIROPRACTIC MEDICARE COVERAGE MODERNIZATION ACT: H.R. 1610 AND S. 799

WHERE ARE WE AND WHAT ARE THE NEXT STEPS

In March, the Chiropractic Coverage Modernization Act(s) (H.R. 1610 and S. 799) were introduced in the U.S. House of Representatives and Senate respectively. Both pieces of legislation are identical to the previous version, H.R. 2654.

This important legislation would improve coverage of services rendered by Chiropractors for Medicare beneficiaries within each state's chiropractic scope of practice. It's important to note that this bill will not add new services that Medicare must cover, but instead requires Medicare to cover the services when rendered by a DC if it is within the DC's scope of practice and it is a service already covered by Medicare when rendered by another healthcare provider. H.R. 1610 and S. 799 will improve access for Medicare beneficiaries to conservative, drug-and-surgery free care, without requiring them to bear an undue financial burden to do so.

The critical first step in making passage of this bill a reality is securing co-sponsors.

Last Congress, 155 Members of the U.S House of Representatives from both sides of the aisle co-sponsored H.R. 2654, including two US Representatives from Ohio, Rep. Tim Ryan and Rep. Anthony Gonzalez.

January marked the start of a new Congress and therefore the efforts to gain support start over. Both of Ohio's previous co-sponsors are no longer in Congress. However, the work does not start entirely from scratch. The momentum, by way of bi-partisan support and strength of previous co-sponsors, carries over into the current version of the bills. There is still a lot of work to be done and grassroots work at the state level, in all states, will prove invaluable.

WHAT HAVE WE DONE SO FAR?

The OSCA sent several representatives to Washington, D.C. in January this year to meet with Ohio's Congressional Representatives and Senators to discuss the importance of improving coverage in Medicare. These meetings laid the groundwork for the upcoming introduction of H.R. 1610 and S. 799. Now that the bills are introduced, they need to hear from Ohioans. In April, Dr. Spaulding, members of the OSCA Executive Committee and Legislative and Regulatory Affairs Committee drafted letters to send to each of their respective federal elected officials conveying the importance of each bill and urging their support by co-sponsoring. In addition, the OSCA has built a Voter's Voice Platform making it quick and easy to reach out on this issue. At the April OSCA Board of Director's meeting, this platform was launched and board members sent the first round of emails to Washington, D.C. We must let them know that this legislation is important to their constituents.



MEDICARE UPDATE

WHAT CAN YOU DO NOW?

The key now is frequent communication on the importance of the Medicare Modernization Act with a call to action urging legislators to sign on as a co-sponsor.

To streamline this communication and to make it quick, easy, and accessible to OSCA members, your patients, and all DCs in Ohio, a link to the Voter's Voice Platform can be found below and on the OSCA website. In addition, we have created a poster that can be displayed in your offices and handed out to each patient that visits your office. The QR code will take them to the Patient Campaign, allowing patients and families to reach out to show their support for these bills.

We've also created a Legislative toolkit that can assist you with scheduling a meeting or district event with your elected officials. **View the toolkit here.**

Taking into account the reach that Medicare has, not just on current and future beneficiaries, but its role and influence in Medicaid, BWC and commercial payors in general, the importance of this legislation multiplies. As long as the system is set up to funnel patients into more costly and invasive healthcare, or require patients to bear the financial burden of conservative healthcare choices, it will continue to have an impact on all of us and we must all take action.

Print the poster, share it in your office, and urge your patients and community members to send a letter also!



Download the provided 2023 Legislative Toolkit for more information.



BE HEARD! HELP THE CAUSE!

Use the link and send a letter to your US Representative and Senators today!

[CLICK HERE TO ACCESS MEDICARE ACTION CENTER](#)

MEMBERS Q&A CORNER

Q: CAN PATIENTS WITH COVERAGE THROUGH OHIO MEDICAID ALSO BE CHARGED A NO-SHOW FEE?

Q: IN THE APRIL HEARTBEAT, IT WAS CLARIFIED THAT YOU CAN CHARGE A PATIENT WITH MEDICARE COVERAGE FOR A NO-SHOW FEE CONSISTENT WITH YOUR OFFICE NO SHOW POLICY.

CAN PATIENTS WITH COVERAGE THROUGH OHIO MEDICAID ALSO BE CHARGED A NO-SHOW FEE?

A: The short answer is No.

OAC5160-1-13.1(A) In accordance with 42 C.F.R. 447.15 (as in effect October 1, 2018), the medicaid payment for a covered service constitutes payment-in-full. It shall not be construed as a partial payment even when the payment amount is less than the provider's charge.

(1)The provider shall not collect nor bill a medicaid recipient for any difference between the medicaid payment and the provider's charge, nor shall the provider ask a medicaid recipient to share in the cost through a deductible, coinsurance, co-payment, **missed appointment fee** or other similar charge, other than medicaid co-payments as defined in rule 5160-1-09 of the Administrative Code and patient liability as described in Chapter 5160-3 and rule 5160:1-6-07 of the Administrative Code.

Q: WE ARE CHANGING OUR OFFICE HOURS. CAN WE SEND A POSTCARD TO NOTIFY PATIENTS?

A: Sending a postcard with just the updated hours and no other information is fine under HIPAA. That would be informational and would not relate to the treatment of the patient at all.

However, there is information that could be a HIPAA violation to communicate on a postcard, for example, an upcoming appointment, missed appointment, account balance, etc. This implies that the person receiving the postcard is an active patient of that practice and that they have or had an appointment. Arguably this could allow someone who incorrectly gets the mail to identify the proper recipient as a patient and possibly to identify some sort of treatment that they are getting.

Correspondence between the provider and a patient with patient or treatment specific information like account balance, appointment status, etc. can be sent via a letter in an envelope. However, a postcard that anyone can read the contents of is not a HIPAA compliant method of communication.

MEMBER UPDATES

QUICK INFO YOU NEED

MEDICARE HAS ANNOUNCED AN UPDATED ABN FORM

Starting June 30, 2023, use of the new form will be required.

The ABN, Form CMS-R-131, and form instructions have been approved by the Office of Management and Budget (OMB) for renewal. The new form has an expiration date of 01/31/2026 and its use will be mandatory starting 6/30/23. You may continue to use the ABN form with the expiration date of 6/30/23 until the renewed form (expiration date 01/31/2026) becomes mandatory on 6/30/23. The ABN form and instructions may be found below in the downloads section.

The Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131, is issued by providers to Original Medicare (fee for service - FFS) beneficiaries in situations where Medicare payment is expected to be denied. The ABN is issued in order to transfer potential financial liability to the Medicare beneficiary in certain instances. Guidelines for issuing the ABN can be found beginning in Section 50 in the Medicare Claims Processing Manual, 100-4, Chapter 30 (PDF).

[LINK TO ABN INSTRUCTIONS AND THE FORM](#)

MEDICAL RECORD FEE UPDATES FOR 2023

The general rule codified by ORC 3701.741 stipulates certain fees that health care providers can charge for the production of medical records. The allowable charges are different depending on who requests the medical records. ORC 3701.741 also carves out exceptions from that general rule which have the effect of creating a right for the patient to acquire, from a health care provider, his/her medical records without charge. **Use this link to access the easy to read table for 2023 allowed fees.**

HOW TO ENTER CES ON YOUR MEMBER PROFILE

Did you know that as a member, you can input and keep track of your CEs all in one place?

One of the many benefits to being an OSCA member is that you can see how many CEs you have toward License Renewal and Acupuncture (if applicable) as well as entering CEs obtained outside OSCA events.

As a reminder, all licensees must earn 36 hours of CE per biennium, of which 2 hours must be on the topics mandated by the board. CE must be earned within the renewal biennium and may not be carried over from one biennium to the next. The current renewal biennium will conclude on March 31, 2024. New licensees are exempt from earning CE for their first initial renewal only.

Use this link to access the step by step guide to organizing all of your CEs in your professional development profile.





CHIROPRACTIC KEEPS ME MOVING SEES ITS THIRD YEAR IN 2023!

Created during COVID, as a way to keep patients moving and chiropractors engaged in their communities during a time when separation was expected, the Chiropractic keeps me Moving 5k is still going!

How can you participate?

Participation is easy.

First, decide how you'd like to participate.

1. As an individual
2. Plan your own office event – inviting your staff, patients, community, family and friends.
3. Plan or participate in a district-wide event.

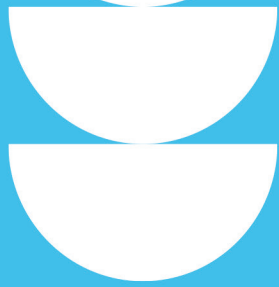
Regardless of how you would like to participate, **visit the 5k page to learn more and register.**

If you decide to plan an office 5k or participate in a district event, we will customize materials to provide turn-key marketing tools for you.

All participants receive a “Chiropractic Keeps Me Moving t-shirt” which becomes a great way to market chiropractic in your community. And a portion of the proceeds benefit the Ohio Chiropractic Foundation Scholarship which is awarded annually at convention.

OHIO CHIROPRACTIC FOUNDATION SCHOLARSHIP

If you are a chiropractic student in your 2nd year and beyond, or if you know one, be on the lookout for the 2023 Ohio Chiropractic Foundation Scholarship. Funds to support the scholarship are generated through member contributions in the amount of \$10 annually, proceeds from the Chiropractic Keeps Me Moving 5K and other fundraisers, and generous private donations. *The application window is open each summer and the winner will be announced at Convention at the membership meeting on Friday, October 6, 2023.*



2023 EVENTS SCHEDULE

The OSCA has several in person and live webinars currently scheduled and several **in the works** for the upcoming year.

CLICK HERE

To visit the OSCA events page for more info or to register for an event.

LUNCH AND LEARN WEBINARS

12-1pm on the 1st Wednesday of the month

7
JUNE

Documenting the E/M Codes,
featuring Dr. Gregg Friedman

6-8
OCT

**Annual
Convention –**
Hilton at Polaris
Columbus Ohio

5
JULY

No lunch & learn
Happy Independence Day!

1
NOV

Pain Reset - Neuroscience
as a Chronic Pain Solution
featuring Dr. Freddy Garcia

2
AUG

Comprehensive Migraine
Management
featuring Dr. Adam Harcourt

6
DEC

How To Properly Document
Treatment Codes
featuring Dr. Gregg Friedman

6
SEPT

Documenting and Tracking
Treatment Progress,
featuring Dr. Gregg Friedman



HELLO
my name is



2023 ANNUAL CONVENTION REGISTRATION OPENS UP ON JUNE 1, 2023

Attendees will have an opportunity to earn up to 14 CEs, network with colleagues from around the state, learn about products and services that will improve their business, and kick back to celebrate our profession.

Mark your calendars now for October 6-8 and watch for the Flash sale when registration launches for the best price of the year!

CLICK HERE TO ACCESS THE CONVENTION WEB PAGE

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-Bharon H.

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special offers!

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BuckeyeXray.com



EVENTS

THE OSCA LUNCH AND LEARNS ARE A HUGE HIT.

Don't miss out on these opportunities to attend a live, virtual event from the comfort of your office and earn a CE. Next up on June 8, documentation and coding expert **Dr. Gregg Friedman** will be joining us for a second time to tackle the documentation elements of the Evaluation and Management codes. Over the past couple of years, the documentation and selection criteria for these codes has changed. This is always an important topic to understand before an audit demands you deepen your knowledge.

[CLICK HERE TO REGISTER](#)

CHIROPRACTIC IS HANDS ON. CONTINUING EDUCATION SHOULD BE, TOO!

We know you like to sharpen your skillset to bring the best care to the patients you serve!

Research shows time and again that chiropractic is an effective treatment for neck pain and headaches. Join the OSCA and Dr. Tim Bertlesman for a review of the latest research, assessment protocols, and hands-on treatments that you will be ready to implement on Monday morning.

[CLICK HERE TO REGISTER](#)



ACUPUNCTURE PROGRAM

We have received so many requests for Acupuncture and will be starting another program this year. Acupuncture Basic 100 will kick off August 5, 2023 in Columbus, Ohio. All 100 hours will be in person and will be broken down into 4 weekends / 25 hours.

Legislation passed at the end of 2022 reducing the number of hours required to obtain your acupuncture certificate from 300 to 200. This change went into effect April 2023. Those still wishing to earn 300 hours will have the opportunity to do so via additional online learning opportunities through the OSCA. For more information and to register for upcoming courses, click here.

For more information and to register, click here.

2023 PROGRAM DATES

AUG 4-6
SEPT 8-10
OCT 6-8
DEC 1-3

MEDICAID AND E/M CODES UPDATE

The OSCA has been in frequent communications with ODM regarding payment of E/M codes in Original Medicaid and with the Medicaid managed care plans (MCP). The OSCA is receiving member feedback that ODM is/has been reprocessing claims for payment. If you have outstanding claims that have not been paid, follow these steps.

1. Confirm that you billed the E/M code with the -25 modifier. If not, submit a corrected claim with the modifier.
2. If your claim was submitted correctly but has not yet been paid, reach out to the OSCA with the ICN number.

If you are having denial issues with any of the Medicaid Managed Care Plans:

ODM states that it has communicated the E/M coverage policy to the MCPs several times. If you are receiving improper denials from the MCPs, you should appeal any denial that you believe to be in error. If the MCP or MCP's representative does not resolve the matter, the provider may complete the provider complaint form below. Upon submission of a complaint form, the MCP must reply to the provider and to Medicaid. This allows Medicaid to be aware of any outstanding issues that are occurring with the MCP until the issue in question is resolved.



[CLICK HERE TO ACCESS COMPLAINT FORM](#)