



CB&C NEWS

BRINGING OUR EXPERIENCES TO YOU.

Volume 2, Issue 1

United Healthcare / A.C.N.—What’s going on?

In billing for Chiropractors, we have become frustrated with United Healthcare/A.C.N. and changes we noticed in the processing of claims since about July 2004. We have contacted UHC Call Centers and the A.C.N. Executive Offices about various issues. Although they are somewhat interested in our concerns, they claim they have had few complaints from providers. However, we have spoken with many Chiropractors & staff who are just as frustrated as we are. We want to bring the issues to UHC / A.C.N. for consideration on a larger scale. If enough providers are experiencing such issues, we are hoping they will be eager to address them for basic quality control purposes.

We have circulated a fax explaining our concerns and asked providers to send us their feedback on their own experiences and possible concerns. Although we have only outlined the issues here, a detailed explanation explaining each issue was in our faxed information.

- *Denials of CPT 97112*
- *UHC / A.C.N. Calling Chiropractors*
- *Problems Dealing w/ the Jamaica & India Call Centers*
- *UHC Processing Resubmitted Claims*
- *Recent Out of Network Reimbursement Inconsistencies*

If you have not received our fax but are interested in reading about our concerns and goals regarding these issues, please feel free to contact us and we will be glad to forward it to you. Our contact info can be found at the back of this newsletter. Also, for additional reading on this issue, please refer to the “In our opinion” portion of this newsletter located on page 4.



CMS / Medicare News

We recently attended a Medicare seminar that we felt was very beneficial. We were provided with important billing instructions, useful provider manuals, information and forms about the appeals process, and a questions and answer period, etc.

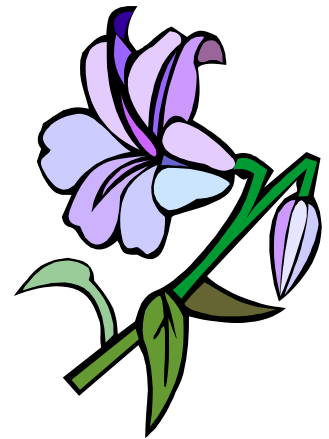
We have listed the upcoming seminars for your convenience.

NEW JERSEY MEDICARE PART B SEMINARS—April through June 2005

- | | |
|--|-----------------------------------|
| April 14— Chiropractic— 1 p.m. to 4 p.m. | April 21—PT/OT—9 a.m. to 12 p.m. |
| May 17—Chiropractic—9 a.m. to 12 p.m. | May 18—PT/OT—1 p.m. to 4 p.m. |
| June 14—PT/OT—9 a.m. to 12 p.m. | June 16— Chiropractic—1 to 4 p.m. |

Points of interest:

- *United Healthcare & A.C.N.— how is it working for you?*
- *Timeline for proper handling of PIP patients*
- *CMS/Medicare—upcoming seminars and web information*
- *Empire BC/BS finally reimbursing 98943 to NJ providers*



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PIPS—Is Your Office Handling Them Properly?

Is your office aware of the important steps that need to be followed to ensure you will be reimbursed properly for your PIP patients? We appreciate Nick Fano, Esq. (a feature writer this month) providing our readers with the following valuable information.

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](http://www.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](http://www.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](http://www.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 submit 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](http://www.piparbs.com)— “PIP TIME LINE” PAGE. I have also provided links to plans for the following carriers on my website—[PIPARBS.COM](http://www.piparbs.com)—“PIP TIME LINE” PAGE:

1. ALLSTATE

2. ENCOMPASS

3. FIRST TRENTON

4. PRUDENTIAL/HIGH POINT

5. LIBERTY MUTUAL

6. NJM

7. PARKWAY

8. STATE FARM



(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.piparbs.com)—"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 within 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:**

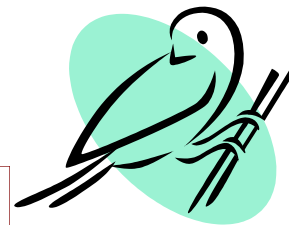
The documentation I need from you to file a PIP arbitration demand on your behalf is also downloadable from my website—[PIP ARBS.COM](http://www.piparbs.com)— "**Downloads Page**".

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 machine provides a fax confirmation receipt which must be **retained** and stapled to each transmission for later proof.

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

CB&C Issue Quote:

If you don't stand for something, you'll fall for anything!
...author unknown



UPDATE—Empire Guidelines vs. NJ Contracts & 98943

You Go CB&C!! Great news....Empire BC/BS has updated their systems to allow CPT 98943 for NJ Chiropractors.

In our last issue we informed our readers about Empire BC/BS frequently denying CPT 98943. We fought with both BC/BS carriers for 2 years regarding this issue. We had found that our NJ providers were typically not being reimbursed per either the NJ contract or per NY's guidelines. This was because Empire typically excluded CPT 98943 and NJ generally excludes physical therapy modalities. Either way the provider was often not properly reimbursed.

According to Empire, this change took place on 11/4/04. However it took almost 3 months before consistent information was being provided from both carriers. Because of the inconsistencies, we were advised that Empire circulated a memo to update their staff as to the changes that had been made to their systems regarding NJ Chiropractors and CPT 98943.

More recently, we are seeing that the majority of claims are now being processed properly reflecting payment of CPT 98943 for those Empire BC/BS plans.

For the past 3 months we have been working with our local BC/BS in tackling the next State....Michigan. This seems to be the same challenge as with the Empire issue. You would expect to be paid for the 98943, as it's part of your NJ contract, but that's not always the case when dealing with the Michigan policies. We have been advised that Michigan doesn't seem to allow that CPT code. Here we go again!! We'll keep you updated with this issue in our Newsletters to come.

Bringing Our Experiences to You.

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CB&C, Inc. specializes in providing services for Chiropractic Offices.

Depending on your office needs, our services include office training, consulting, insurance verifications, billing & collections and keeping offices current with the ever changing insurance industry.

Aside from working with our clients we are also Chiropractic patients and therefore appreciate and value Chiropractic care. We understand that the less time the Chiropractor and the office staff spend on dealing with the insurance companies, etc. the more time that's available to focus on what's important—your patients!

Specializing in You & Your Office Needs

In our Opinion...

The changes that continue to occur within the insurance industry and Chiropractic reimbursement are very important to us. We have tackled many issues and seen changes relative to our efforts and the efforts of your Chiropractic Organizations.

Having said that, we strongly feel it is important for providers to rally together in support of any issue directly effecting this industry. Recently, an important issue for us has been the negative impact UHC / A.C.N. has forced upon the Chiropractic Community. Therefore, we are asking for your written input which will be submitted to the Executive Team at A.C.N. as well as the Chief Executive Officer and the Chief Operating Officer of United Healthcare. We are hoping that both organizations are interested in providing quality service to both providers & members, and in maintaining a professional environment within the industry. Isn't it

Cont'd from cover... Medicare

The fee for each seminar is \$45.00 per person. To register for any of these seminars call Empire Medicare Services at 609-826-5600. This information has been provided by Medicare.

Also know that the Chiropractic Policy for Medicare has been in draft form and was open to comments from providers. Unfortunately, it was recently posted that they were no longer accepting provider comments. We are including the steps for those who wish to view an on-line copy of this draft as it may become the new Medicare Chiropractic Policy.

To obtain a copy of this draft, go to www.empiremedicare.com—beneath the 'Provider' tab, click on [Part B:NJ](#)—go to bottom of this page, click [Accept](#)—the screen will say then "Part B-NJ"—scroll down & click on [Local Coverage Determinations](#) - under 'Part B NJ Policy', click [Draft Policy](#) - scroll down & click on [Chiropractic Services](#). Read on, you should find it interesting!

Happy Spring!



worth our time to try?