

Chiropractic Coding & Compliance Alert

Reader Question: Yes, a Participating Provider Can Bill the Patient for Non-Covered Services

Question: As a participating provider with Medicare, am I allowed to bill the patient for non-covered or denied charges at my regular fee, or am I limited to the Medicare Participating Allowance?

Texas Subscriber

Answer: As a Medicare participating provider, you have the right to charge your regular office fees for all services to Medicare beneficiaries. If the charges are allowed services, you must then accept the Medicare allowable fee as your payment. However, if the charges are denied, you are entitled to bill your regular office fees for those services (provided they do not exceed the usual amount charged to non-Medicare beneficiaries and you have a signed Advance Beneficiary Notice for Chiropractic Manipulative Therapy, CMT).

A non-participating physician must adhere to the Medicare Limiting Charge for all covered services (CMT), even if they are denied. All non-covered services (X-ray, therapy modalities, etc.) may be billed at your usual fee.