

## Understanding Insurance Coverage

Member coverage for health plans contracted with Fulcrum include a Certificate of Coverage (COC) that supports chiropractic care for active treatment of acute neuromusculoskeletal disorders. The acute presentation of a chronic condition *may* support a few visits to restore previously achieved therapeutic gains only if the documentation clearly states the reason for the recent acute relapse, that further regression is suspected if treatment was not provided, and encourages patient self-management educations such as exercise and home care instructions.

### Treatment Plan

Treatment Plans must be legible and identify a *beginning – middle – and end*.

- The initial visit must include a history and exam that support an acute neuromusculoskeletal diagnosis. The patient receives information and consent to treatment which includes potential adverse effects from treatment and a plan for the duration, type, and frequency of care as well as other potential treatment options.
- The subsequent visits must be presented in S.O.A.P. format and include *measurable* subjective complaints and objective findings. Include the following items in records:
  - A patient name and identifier (DOB or reference number)
  - The date of the encounter
  - The treating provider name and signature
  - Location of complaint and findings
  - Functional status updates (assessment of the treatment progress)
  - Services rendered and rationale for use (location, duration and clinical effect)
  - Care duration and next treatment date
  - Treating Provider signature
- The discharge visit is when the patient reaches maximum improvement and no further subjective, objective, or functional improvement is anticipated. Understanding the patient may still have symptoms, however they have plateaued and no further improvement is noted or anticipated. The patient may be released, referred to another practitioner, or transitioned to a self-pay agreement to continue with maintenance care.

### Maintenance Therapy

Includes services that seek to prevent disease, promote health and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy.<sup>1</sup>

When billing for a service that is rendered in a maintenance phase of care, use the HCPCS code **S8990**, a physical or manipulation therapy performed for maintenance rather than restoration. This code when billed will always result in a ChiroCare denial since maintenance care is not a covered service for any members administered by Fulcrum.

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<sup>1</sup> (CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 240.1.3A)

## Modifiers

For Medicare members, the Active Treatment (AT) modifier is required for CMT codes (98940, 98941, or 98942) to indicate that the treatment rendered is Active Treatment to correct acute or chronic subluxations. Claims without the AT modified will be denied as maintenance care.

Adding a GA, GY, or GZ modifier to a billing code **does not** indicate maintenance care, and does not guarantee that the claim will be denied. Instead, services billed with these codes will be considered for payment against the member's standard benefits. When applying modifiers to ChiroCare claims, please ensure accurate coding:

- GA- Waiver of liability statement issued as required by payer policy.
- GY- Item or service statutorily excluded, does not meet the definition of any Medicare benefit for non-Medicare insurers, is not a contract benefit.
- GZ- Item or service expected to be denied as not reasonable and necessary.

Please share this information with your billing company if you outsource that function.

## Non-Covered Services: Financial Disclosure Form

**Commercial and Medicaid Members:** You must obtain written approval from your patient (or responsible guardian) prior to providing the service. It is recommended that Fulcrum's Non-Covered Services Financial Disclosure Form be used to meet this requirement. The form and the Fulcrum Billing for Non-Covered Services policy can be found at [www.chirocare.com](http://www.chirocare.com) in the [Practice Forms and Tools](#) section.

**Medicare members (including MSHO where the health plan sponsored Medicare policy is primary):** For services that are covered in some cases, e.g. spinal manipulations, a provider must obtain an authorization denial, prior to the service being rendered, in order to bill a Medicare patient. Execution of Fulcrum's **"Non-Covered Services Financial Disclosure Form,"** cannot be used to support Medicare patient billing for spinal manipulations or any covered x-rays on the applicable Fulcrum Fee Schedule, even if the care is maintenance in nature. See the applicable Plan Summary for instructions regarding authorization submissions.

It is not necessary however, for providers to obtain a denial from the health plan or Fulcrum to bill Medicare members for services that are never eligible for payment when rendered by a chiropractor, e.g. exams, procedures, modalities, etc. Providers may collect for these services at the time of service, or via distribution of a bill. Prior to rendering the service however, Fulcrum does recommend that the provider use Fulcrum's **"Medicare Member Notice of Non-Covered Services"** form to help ensure the Medicare patient's understanding of financial liability, and to avoid potential misunderstandings and/or member complaints.

### ***Note Regarding Medicare:***

Please note that the above guidelines apply to Medicare Advantage plans only. For patients on Medicare Fee-For-Service (FFS) plans, the CMS ABN form (Advance Beneficiary Notice) must be used.

Fulcrum also created a handout titled "**Insurance Coverage**" to help providers define maintenance care to patients. This handout can be found on [www.ChiroCare.com](http://www.ChiroCare.com) as well. Having the conversation with patients about insurance coverage for acute care benefits early in treatment assists with patient expectations regarding their care.

If you have any questions regarding submission of maintenance care claims to Fulcrum, please call our Provider Services Department at (888) 638-7719.

## Sample of a *Subsequent* Daily S.O.A.P.

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**S: Subjective Complaint(s):** *This is visit 6 of 9 ...*

- **Location(s)** (region, right/left etc.)
- **Grade (measurable attribute)** (e.g. pain scale/degrees/percentage)
- **Change** (from previous visit)

**O: Objective findings:** *(P.A.R.T)*

- **Mechanical findings** (segmental dysfunction regions this visit)
- **Soft Tissue (measurable findings)** e.g. grade spasm/tenderness etc.)
- **Orthopedic and Neurologic Findings** (relevant to condition)
- **Change** (from previous visit)

**A: Assessment:**

- **Diagnosis** - list current working diagnosis
- **Subjective:** Ask patient to report how they are improving. Record measurable improvement such as Activities of Daily Living. Outcome tools (Oswestry, Neck and Back Index, Bournemouth Questionnaire) provide convenient lists of measurable goals.
- **Objective:** Change in exam findings
- **Measurable Goals:** Report 2 or 3 of the individual questions as measurable goals from the Outcome Assessment Tool to provide progress to initial outcome scores.
  - ✓ NECK: NDI, Neck Bournemouth Questionnaire
  - ✓ BACK: Oswestry, Back Bournemouth Questionnaire
  - ✓ ANY BODY REGION: Patient-Specific Functional Scale; General Bournemouth Questionnaire
- Identify Barriers to Recovery (yellow flags) – consider using the STarT Back Tool for risk assessment
- Informed Consent (Risk/Benefit)
- Share Decision Making (Treatment Options/Expectations)
- Review Preventive Screening as indicated for referral to primary care provider (mammogram/colonoscopy/ BP, etc.)

**P: Procedures/Plan:**

- **Passive Treatment**
  - Mechanical manipulation (list all specific segments adjusted)
  - Soft Tissue (include the modality type, location, time, and rationale)
  - Durable Medical Equipment (include the type and rationale)
- **Active (exercise type, location, time, and rationale)**
- **Review Expectations to meet identified, shared measurable goals**
- **Home self-care instruction (heat/ice, exercise prescription)**
- **Update Treatment plan (frequency – duration)**
- **Next Update Exam**
- **Next visit date**

- Provider Signature