



# CB&C NEWS

BRINGING OUR EXPERIENCES TO YOU.

Volume 1, Issue 2

## Blue Cross/Blue Shield

### *Are you getting reimbursed properly for your BC/BS patients?*

Whether you participate with the traditional network, the managed care network, or both, claims are submitted to Horizon BC/BS (our local NJ product). If the patient is insured by Horizon BC/BS, the claim is re-priced for payment (depending upon contract status) and payment is released. If the patient holds a policy that is considered a BC/BS 'national account' or an out of state BC/BS policy, the claim is still re-priced dependent upon provider contract status and forwarded to the appropriate area for payment.

Horizon BC/BS, will only reimburse Chiropractors for CMT codes (98940-98942 & 98943) and x-rays. Chiropractors are **not** entitled to be reimbursed for exams or physical therapy modalities, although performing these services is within the scope of the Chiropractic license.

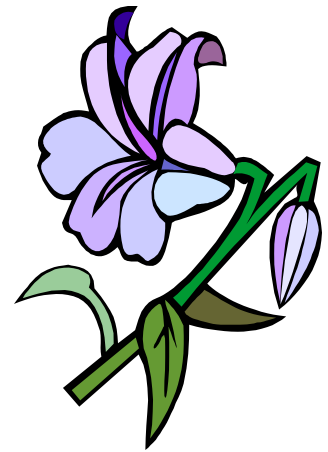
### *What is the problem chiropractors are facing regarding BC/BS payments?*

How thoroughly are you and

your office scrutinizing those EOBs when they come in? Have you noticed that there are some instances that you are not being reimbursed for CPT 98943? There are certain States and/or BC/BS products, such as Empire BC/BS, that are not reimbursing CPT 98943 consistently.

Two years ago we first contacted Empire to inquire as to why they are denying the 98943 since it was obvious that Horizon was pricing it at the contracted rate and approving it for payment. The response was that 98943 was NOT a covered benefit in the state of New York. Multiple representatives and supervisors stated that it was irrelevant that NJ had allowed the service, as Empire was not required to honor the NJ contract and would pay per NY guidelines. We then questioned if Empire BC/BS allowed physical therapy modalities when rendered by Chiropractors (whether a NY or NJ provider). All representatives and supervisors stated that physical therapy modalities were covered and reimbursable based on medical necessity.

We then began submitting claims to Horizon BC/BS for our Empire patients that included modalities when applicable to a patient's treatment plan. However, we noticed that the physical therapy modalities were also being denied by Empire (even if during the verification process certain codes were questioned and verbally approved under Empire's guidelines). When questioned, Empire claimed that when NJ re-priced the claims, they typically indicate a zero allowance for the modalities and possibly not even report the fees that the provider was billing. Therefore, Empire had no prices to render payment.



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### Special points of interest:

- *BC/BS reimbursement - How you may be getting cheated.*
- *United Health Care - New billing issues that may be affecting your payment.*
- *CMS/Medicare and the "AT" modifier.*
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# PIP TIME LINE FOR MEDICAL PROVIDERS HANDLING AUTOMOBILE ACCIDENT CASES

Written by Nicholas J. Fano, Esq., P.C.

1. **INITIAL OFFICE VISIT**— Have patient sign a **Limited Retainer Agreement** and an **Assignment of Benefits** form. Both forms are downloadable directly from my website at **PIPARBS.COM—”PIP TIME LINE”** page.

2. **AFTER THE FIRST VISIT:**

a: **21 DAY NOTICE LETTER:** Fax to PIP carrier **“21 Day Notice Letter”** - this form is also downloadable directly from my website at **PIPARBS.COM—”PIP TIME LINE”** PAGE. Be sure to fax this 21 day notice letter, attaching a copy of the **signed** Assignment of Benefit form that was just signed by the patient. Always retain proof of fax transmission in file.

b. **PRE-CERTIFICATION/DECISION POINT REVIEW (DPR) NOTICE:** Fax a **“Pre-certification/Decision Point Review”** plan setting forth your treatment plan for the next thirty (30) days. You **must use the standard** form mandated by DOBI—which can be downloaded directly from my website—**PIPARBS.COM—”PIP TIME LINE”** PAGE—<http://www.nj.gov/dobi/ORDERS/treatmentform.pdf>.

i. Be sure to attach all clinically supported documentation/information for your proposed services.

c. **TESTING REQUESTS:** For any desired testing, fax the same **standard form** above with attached records establishing the clinical justification for the test(s). This must be faxed to the PIP carrier three (3) business days before performing the test in order to avoid a 50% penalty. You must submit this form via fax for any and all tests, such as EMG/NCV testing, MRI testing, etc.

i. If there is no response within three (3) business days then the testing may proceed without the imposition of any compliance penalty. It is **not** necessary that you receive an approval from the PIP carrier. The failure to hear from the PIP carrier within three (3) business days is tacit approval. In other words, the services are then deemed approved, as long as the testing is **performed** before you receive a denial from the carrier.

d. **MUST APPEAL DENIALS:** Upon receiving any denials by the PIP carrier regarding your services you **must** a request for a “second look/internal appeal” directly to the PIP carrier. If you fail to do this, you may not be able to file a PIP arbitration demand. Again, send your “second look/internal appeal” request via fax—always retaining the fax confirmation. The DOBI is suppose to post all approved carrier plans on its website at: <http://www.nj.gov/dobi/21daycon.htm>. Presently there are only a few available for review. Hopefully this will be updated over time. In the meantime, please review my **“grid overview”** of what each carrier requires regarding these internal appeals. This “grid overview” can be accessed on my website at **PIPARBS.COM—”PIP TIME LINE”** PAGE. I have also provided links to plans for the following carriers on by website—**PIPARBS.COM—”PIP TIME LINE”** PAGE:

- |                          |               |
|--------------------------|---------------|
| 1. ALLSTATE              | 7. PARKWAY    |
| 2. ENCOMPASS             | 8. STATE FARM |
| 3. FIRST TRENTON         |               |
| 4. PRUDENTIAL/HIGH POINT |               |
| 5. LIBETY MUTUAL         |               |
| 6. NJM                   |               |

(Cont'd from Page—2) PIP TIME LINE FOR MEDICAL PROVIDERS HANDLING AUTOMOBILE ACCIDENT CASES

e. Unfortunately, each carrier's plan is different and governs the internal appeals process for that particular carrier. For instance, State Farm's plan requires you to contact CSG, wait 14 days for a response, then initiate a "second level appeal" by completing the State Farm appeal form—which can be accessed via my website—[PIP ARBS.COM](http://www.statefarm.com/claims/intdisfo.pdf)—"PIP TIME LINE" PAGE—<http://www.statefarm.com/claims/intdisfo.pdf>. You may select from a group of reviewing physicians, and you must then wait another 30 days for a response. Fortunately, at present, most carriers are not requiring this "second level" appeal. Accordingly, after the initial appeal request, if you do not hear from the carrier with 2 weeks, you can file a PIP arbitration demand.

3. **IMPORTANT NOTE:** If the pip carrier sends you their own assignment form, you **must** have the patient sign this form in addition to the first assignment form you had the patient sign, and fax this second form back to the carrier , retaining proof of fax transmission in your file.

4. **PIP ARBITRATION AFTER INTERNAL APPEAL:**

The documentation I need from you to file a PIP arbitration demand on your behalf is also downloaded from my website—[PIP ARBS.COM](http://www.piparbs.com)—"Downloads Page".

**NOTE:** All information must always be sent to the PIP carrier via fax with fax **confirmation**. Regardless of what The PIP carrier tells you, you must have proof that the documentation/information was in fact sent to the PIP carrier. PIP carriers are notorious for **denying receipt** of information. Accordingly be sure that your fax machines provides A fax confirmation receipt which must be **retained** and stapled to each transmission for later proof.

Please call at 973-276-1200 or e-mail me via my [website](http://www.piparbs.com) if you have any questions.

**NEW JERSEY MEDICARE PART B SEMINARS—April through June 2005**

**April 14 Chiropractic—p.m.**

**April 21 PT/OT—a.m.**

**May 17 Chiropractic—a.m.**

**May 18 PT/OT—p.m.**

**June 14 PT/OT—a.m.**

**June 16 Chiropractic—p.m.**

**All a.m. seminars are 9:00 a.m. to 12:00 p.m.**

**All p.m. seminars are 1:00 to 4:00 p.m.**

**The fee per seminar for specialty seminars are \$45.00 per person**

**To register for any of these seminars call Empire Medicare Services at 609-826-5600**



Now, Medicare is requiring an 'AT' modifier be utilized. Although this modifier does not replace the 'GA' we have been informed that it should be placed in the first modifier position. We had starting sending claims following these new guidelines, but have had some problems arise. We would like to share these issues with our readers.

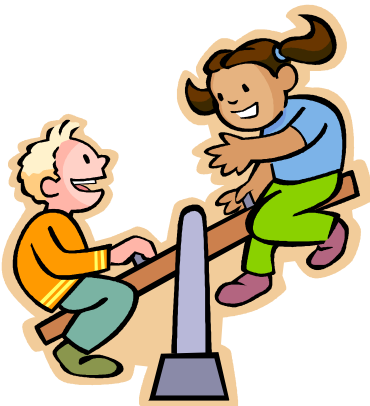
## Bringing Our Experiences to You.

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Specializing in You & Your Office Needs



This would be a good place to insert a short paragraph about your organization. It might include the purpose of the organization, its mission, founding date, and a brief history. You could also include a brief list of the types of products, services, or programs your organization offers, the geographic area covered (for example, western U.S. or European markets), and a profile of the types of customers or members served.

It would also be useful to include a contact name for readers who want more information about the organization.

## Inside Story Headline

This story can fit 175-225 words.

If your newsletter is folded and mailed, this story will appear on the back. So, it's a good idea to make it easy to read at a glance.

A question and answer session is a good way to quickly capture the attention of readers. You can either compile questions that you've received since the last edition or you can summarize some generic questions that are frequently asked about your organization.

A listing of names and titles of managers in your organization is a good way to give your newsletter a personal touch. If your organization is small, you may want to list the names of all employees.

If you have any prices of standard products or services, you can include a list-

ing of those here. You may want to refer your readers to any other forms of communication that you've created for your organization.

You can also use this space to remind readers to mark their calendars for a regular event, such as a breakfast meeting for vendors every third Tuesday of the month, or a biannual charity auction.

If space is available, this is a good place to insert a clip art image or some other graphic.

