

Chiropractic Coding & Compliance Alert

Policy: Know These 3 Legislative Issues That ACA Salvaged

Score big with ACA's work on documentation, parity, PPACA, and more.

It's time to connect with the American Chiropractic Association, the biggest association working around the clock for the interests of the chiropractic community. ACA recently hosted a press cast led by ACA government relations staff, and attended by state representatives. Here is a lowdown on what you must know about the happening legislative issues in chiropractic.

Dare the Documentation Devil

Like it or not, chiropractic profession's Medicare documentation error rate is the highest among any provider group and has been so for quite some time. The reason for this seems to be "lack of education and understanding for practitioners," says **Doreen Boivin, CPC, CCA**, with Chiro Practice, Inc., in Saco, Maine.

Data from 2014 shows that 54 percent of chiropractic Medicare claims were improperly paid, with more than 92 percent of the errors attributed to insufficient documentation. "From the Office of Inspector General [OIG] reports to annual Comprehensive Error Rate Testing [CERT] reviews, the chiropractic profession has carried a target on its back," said **John Falardeau**, ACA's senior vice president of public policy and advocacy, in an article on the ACA website.

Protecting the Integrity of Medicare Act (PIMA) is part of an ongoing federal effort to reduce Medicare claim error rates. Given this background of weak documentation, a provision was introduced in the PIMA draft that would have subjected all chiropractic claims in Medicare to a program of "preauthorization" review, substantially disrupting beneficiary access to chiropractic services. Through its strategic intervention, however, ACA succeeded in circumventing the proposed chiropractic preauthorization requirement under PIMA, convincing the committee that the provision would harm patient access.

ACA to educate on documentation: Instead, ACA, in association with HHS and Medicare Administrative Contractors (MACs), will develop an education program to help improve documentation in chiropractic Medicare claims to be implemented by Jan. 1, 2016. Under the provision:

DCs whose claim denial rates are out of line with the rest of the profession could be subject to preauthorization standards established by HHS.

DCs with a good record of claims based on proper documentation and those who avail themselves of the education program will avoid preauthorization requirements that non-compliant providers could face. "This is fair and appropriate action," opines Boivin.

More to come: ACA is developing an online education course in Medicare documentation that should be available later this year. ACA, with the help of state associations and MACs, may hold one day personal training sessions with experts. ACA's public policy and advocacy department has created a web page to serve as a clearinghouse for all PIMA-related information: www.acatoday.org/PIMA.

ACA Instrumental in Giving DC's the PPACA Section 2706(a) Leverage

After the Health Reform Law has come in, many new health plans such as BCBS Federal Employee Plan (FEP) modified their benefit language in 2014 to account for Section 2706 of the Patient Protection and Affordable Care Act (PPACA) to include the essential services provided by DCs. Unfortunately, many payers continue to ignore or selectively interpret the protections afforded by 2706(a).

ACA is working on this discrimination against DCs. As a result, CMS recently clarified a section of PPACA that led some states to improperly limit patient access to chiropractic physicians and other qualified non-MD/DO health care providers. What's more, CMS withdrew and replaced a Frequently Asked Questions (FAQs) document on Section 2706(a) with one containing a more realistic approach to the issue of provider non-discrimination in May 2015.

According to ACA, unfortunately, there are insurers that pay DCs less than other providers for the same services and do not allow DCs to perform procedures that are within their state's scope of practice. In those instances, you may resort to ACA's payment policy team, who has written letters to insurers throughout the country monitored the situation. Keep a close watch on the ACA Section 2706 information page (www.acatoday.org/2706).

ACA Seeks Medicare Parity for Chiropractic Services

Medicare parity is a top legislative and regulatory priority for ACA. Ever since chiropractic inclusion in the Medicare program in 1972, there have been rare policy updates, other than elimination of the X-ray requirement in 1997. ACA continues to emphasize to Congress the importance of allowing chiropractic physicians to practice and be reimbursed for the fullest extent of their licensure, training and competencies. "What is feasible, in our view, is to allow a DC to perform to his or her education, scope and licensure within federal regulatory parameters," explains Falardeau in an article on the ACA website.

Falardeau and his staff have been working with Congress to pass legislation to change the current statute and ensure chiropractic parity. They are currently putting together a grassroots program, scheduled to launch later this year, which will bring more attention to the issue among DCs and their patients.

Final takeaway: Expect to hear more such press casts from ACA to further educate and engage the chiropractic media and state associations on advocacy efforts related to the most vital issues affecting the chiropractic profession.