

HEARTBEAT OSCA NEWSLETTER

APRIL 2024

IN THIS ISSUE:

**CHIROPRACTIC KEEPS ME
MOVING 5K RUN/WALK**

LEGISLATIVE UPDATES

MEDICARE UPDATES

LEGAL Q & A

**REGISTER TODAY AND
GET THINGS
SWINGING**

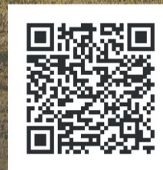
OHIO STATE CHIROPRACTIC ASSOCIATION

**GOLF
OUTING**

THURSDAY, MAY 9TH, 2024

 **AVALON GOLF & COUNTRY CLUB**

**GROUP ROOM RATES
ARE AVAILABLE.
REGISTER TODAY!**



IN CASE YOU MISSED IT UPDATE ON MMOH PRIOR AUTHORIZATION REQUIREMENTS

The OSCA is pleased to announce that MMOH is **not** imposing NEW prior authorization requirements for chiropractic providers.

While some prior authorization updates did go into effect 3/25/2024, those announced largely do not appear to impact our providers.

For reference, Medical Mutual does have a direct link from their site to Evicore that states “Services Requiring Prior Authorization (Revised March 2024)” and chiropractic is included under the Therapy section. However, we are pleased to confirm that in spite of how this is displayed, it does not include new prior authorization requirements. Some plans did have previous authorization requirements, for example authorization required after 25 visits, and those are still in place.

Further, 97014 was a code on the updated list of cpt codes/services that would require prior authorization as of 3/25/2024, and it has now been removed.

The OSCA will continue working to bring up to date information to our members and advocate for improved access to the services rendered by Chiropractic Physicians.



MEDICAID EXAM BILLING

Ohio Department of Medicaid is experiencing an ongoing issue processing E/M codes when they are the secondary payer, for example, when Medicare is primary and Medicaid is secondary. They are advising that providers should bill directly to them, not waiting on crossover. If you do this and experience a denial for lack of primary processing, please communicate this information to the OSCA as ODM is soliciting feedback on their workaround process. In this event, please email the osca@oscachiro.org with the ICN from the EOB/ERA.



NEW SYSTEMATIC REVIEW SHOWS CHIROPRACTIC CARE LEADS TO LOWER HEALTHCARE COSTS FOR SPINAL PAIN

Submitted by Clinical Compass

In a recent systematic review study by Farabaugh et al. featured in *Chiropractic & Manual Therapies*, compelling findings underscored the value of chiropractic care for patients experiencing spine-related musculoskeletal pain.

The study revealed that individuals who initially sought treatment from a chiropractor saw a significant reduction in healthcare costs compared to those under medical management alone. "Spinal pain patients who consulted chiropractors opioid prescriptions, surgeries, hospitalizations, emergency department visits, specialist referrals and injection procedures."

These findings prompt a reconsideration of healthcare policies and benefit designs. Given the growing recognition of chiropractic care's role in the medical landscape, it is increasingly evident that chiropractors integrated into healthcare teams could yield substantial financial savings for patients and systems. To align with the evolving trends in healthcare, it may be advantageous for U.S. healthcare organizations and governmental agencies to explore avenues for reducing barriers to accessing chiropractic services. By embracing this shift, we can enhance patient outcomes while optimizing healthcare expenditure for management of musculoskeletal pain. This paper is available open access (for free) on the journal website: [CLICK HERE](#) Please read it and share it with stakeholders in your local region.

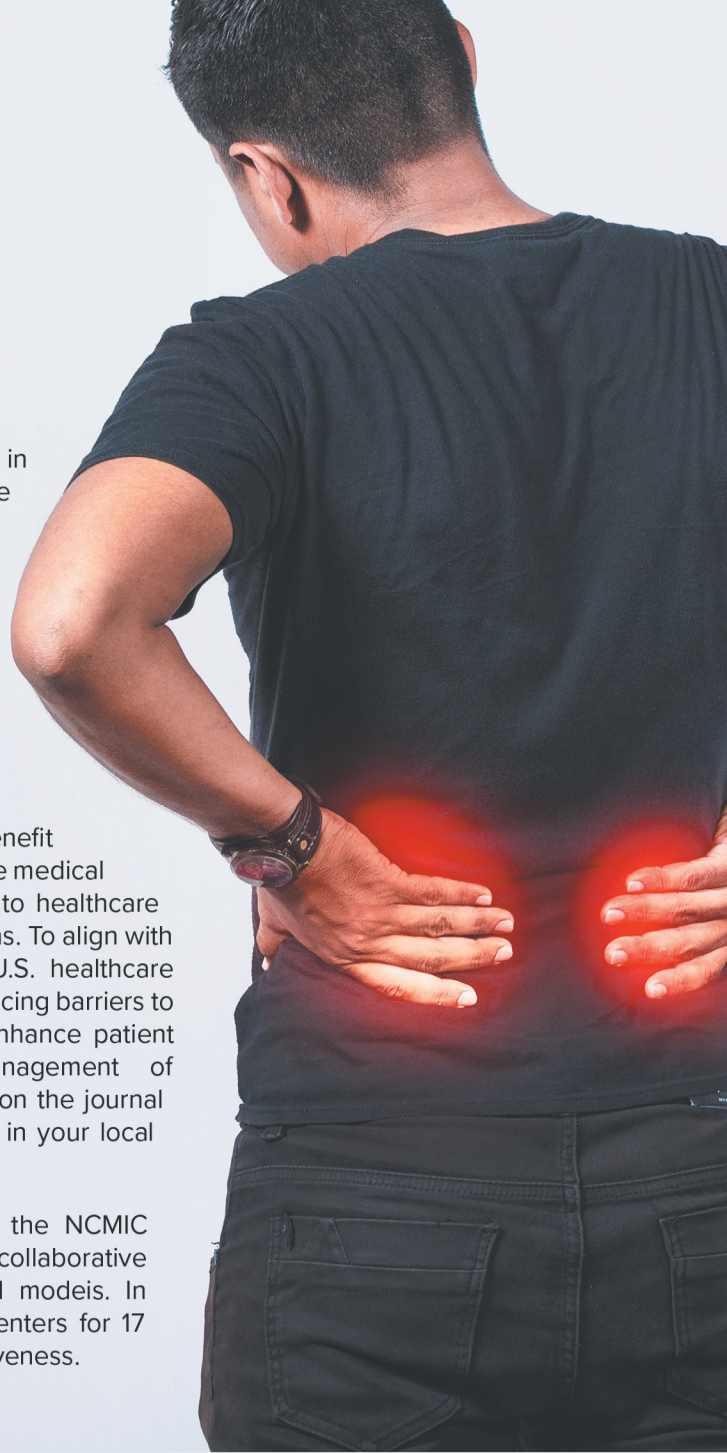
This work was supported in part by the Clinical Compass and the NCMIC Foundation. Clinical Compass is a chiropractic clinical and research collaborative that generates best practices research through consensus based models. In addition, Clinical Compass maintains regularly updated evidence centers for 17 different clinical topics such as dry needling, opioids, and cost-effectiveness.

AS A MEMBER OF THE OSCA, YOU HAVE ACCESS TO A COMPLIMENTARY MEMBERSHIP WITH THE CLINICAL COMPASS. THIS MEMBERSHIP PROVIDES YOU ACCESS TO RESOURCES AND RESEARCH AVAILABLE IN THEIR ONLINE EVIDENCE CENTER. IF YOU HAVE NOT YET SET UP YOUR INDIVIDUAL REGISTRATION, PLEASE REACH OUT TO THE OSCA TO RECEIVE YOUR MEMBER ACCESS INSTRUCTIONS.

Citation:

Farabaugh R, Hawk C, Taylor D, Daniels C, Noll C, Schneider M, McGowan J, Whalen W, Wilcox R, Sarnat R, Suiter L, Hedon J. Cost of chiropractic versus medical management of adults with spine-related musculoskeletal pain: a systematic review. *Chiropr Man Therap*. 2024 Mar 6;32(1):8. doi: 10.1186/12998-024-00533-4. PMID: 38448998; PMCID: PMC10918856.

<https://chiromt.biomedcentral.com/articles/10.1186/s12998-024-00533-4>



LEGAL Q AND A:

IF I AM RUNNING A PROMOTION IN MY OFFICE INCLUDING A FREE EXAM, CAN I EXTEND THIS TO PATIENTS WITH MEDICARE AND MEDICAID COVERAGE?

There are two federal laws that potentially come into play: The federal Civil Monetary Penalties Law (“CMPL”), and the Anti-Kickback Statute (“AKS”).

Specifically, the CMPL prohibits offering or providing inducements to a Medicare or Medicaid beneficiary that are likely to influence the beneficiary to order or receive items or services payable by federal healthcare programs from a particular provider, practitioner or supplier. (42 U.S.C. § 1320a-7a(a)(5)). The AKS prohibits anyone from knowingly and willfully soliciting, offering, receiving, or paying any form of remuneration to induce referrals for any items or services for which payment may be made by any federal healthcare program. (42 U.S.C. § 1320a-7b(b)).

Both laws are intent-based. In other words, if the provider or practice knows or should know that the promotion is likely going to influence the beneficiary to order services payable by federal healthcare programs, it is a violation.

Therefore, even if the promotional first visit is not covered by Medicare, if any other services offered by the practice (such as subsequent visits) are covered by Medicare, and it is the intent of the promotion to influence the beneficiary’s decision to receive other services that are reimbursed through Medicare, this would implicate the CMPL and the AKS.

Note that there are exceptions to the CMPL. For example, the financial need exception states that remuneration does not include the offer or transfer of items or services for free or less than fair market value if the following conditions are met:

- 1. the items or services are not offered as part of any advertisement or solicitation;**
- 2. the items or services are not tied to the provision of other services reimbursed in whole or in part by the program under subchapter XVIII or a State health care program (as so defined);**
- 3. there is a reasonable connection between the items or services and the medical care of the individual; and**
- 4. the person provides the items or services after determining in good faith that the individual is in financial need. 42 U.S.C. § 1320a-7a(i)(6)(H).**

While there are other exceptions under the CMPL, they likely would not apply in this case. For example, the preventive care exception only applies if the service is reimbursable in whole or in part by Medicare or an applicable State health care program, AND is a prenatal service or a post-natal well-baby visit OR is a specific clinical service described in the current U.S. Preventive Services Task Force’s Guide to Clinical Preventive Services. 42 CFR 1003.110. Here, the promotional visit is not reimbursed by Medicare and the service is not on the USPSTF list.



Further, the exceptions under the CMPL do not necessarily offer protection under the AKS unless it falls under a safe harbor (although it may reduce the risk). For example, there is no safe harbor for financial need or preventive services. Rather, the arrangement would likely need to fall under one of the value-based safe harbors, which must be related to the coordination and management of care of a patient, patient engagement, or another value-based purpose, for an identified target patient population.

In addition to federal law, Ohio law under OAC 4734-9-02(D) requires the following: “Excluding a free consultation, any advertisement or solicitation which offers free or discounted goods or services shall include a disclaimer. The disclaimer shall clearly state specifically what goods or services are discounted or free and what goods or services are not included with the free or discounted services offered. If the advertisement is visual, the disclaimer shall be contained therein. If the advertisement is aural, the disclaimer shall be read. A copy of the disclaimer shall be provided to each patient who responds to an offer prior to the rendering of care and a copy shall be maintained in the patient's file. Additional goods or services that are subject to a charge that are rendered on the same date as free or discounted goods or services are offered shall not be rendered until such charges are disclosed in writing and acknowledged by signature of the patient. A copy of such signed disclosure shall be provided to the patient prior to rendering care and a copy shall be maintained in the patient's file.”



2024 MEDICARE FEE SCHEDULE UPDATE TO INCLUDE INCREASE FROM PREVIOUSLY PUBLISHED SCHEDULE

On March 9, 2024, President Biden signed the Consolidated Appropriations Act, 2024, which included a 2.93 percent update to the CY 2024 Physician Fee Schedule (PFS) Conversion Factor (CF) for dates of service March 9 through December 31, 2024. This change to the conversion factor reduces cuts to previously published physician fee schedules for 2024. As a result, CMS and CGS have revised and published updated fee schedules.

While this is a step in the right direction, it remains an issue that needs to be addressed by Congress. Physicians are the only providers who do not receive automatic inflation updates in the fee schedule. Adjusted for inflation costs, the AMA estimates that Medicare physician pay has declined 30% since 2001.

The new rates are effective March 9, 2024. Members can access the new rates for CMT services [here](#).

BE ON THE LOOKOUT FOR A NATIONAL SURVEY TO ASSESS CURRENT PRACTICE COSTS

If you receive this survey, please do not disregard it.

The American Medical Association is leading the Physician Practice Information Survey which collects data on practice expenses involved in patient care. The effort aims to collect current and accurate information related to practice costs and challenges that can be shared with policy makers and payers when addressing policy and reimbursement issues.

The PPI/CPI survey will collect data needed to calculate practice expenses per hour of patient care by physician specialty for up to 46 Medicare specialties. Data from the survey will be used to help determine physician payment levels. Physician Practice Information data currently used to determine payment levels was last collected by CMS in 2006. This presents the chiropractic profession and all providers with an important opportunity to make sure our voices are heard and up-to-date practice information is included.

333 Chiropractic practices will be randomly selected from across the country using Medicare claims data. Mathematica, the company collecting the data, will be contacting the practices via mail, email, and phone. At least 100 responses to the survey are required to ensure the validity and quality of the data and to accurately reflect the current cost of running a chiropractic practice.

The survey is conducted via an online format. Selected practices and providers will receive an email from Mathematica, cosigned by ACA's president with a link and unique username and password. Participation in the ACA is not required as all chiropractors who bill Medicare surveys are eligible for random

continued on next page

Data collection through the survey will be kept private, will only be reported in aggregate, and used for informing national estimates of practice expense per patient care hour. Data collection is anticipated to take place through May 2024 and analysis of the results will take place between August and December 2024.

Please keep an eye out for an invitation to participate. If you receive an invitation and have questions, you can reach out to the OSCA or the ACA directly at education@acatoday.org.



- APR 10** Dr. Ron Farabaugh **12-1pm**- The Cost Effectiveness Study: Maximizing the Impact
- MAY 1** Dr. Mitch Green- Prevention & Treatment of Disorders in Endurance Athletes *sponsored by NCMIC*
- JUN 5** Dr. Karen Konarski – First Responder Skills *sponsored by NCMIC*
- AUG 7** Dr. Georgia Nab – Functional Medicine *sponsored by NCMIC*
- SEPT 4** Dr. Tom Ventimiglia – Patient Communication *sponsored by NCMIC*
- NOV 6** Dr. Alam Smith – Pregnancy & Family Chiropractic *sponsored by Foot Levelers*
- DEC 4** Dr. Anish Bajaj – Sleep Cognition & Intelligence *sponsored by Foot Levelers*

1pm-2pm UNLESS OTHERWISE NOTED

LEVEL 100 BASIC ACUPUNCTURE

Location: Encova, 471 E. Broad St Columbus, Oh

Time: Each weekend is 25 hours

Friday, 4-8pm; Saturday, 8am-7pm, Sunday, 8am – 6pm

DATES:

- Weekend 1: August 9-11 with Dr. Krist Tohtz
- Weekend 2: September 13-15 with Dr. Gary Estadt
- Weekend 3: October 25-27 with Dr. Andria D'Amato
- Weekend 4: December 6-8 with Dr. Angel Hong

[CLICK HERE TO REGISTER](#)

SCHEDULED FOR 2024
MORE EVENTS TO BE ADDED

25
APRIL

**CARRICK INSTITUTE - PAIN
RESET**
with Dr. Freddys Garcia

9
MAY
**2024 OSCA
GOLF OUTING**

MAY 29 - JUNE 19

OHIO CA CERTIFICATION PROGRAM- LEVEL 3

4-6
OCT

ANNUAL CONVENTION

Havana Nights



Click or scan the QR code
above for more info on our
best networking even of
the year!

OHIO CA CERTIFICATION PROGRAM LEVEL 3

MAY 29 - JUNE 19TH

LEVEL 3: OFFICE MANAGER

WHEN: ALL SESSIONS WILL TAKE PLACE VIA LIVE WEBINAR ON THE FOLLOWING DATES:

MAY 29 (3 HOURS) 12PM-3PM

JUNE 5 (3 HOURS) 12PM-3PM

JUNE 19 (2 HOURS) 12PM-2PM

FREE FOR OSCA MEMBERS

REGISTER NOW



5K REGISTRATION

REGISTRATION IS OPEN FOR
THE 2024 CHIROPRACTIC
KEEPS ME MOVING 5K RUN
OR WALK

Pick a date and plan to participate in this year's event. You can participate as an individual, office, or as part of a district-wide event. In addition to their race entry, each participant will also receive a customized t-shirt.

The OSCA office will create customized race flyers and social media graphics to help you promote events for offices and districts.

District events will be added – stay tuned for yours!

**District 4 – 9AM Saturday June 8 at Canfield Fairgrounds – 7265
Columbiana-Canfield Rd. Canfield, Ohio 44406 (Gate 2)**



REMEMBERING OSCA'S FIRST PRESIDENT, DR. DONALD MOON

In Memoriam

Dr. Don Moon September 21, 1932 - December 16, 2024

Dr. Donald K. Moon passed away in his home on December 16, 2024 at the age of 92. Upon graduating from Palmer College of Chiropractic in 1953, Dr. Moon served his country in the Army then established a practice in Fairborn Ohio in 1955. His passion for chiropractic and his tall stature made him a force to be reckoned with, both in the healthcare community and in political circles.

Dr. Moon held numerous positions in the Miami Valley Chiropractic Society, the Ohio State Chiropractic Society, and The Ohio Federation Of Chiropractic Organizations. He was instrumental in the uniting of the two state organizations where he served as charter president of the Ohio State Chiropractic Association for 2 terms. Over the years of service he received the Chiropractor's Chiropractor Award, Chiropractor of the Year, Presidents Award and most recently in 2014, a Lifetime Achievement Award for his service to the Chiropractic profession.

Prior to 1975, the Ohio Medical board regulated chiropractors as limited medical practitioners. During his tenure, and with the legislative efforts of many Ohio chiropractors, Ohio gained its own five-member Chiropractic Licensing board. Dr. Moon held several positions on this board including its presidency. His leadership was also instrumental in the formation of the Congress of Chiropractic State Associations (COCSA), where he served as the charter chairman for the first Congress, seeking to unite state's efforts to promote and protect chiropractic legislation in all 50 states.

His article published in the Upper Cervical Monograph, "The Flight From The Subluxation", was reprinted in the ACA Journal, the Texas Chiropractic Association Journal and the Ohio State Chiropractic Association Journal. Gaining recognition for the importance of NUCCA, the upper cervical spine, reduction of the ASC and working on behalf of all chiropractors to secure their rightful place in the healthcare arena were his life's passion.

He is survived by his wife, Mary, daughter Deanne Benkert, son Dr. Mark Moon, and grandchildren Caroline Moon and Mathew Cass.

As we continue to work through the current day challenges faced by healthcare professionals, with a mission of Protecting, Promoting and Advancing Chiropractic, we do so by standing on the shoulders of the giants and leaders who came before us.



OSCA STRATEGIC PLANNING – PLEASE PROVIDE YOUR FEEDBACK VIA SURVEY

The OSCA Board of Directors will meet later this month for a Strategic Planning Retreat that will guide the efforts of the association's work. The current strategic plan, developed in 2022, focuses on three pillars: Advocacy, Membership and Communication. The OSCA sent out a survey last week via email, soliciting feedback from chiropractors from across the state.

LAST CALL! Please take a moment to complete the survey before Tuesday, April 2 at 4:30 so that your feedback can be included in the process.

CHANGE HEALTHCARE UPDATES

Updates on the Change Healthcare security breach can be found [here](#) including a 3 week timeline for a restoration of services. In addition, Optum has announced a Temporary Funding Assistance at no cost to providers. Specifically, they are aiming to help providers and small practices who have been financially impacted by this crisis. A link to check your eligibility and learn more about the funding program is available at the above link.

