OMM Procedures at Bedside in the Hospital

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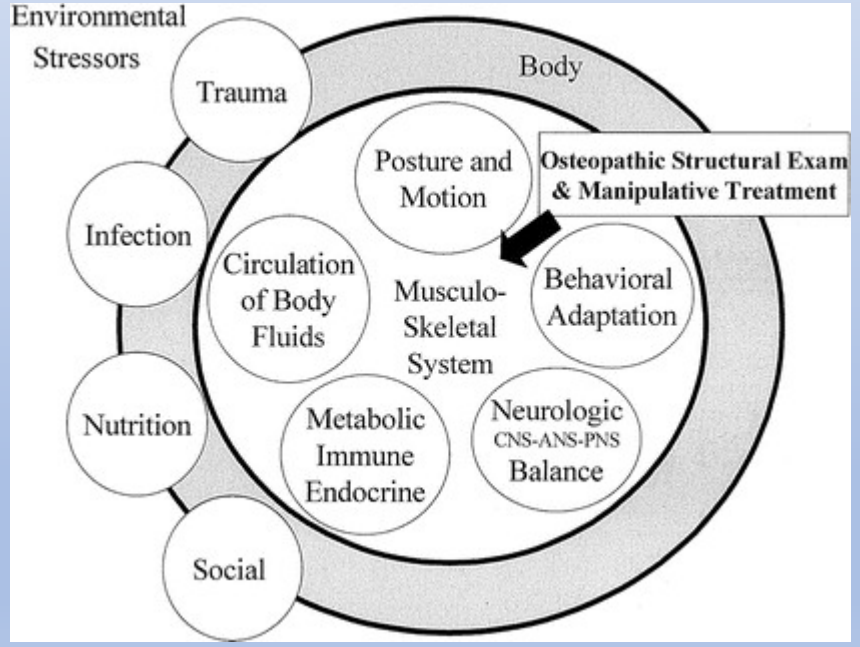
Hospital OMT

- OMT can be used as a primary or as an adjunct treatment for disease within the hospital setting.
- Care must be taken to insure that the **treatment is appropriate and within the physical capabilities** of the patient to respond appropriately
- The osteopathic treatment of the acutely ill or hospitalized patient is designed **to support and enhance** the underlying physiology of a patient **as they recover** from an illness or other severe stress.
- Focus exam & treatment on the acute needs of the individual.
- Any technique is appropriate if:
  - it addresses the underlying physiology and mechanics
  - it is appropriate for the present condition of the patient
  - it brings about the changes a physician expects to see from its application
  - it is efficient treatment to accomplish a specific physiologic goal
- Physicians performing OMT in the hospital should bill for their services…..
- Start with the basics….. Structural exam and then….

Hospital OMT

- The principle of the **unity of the body**, so central to osteopathic practice, states that **every part of the body depends on other parts** for maintenance of its **optimal function** and even of its integrity.

- Autonomics
  - Sympathetics
  - Parasympathetics
- Breathing
  - Ribcage
  - Associated respiratory structures
- Circulation
  - Lymphatics
  - Vascular



Osteopathic philosophy of health displayed as the coordinated activity of five basic body functions, integrated by the musculoskeletal system, adapting to environmental stressors

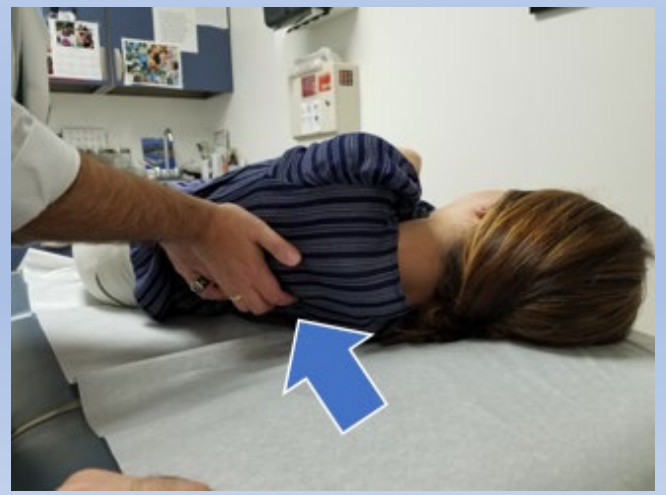
Hospital OMT – Rib Raising

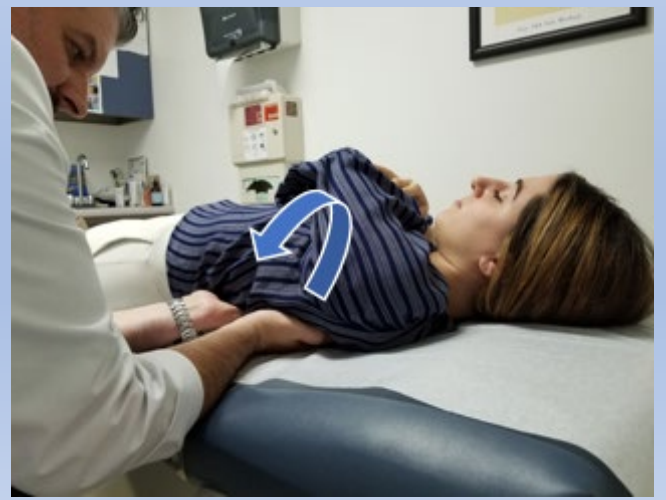
- Rib Raising
  - Reduces constriction of large lymphatic vessels
  - Stimulates regional sympathetic efferent activity
  - Results in prolonged reduction in sympathetic outflow
  - Excursion of chest is increased and facilitates lymphatic drainage
  - Relieves postoperative paralytic ileus

  - Bucket-Handle Motion -- The effect is to increase the transverse diameter of the thorax during inspiration. This involves ribs 7-10
  - Pump-Handle Rib Motion -- The effect is to increase the anteroposterior diameter of the thorax during inspiration. This primarily effects ribs 1-6.
  - Caliper motion: Ribs 11, 12

Hospital OMT- Rib Raising

- Palms placed under patient's thorax, so that pads of fingers at rib angles
- Flex fingers, apply traction to the rib angle
- While applying traction, bend knees/ lower trunk to raise ribs (lever/fulcrum action) Do not bend wrists
- Move hands so that subsequent ribs treated
- Treat opposite side of rib cage in same manner



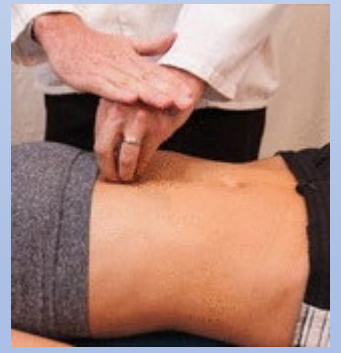


Hospital OMT- Rib Raising

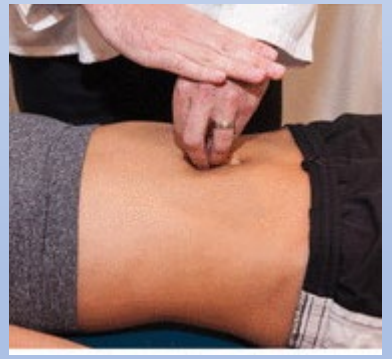
- “Alternate Technique”
- Mobilizes the ribs with muscle energy.
- Exaggerates inhalation motion.
- Can assist in diaphragmatic doming.
- Force is upward and cephalad and outward.
- Thumbs follow the costal margin.

Hospital OMT - Mesenteric Release:

- This technique is indicated to enhance lymphatic and venous drainage and alleviate congestion secondary to visceral ptosis.
- The physician applies a gentle, downward pressure to any of the ganglia until the resistance of the underlying tissues is felt and its resistance is matched.
- This pressure is held until a softening or release is felt
- The celiac ganglia is below the xiphoid (A)
- the inferior mesenteric ganglia is just above the umbilicus (B)
- the superior mesenteric ganglia is halfway between (C)

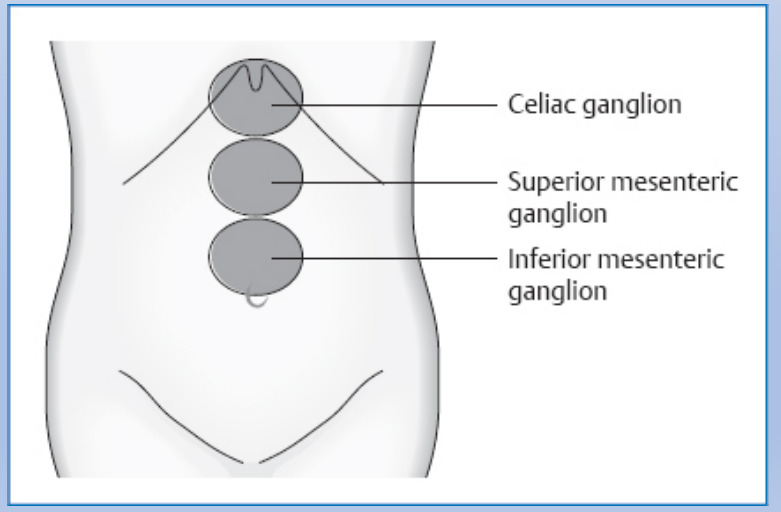


(A)



(B)

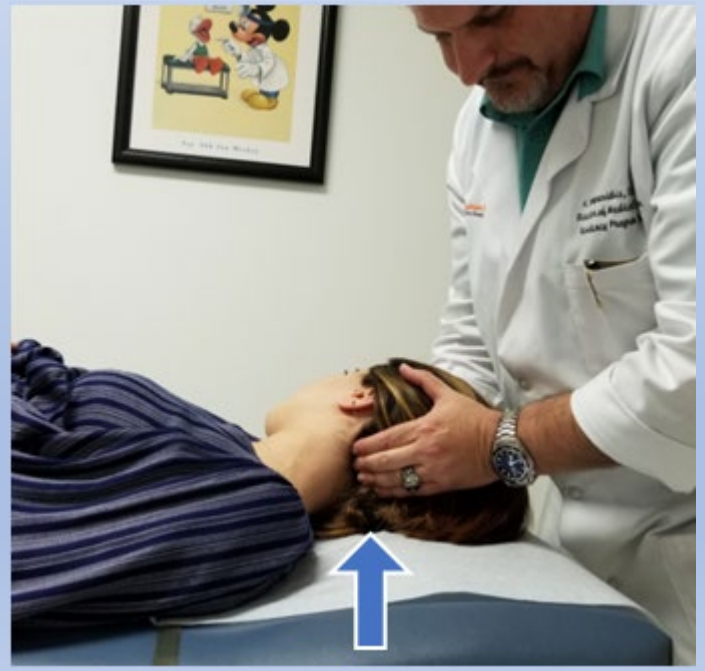
(C)

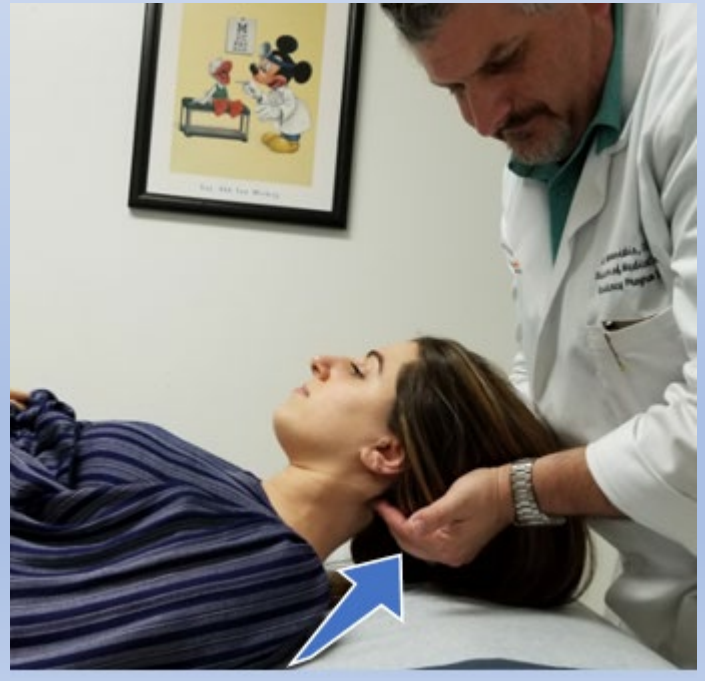


This procedure should not be used if the patient has an abdominal incision, acute ischemic bowel disease, obstruction, or similar condition

Hospital OMT – Suboccipital Release

- The superior cervical ganglion and vagus nerve are related to the occipital–atlantal and suboccipital tissues (parasympathetics)
- The patient is supine. The physician is seated at the head of the bed.
- The physician places the finger pads in the patient's suboccipital sulcus (groove) on both sides.



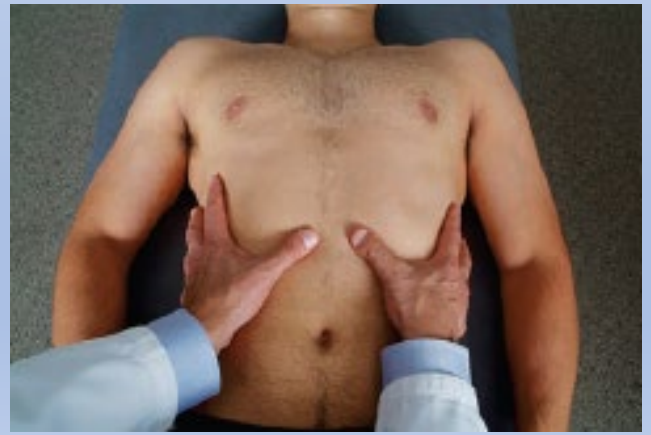


Hospital OMT – Suboccipital Release

- The physician carries their elbows medially, placing lateral traction on the suboccipital tissues.
- The physician simultaneously places gentle traction on the occiput.
- The force of the physician's traction matches the resistance of the tissues.
- This position is held until release of both sides is felt.

Hospital OMT – Diaphragmatic Doming

- This technique is indicated for lymphatic congestion distal to the diaphragm and/or respiration that does not extend fully to the pubic symphysis.
- Improves lymphatic and venous return.
- Patient is supine while physician stands next to patient.
- The physician places the thumbs or thenar eminence just inferior to the patient's lower costal margin and xiphoid process with the thumbs pointing cephalad. (A)
- The patient is instructed to take a deep breath and exhale. On exhalation, the physician's thumbs follow the diaphragm (B), which permits the thumbs to move posteriorly.



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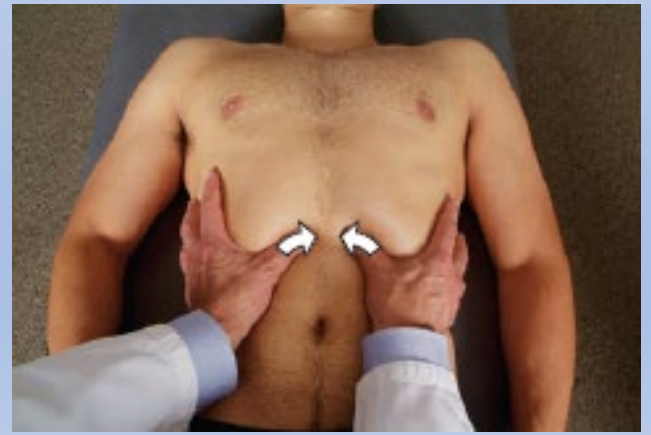
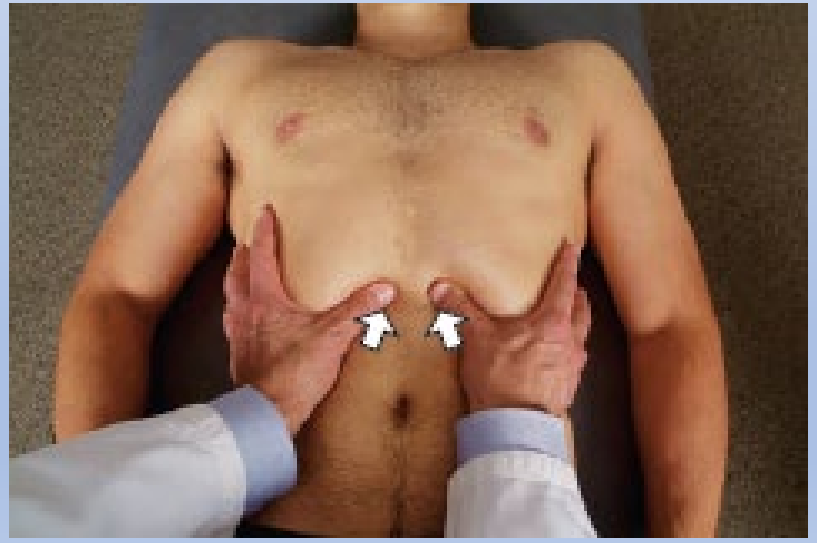
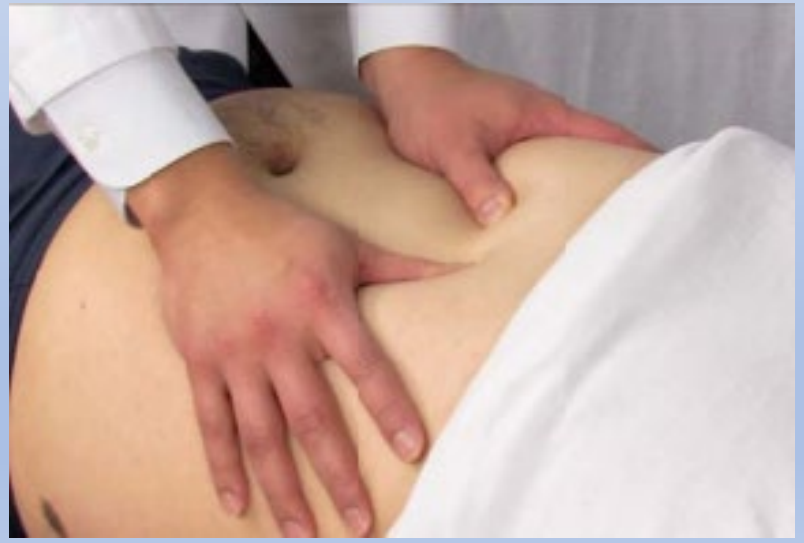


(B)

Hospital OMT – Diaphragmatic Doming

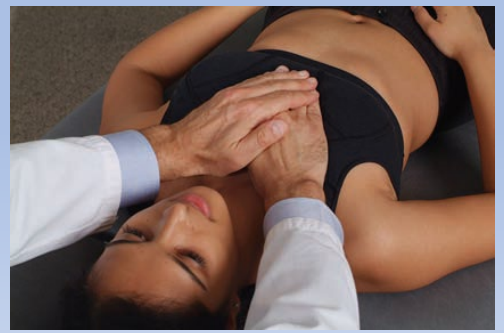
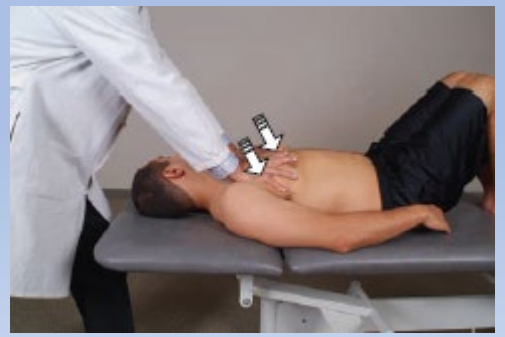
- The physician's finger placements gently resist the downward motion of the diaphragm as the patient inhales and follow the diaphragm superiorly as the patient exhales.
- Note: Do not push upward against the diaphragm.
- This procedure is repeated for three to five respiratory cycles.





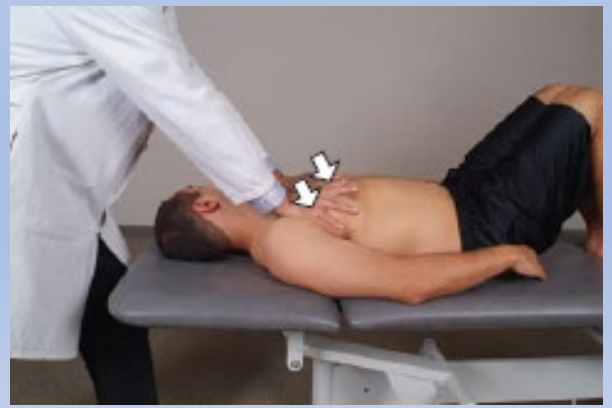
Hospital OMT – Miller Thoracic (Lymphatic) Pump

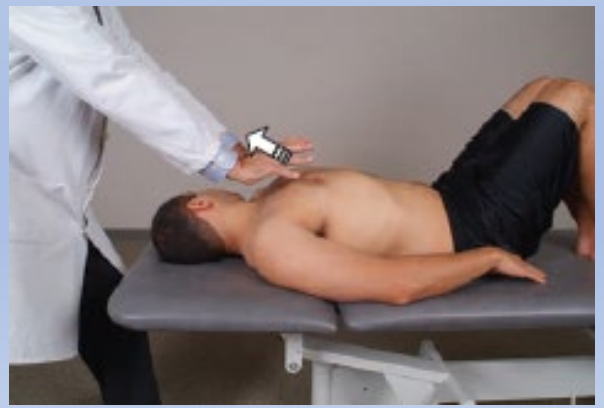
- This technique is indicated for infection, fever, lymphatic congestion, rales, and chronic productive cough.
- The patient lies supine with the head turned to one side **(to avoid breathing or coughing into the face of the physician).**
- Physician stands at head of table/hospital bed.
- The physician places the thenar eminences inferior to the patient's clavicles with the fingers spreading out over the upper rib cage (for female patients, place hands midline).
- The patient is instructed to take a deep breath and exhale fully.
- During exhalation, the physician increases the pressure on the anterior rib cage, exaggerating the exhalation motion.
- At end exhalation, the physician imparts a vibratory motion to the rib cage at two compressions per second.

Hospital OMT – Miller Thoracic Pump- Respiration/Atelectasis

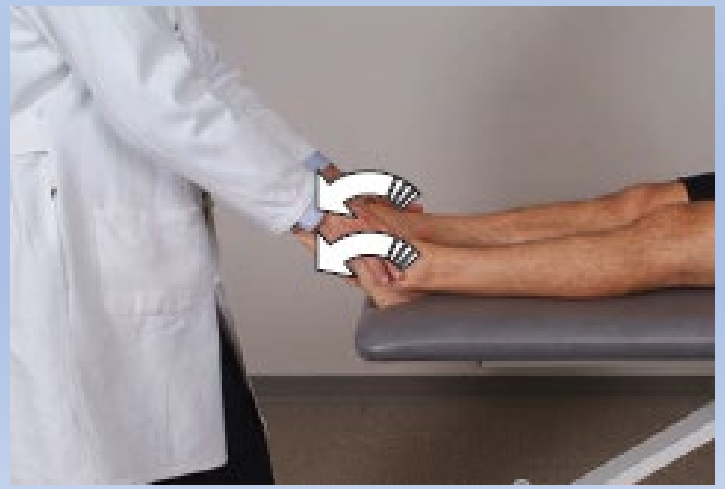
- Similar to the lymphatic pump technique with similar indications however this differs slightly with exhalation.
- The patient lies supine with the head turned to one side **(to avoid breathing or coughing into the face of the physician).**
- Physician stands at head of table/hospital bed and places the thenar eminences inferior to the patient's clavicles with the fingers spreading out over the upper rib cage (for female patients, place hands midline).
- The patient is instructed to take a deep breath and exhale fully at which time the physician increases the pressure on the anterior rib cage, exaggerating the exhalation motion.
- During the next inhalation, the physician releases the pressure and the patient is told to inspire which is restricted by the physician and exhalation is exaggerated slightly more.
- During the next several inhalations, the physician maintains heavy pressure on the chest wall.
- On the last instruction to inhale, the physician suddenly releases the pressure, causing the patient to take a very rapid, deep inhalation, inflating any atelectatic segments that may be present and mobilize secretions.

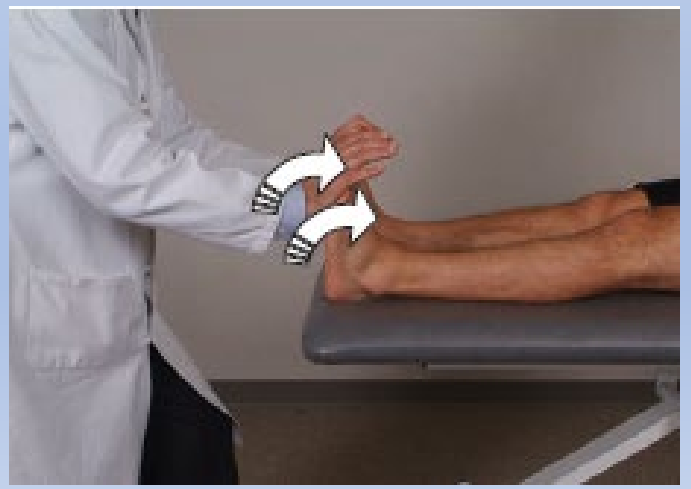




Hospital OMT – Pedal Pump

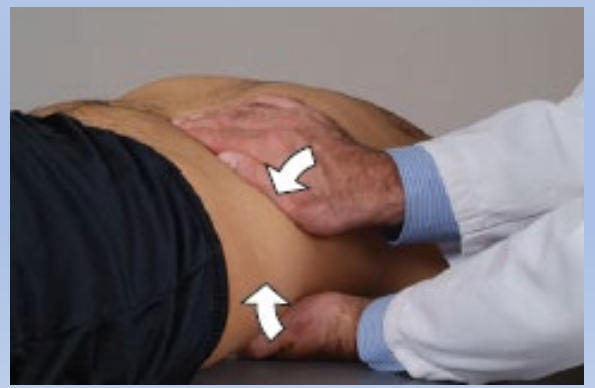
- This technique is indicated for lymphatic congestion, fever, infection, and inability to use the thoracic pump.
- The patient lies supine, taking care to keep the heels of the feet on the table with the physician at the foot of the bed.
- Rhythmic plantar and dorsiflexion of the lower extremities at 1-2 per second for 1-2 minutes.
- These rhythmic forces **should be parallel to the table**, not directed toward the table.





Hospital OMT – Splenic Pump

- Indicated for any infectious disease EXCEPT infectious mononucleosis…
- The patient lies supine, and the physician stands at the left side of the patient.
- The physician places the left hand on the lower costal cartilages overlying the spleen, with the fingers following the intercostal spaces.
- The left hand compresses the lower left rib cage slowly between the physician's hands 2 times a second for 30 seconds. (A)
- After 30 seconds, the hands are withdrawn with a sudden release (also call a chugging motion). (B)



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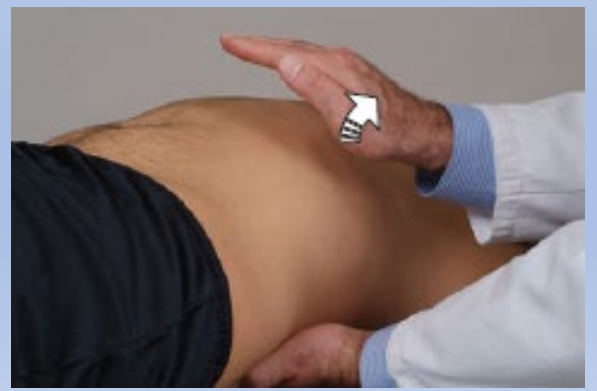
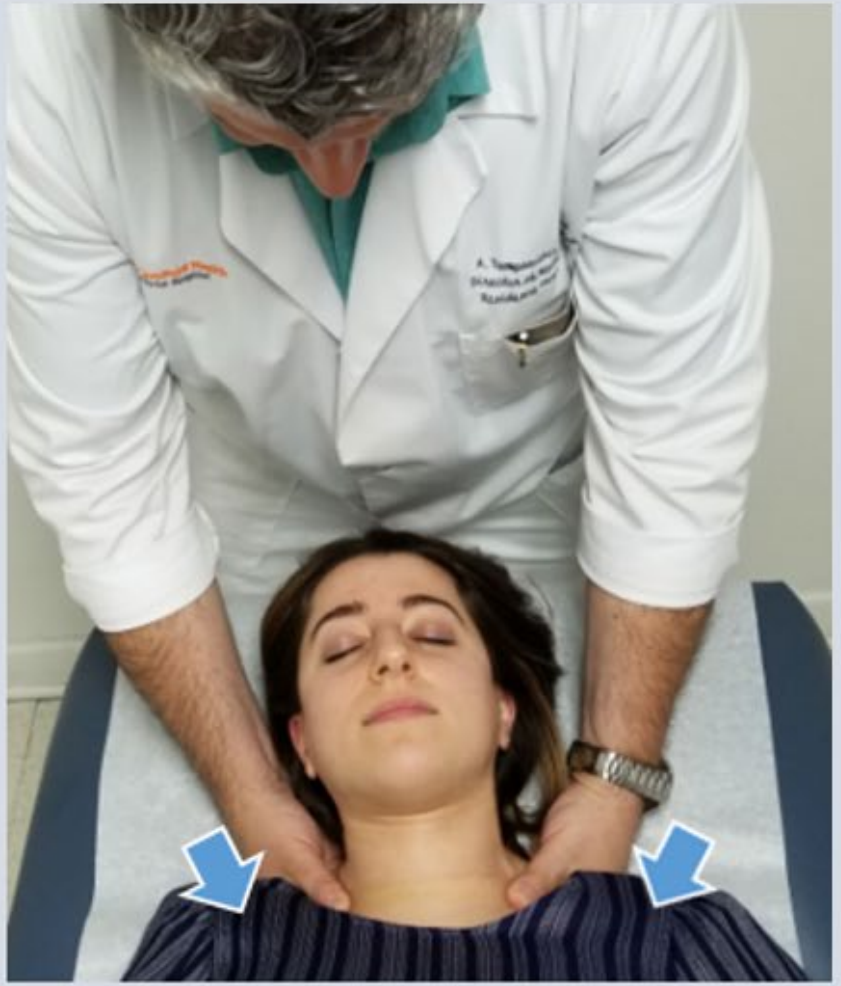


(B)

Hospital OMT – Trapezius Release

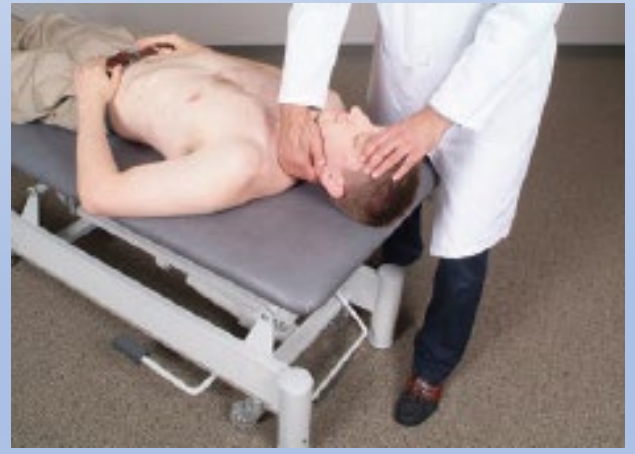
- Trapezius Release (Inhibitory Pressure)
  - Pt is supine.
  - Thumbs placed on anterior trapezius, index and other digits placed posteriorly.

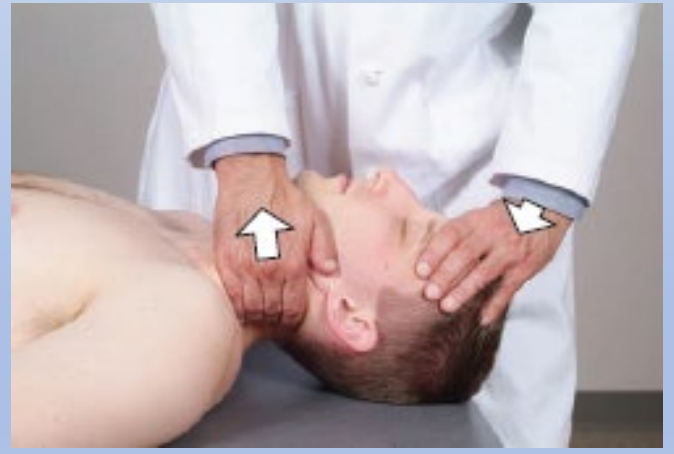
  - A slow squeezing force is applied on the trapezius between the thumbs and fingers and held until tissue texture changes are palpated.



Hospital OMT – Cervical Soft Tissue

- Simple technique to stretch the cervical muscles.
- Can be done bilateral (if able to access head of bed) or unilateral (stand at side of bed).
- Both stretch techniques have the paravertebral muscles in the pads of the physicians fingers.
- Bilateral stretching has an upward and cephalad force as the physician leans back slightly.
- If unilateral stretching, the physician stands at the side of the table opposite the side to be treated and applies a ventral force to induce a stretch.
- Either stretch can use sustained force or kneading motion or combination.





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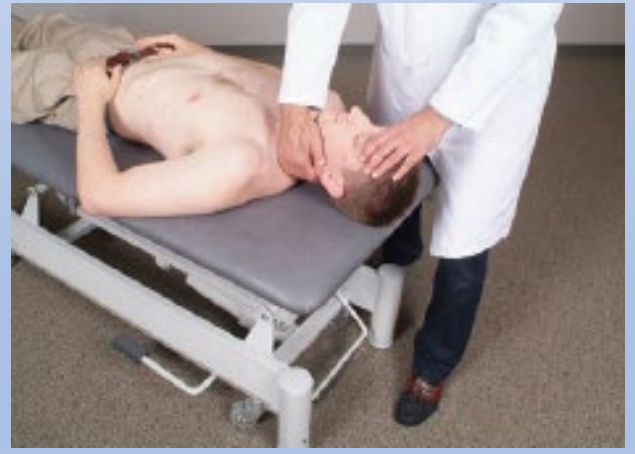
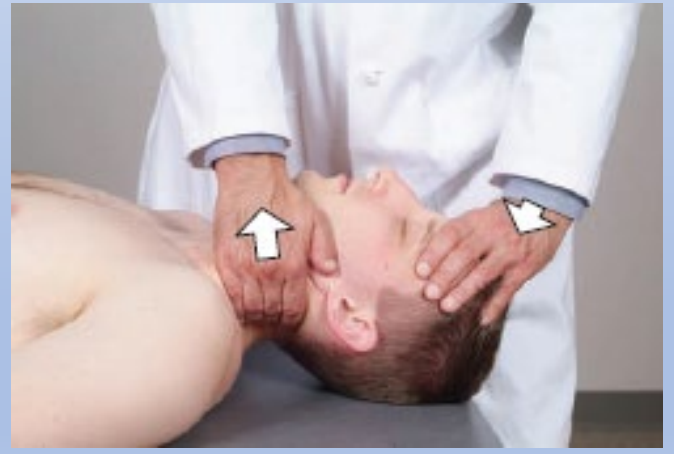




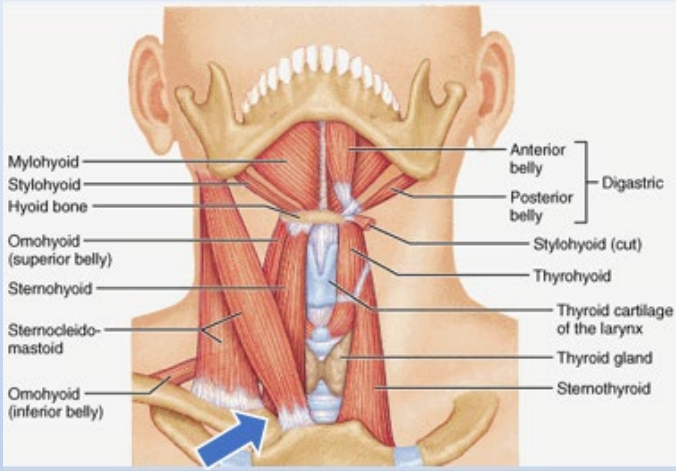
Hospital OMT – Singultus

The patient may be seated or lie supine.

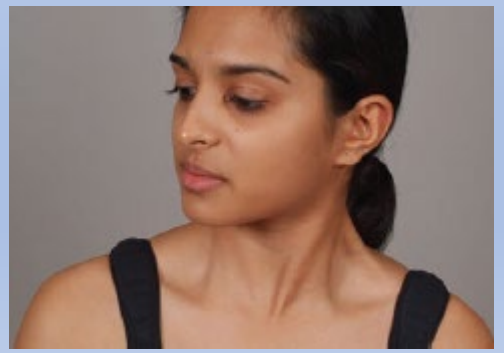
The physician locates the triangle formed by the sternal and clavicular heads of the left sternocleidomastoid muscle.

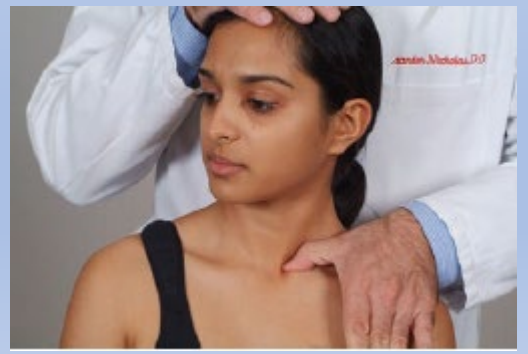
The physician, using the thumb (A), index finger (B) , or middle finger, presses deep into this triangle.

This pressure should elicit a mild degree of pain (to tolerance) and be maintained for at least a minute after the hiccups cease to break the reflex arc.



If the technique is unsuccessful on the left, **it may be repeated on the right**…or suboccipital release….





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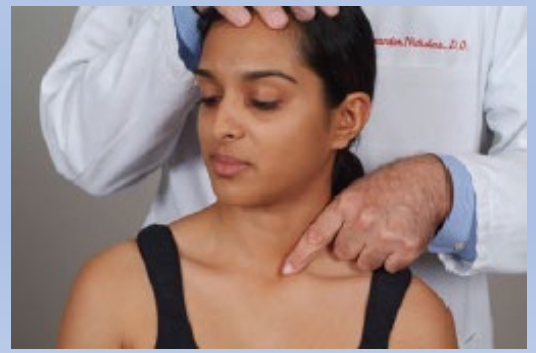


(B)

Hospital OMT

Application of which Osteopathic Technique will improve lower extremity edema and venous return:

A. Rib Raising
B. Doming of the diaphragm
C. Fibular head HVLA
D. Pedal Pump
E. Liver/Spleen Pump

Hospital OMT

Application of which Osteopathic Technique will improve lower extremity edema and venous return:

A. Rib Raising
B. Doming of the diaphragm
C. Fibular head HVLA
D. Pedal Pump
E. Liver/Spleen Pump

Although diaphragmatic doming will aid in lymphatic return, pedal pumping directly improves the edema.

Hospital OMT

Performing rib raising techniques will interfere with bronchodilator treatments.

A. True
B. False

Hospital OMT

Performing rib raising techniques will interfere with bronchodilator treatments.

A. True
B. False

Rib raising will increase the effectiveness of the bronchodilator treatments.

Hospital OMT

DOs who perform OMM in the hospital setting are not reimbursed.

A. True
B. False

Hospital OMT

DOs who perform OMM in the hospital setting are not reimbursed.

A. True
B. False

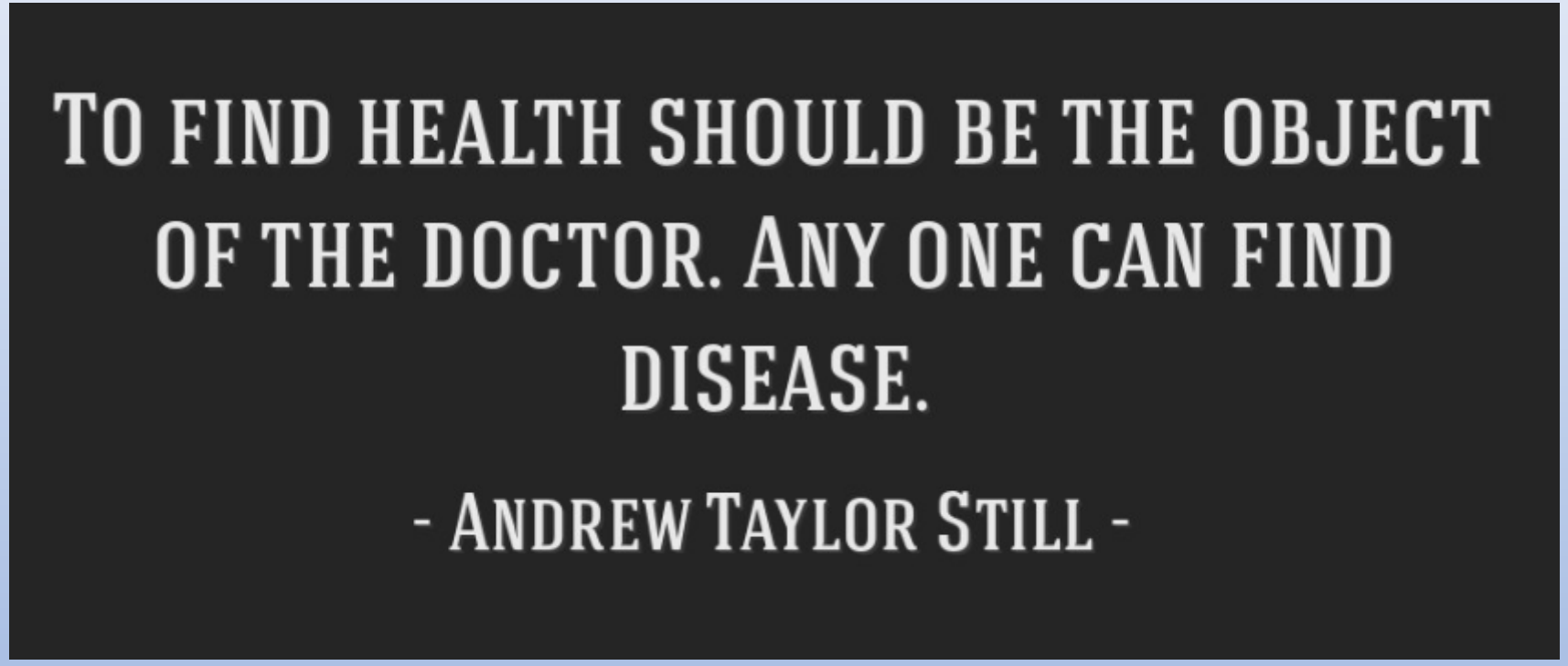
You will be reimbursed as long as it is properly coded

Acknowledgements

- My wife and and boys….
- Student K.C.
- "Nicholas Manual" Atlas of Osteopathic Technique
- Foundations of Osteopathic Medicine
- An Osteopathic Approach to Diagnosis and Treatment

  Eileen L. DiGiovanna, Stanley Schiowitz, Dennis J. Dowling
- A.T. Still Museum
- And to….

Hospital OMT



Billing and Coding for OMM

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acofp American College of Osteopathic Family Physicians NEW JERSEY chapter

CarePoint Health Medical Education

Proper coding and billing involves the intricate
knowledge of ICD10 codes,
CPT codes and the use of modifiers as applicable.

There are several caveats:

Always pick a specific ICD10 code!
Always assign the proper diagnosis to the proper CPT!
Your primary diagnosis code should be the most complex!
Make sure data is entered correctly the first time!

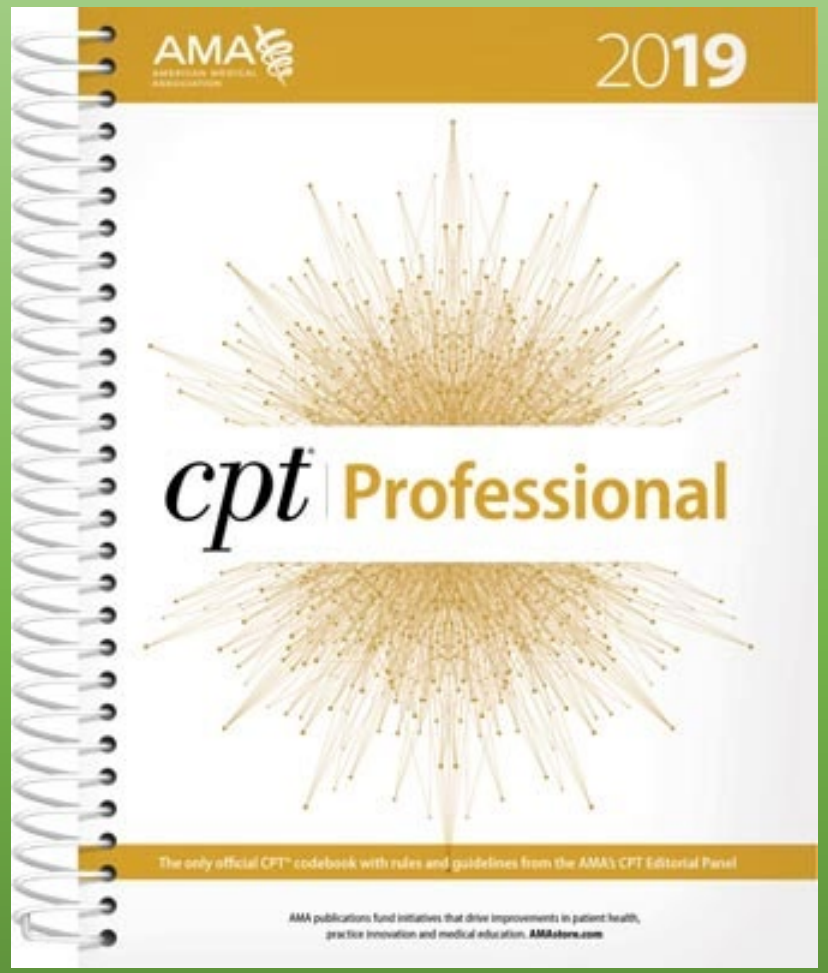
AND MOST IMPORTANTLY,
KNOW YOUR INSURANCES
(they follow their own rules)!

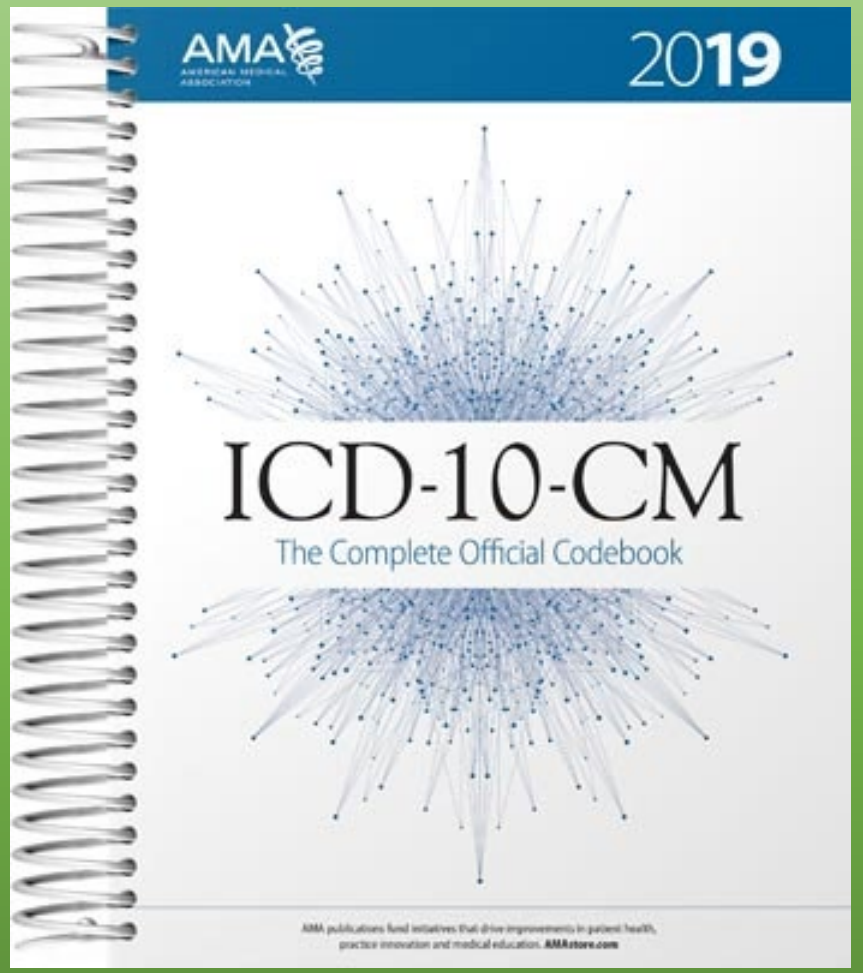
ICD10 stands for International Classification of Disease

The ICD10 coding system is an international classification system which groups related disease entities for the purpose of reporting statistical information. The purpose of the ICD10 is to provide a **uniform language** and thereby serve as an effective means for reliable nationwide communication among physicians, patients, and third parties

CPT stands for Current Procedural Terminology

It is a listing of descriptive terms and identifying codes for reporting medical services and procedures. The purpose of CPT is to provide a uniform language that accurately describes medical, surgical, and diagnostic services, and thereby serves as an effective means for reliable nationwide communication among physicians, patients, and third parties





These are your coding tools of the trade!

ICD-10 codes for OMT

The following ICD-10 codes should be used for proper OMT billing:

- **M99.00** Segmental and somatic dysfunction of head region
- **M99.01** Segmental and somatic dysfunction of cervical region
- **M99.02** Segmental and somatic dysfunction of thoracic region
- **M99.03** Segmental and somatic dysfunction of lumbar region
- **M99.04** Segmental and somatic dysfunction of sacral region
- **M99.05** Segmental and somatic dysfunction of pelvic region
- **M99.06** Segmental and somatic dysfunction of lower extremity
- **M99.07** Segmental and somatic dysfunction of upper extremity
- **M99.08** Segmental and somatic dysfunction of rib cage
- **M99.09** Segmental and somatic dysfunction of abdomen and other regions

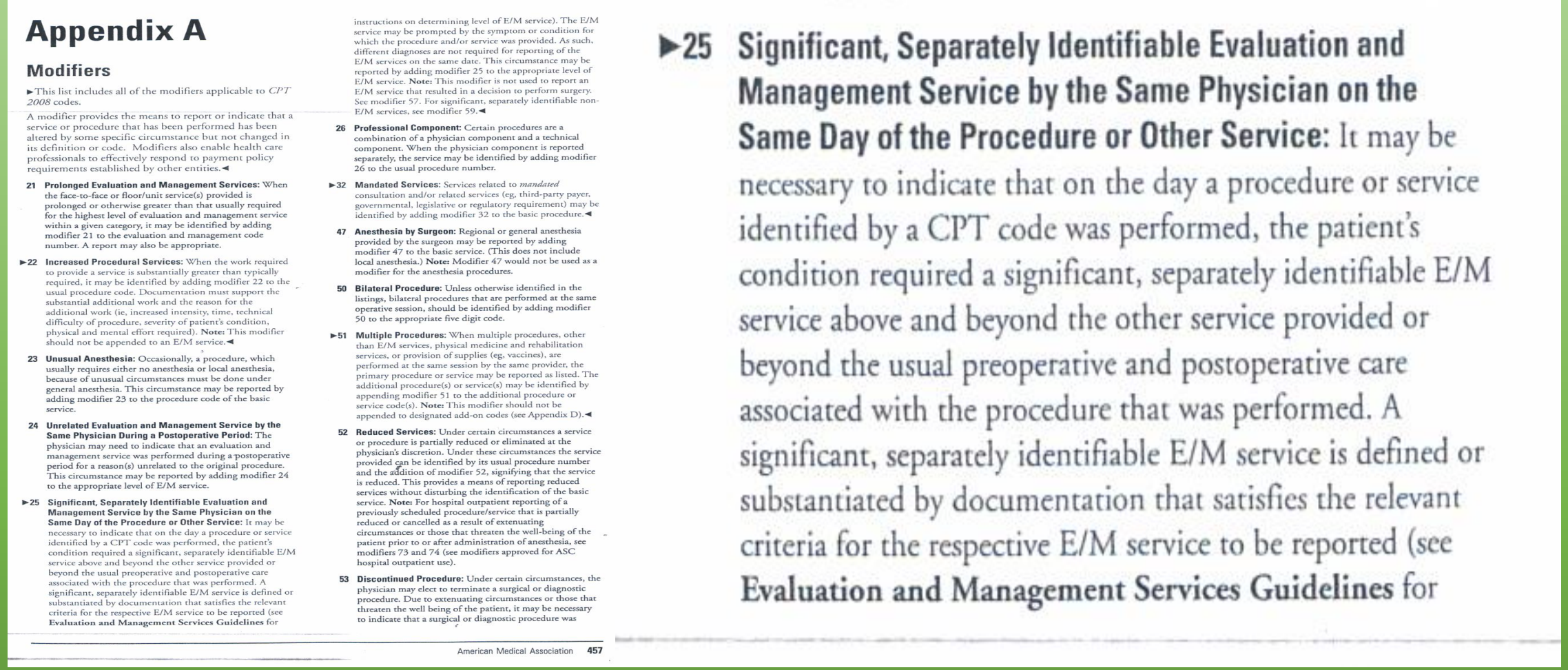
ICD10 Codes for OMT

M99.00 through M99.09

CPT - Codes	Procedure Description
98925	OMT; one to two body regions involved
98926	OMT; three to four body regions involved
98927	OMT; five to six body regions involved
98928	OMT; seven to eight body regions involved
98929	OMT; nine to ten body regions involved

CPT Codes for OMT

98925
98926
98927
98928
98929



Appendix A

Modifiers

►This list includes all of the modifiers applicable to *CPT 2008* codes.

A modifier provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. Modifiers also enable health care professionals to effectively respond to payment policy requirements established by other entities.◄

21 Prolonged Evaluation and Management Services: When the face-to-face or floor/unit service(s) provided is prolonged or otherwise greater than that usually required for the highest level of evaluation and management service within a given category, it may be identified by adding modifier 21 to the evaluation and management code number. A report may also be appropriate.

►22 Increased Procedural Services: When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service.◄

23 Unusual Anesthesia: Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding modifier 23 to the procedure code of the basic service.

24 Unrelated Evaluation and Management Service by the Same Physician During a Postoperative Period: The physician may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service.

►25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service: It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see **Evaluation and Management Services Guidelines** for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. **Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.◄

26 Professional Component: Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

►32 Mandated Services: Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.◄

47 Anesthesia by Surgeon: Regional or general anesthesia provided by the surgeon may be reported by adding modifier 47 to the basic service. (This does not include local anesthesia.) **Note:** Modifier 47 would not be used as a modifier for the anesthesia procedures.

50 Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session, should be identified by adding modifier 50 to the appropriate five digit code.

►51 Multiple Procedures: When multiple procedures, other than E/M services, physical medicine and rehabilitation services, or provision of supplies (eg, vaccines), are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated add-on codes (see Appendix D).◄

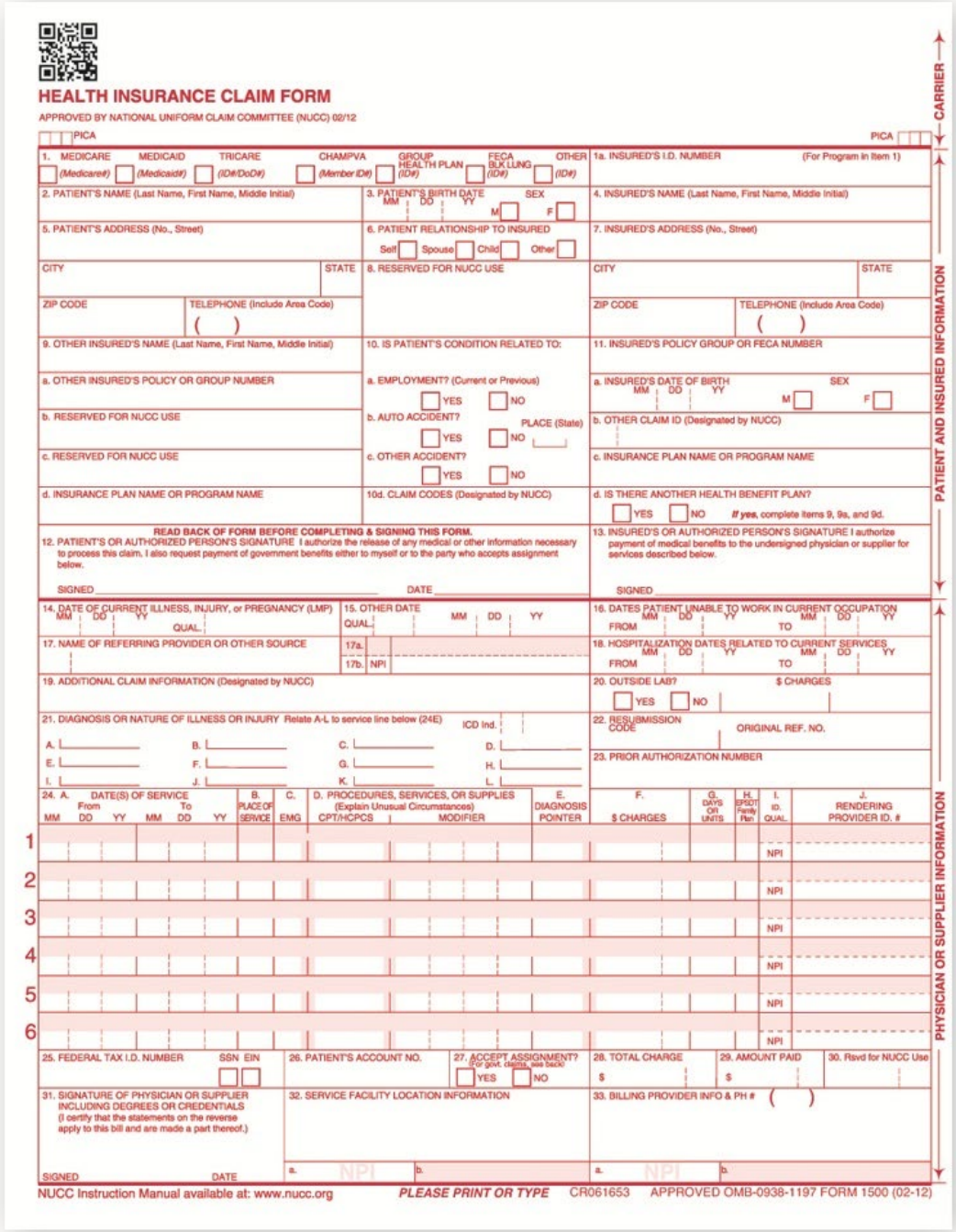
52 Reduced Services: Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure: Under certain circumstances, the physician may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was

►25 **Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service:** It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see **Evaluation and Management Services Guidelines** for

Modifiers are important when coding for any procedure such as OMT, trigger point injections, cryotherapy and cerumen extraction.

There are many modifiers but the -25 modifier is the one that is applicable for our purposes.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

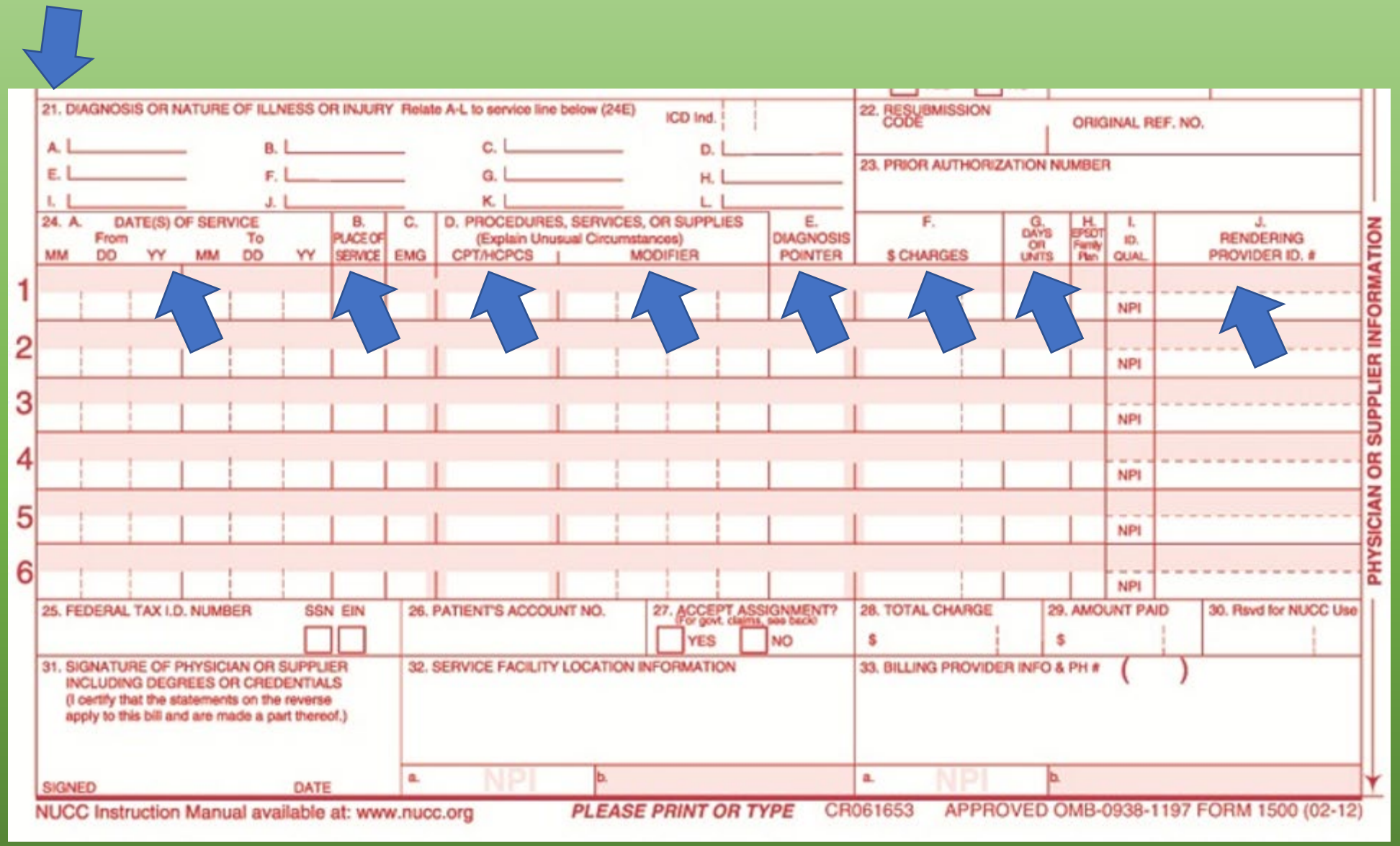
PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

The HCFA form is the paper form that is used for billing (the same form is transmitted electronically).

Although it appears complex, most billing software fills in the patient demographics, insurance information, DOB, etc. THIS IS WHY IT IS IMPORTANT TO HAVE ACCURATE INITIAL DATA ENTRY!

The key parts for our discussion are boxes 21 and 24. ICD10 codes are entered in box 21. Box 24 is where the CPT codes, modifiers, dates of service, location of service and provider identification numbers are entered.


21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)
ICD Ind.
A.
B.
C.
D.
E.
F.
G.
H.
I.
J.
K.
L.
22. RESUBMISSION CODE
ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY
B. PLACE OF SERVICE
C. EMG
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER
E. DIAGNOSIS POINTER
F. $ CHARGES
G. DAYS OR UNITS
H. EPSDT Family Plan
I. ID. QUAL.
J. RENDERING PROVIDER ID. #
1
2
3
4
5
6
NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $
29. AMOUNT PAID $
30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED
DATE
32. SERVICE FACILITY LOCATION INFORMATION
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33. BILLING PROVIDER INFO & PH # ( )
a. NPI
b.
PHYSICIAN OR SUPPLIER INFORMATION
NUCC Instruction Manual available at: www.nucc.org
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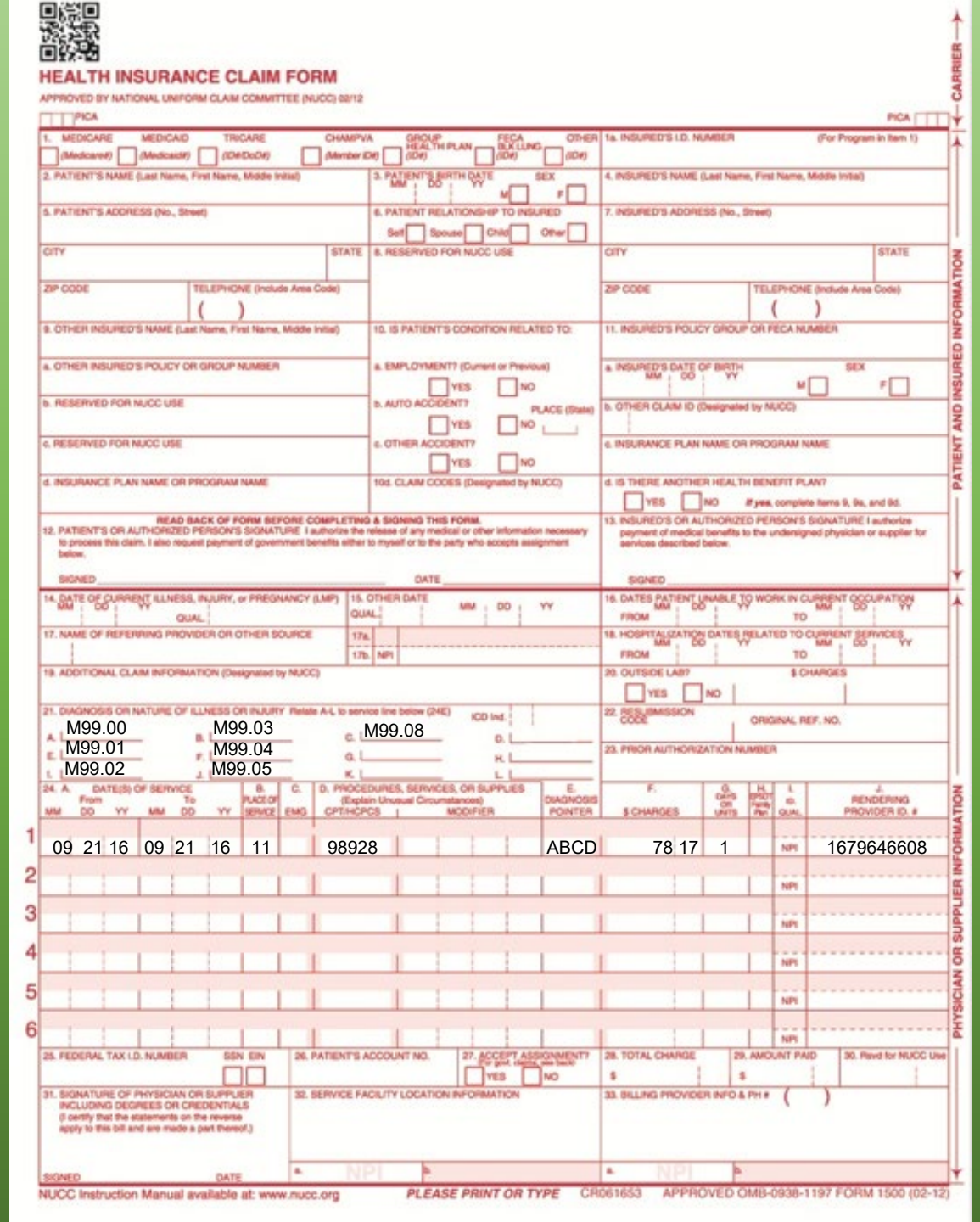
CR061653
APPROVED OMB-0938-1197 FORM 1500 (02-12)



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. M99.00 B. M99.03 C. M99.08 D.

E. M99.01 F. M99.04 G. H.

I. M99.02 J. M99.05 K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1	09	21	16	09	21	16	11		98928		ABCD	78	17	1		NPI	1679646608
2																NPI	
3																NPI	
4																NPI	
5																NPI	
6																NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

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HCFA
with OMT
visit only

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) — ICD Ind

A. M99.00 B. M99.03 C. M99.08 D.
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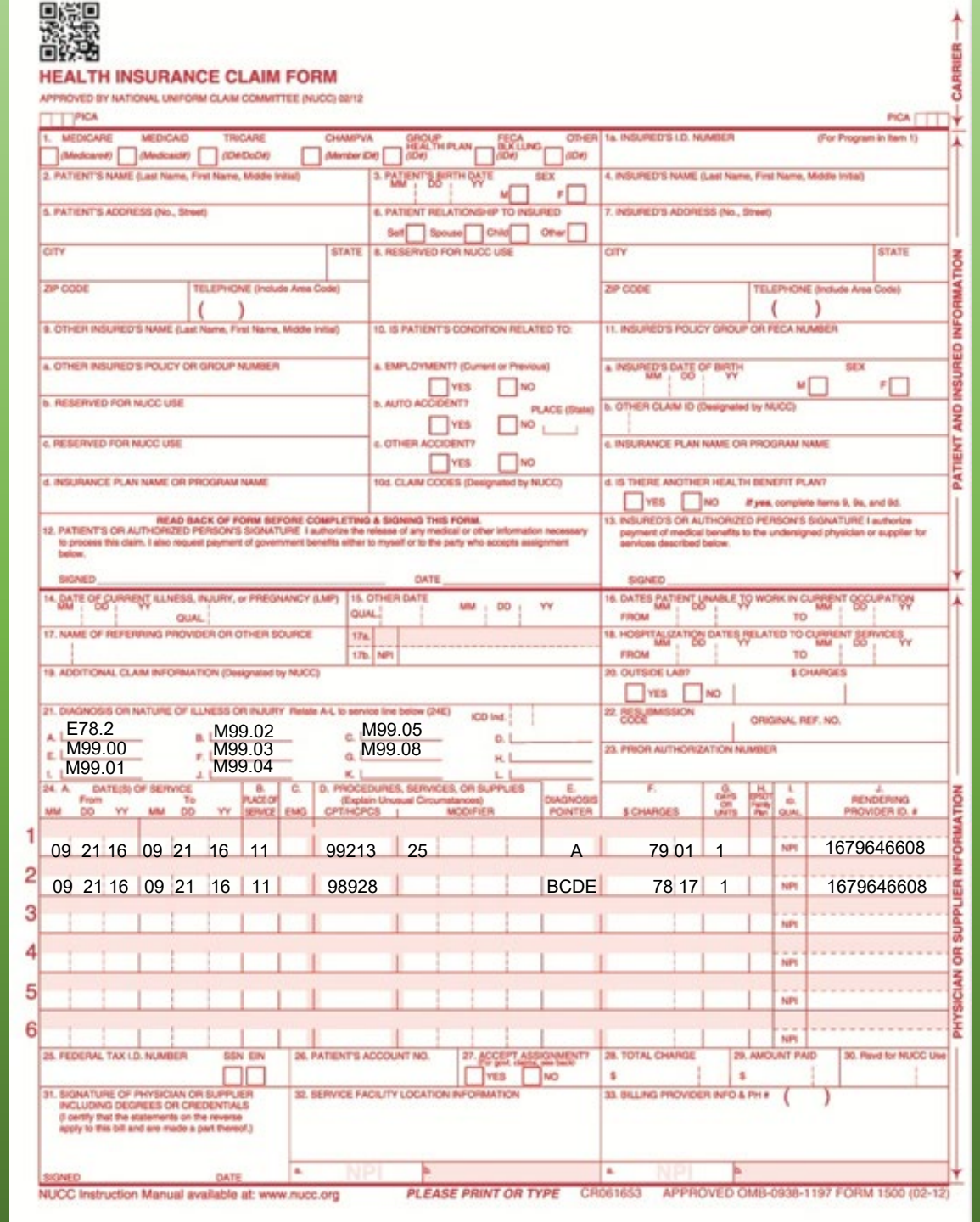

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

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6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

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15. OTHER DATE QUAL. MM DD YY

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17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. E78.2 B. M99.02 C. M99.05 D.
E. M99.00 F. M99.03 G. M99.08 H.
I. M99.01 J. M99.04 K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1	09	21 16	09	21	16	11		99213	25	A	79 01	1		NPI	1679646608
2	09	21 16	09	21	16	11		98928		BCDE	78 17	1		NPI	1679646608
3														NPI	
4														NPI	
5														NPI	
6														NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

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32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

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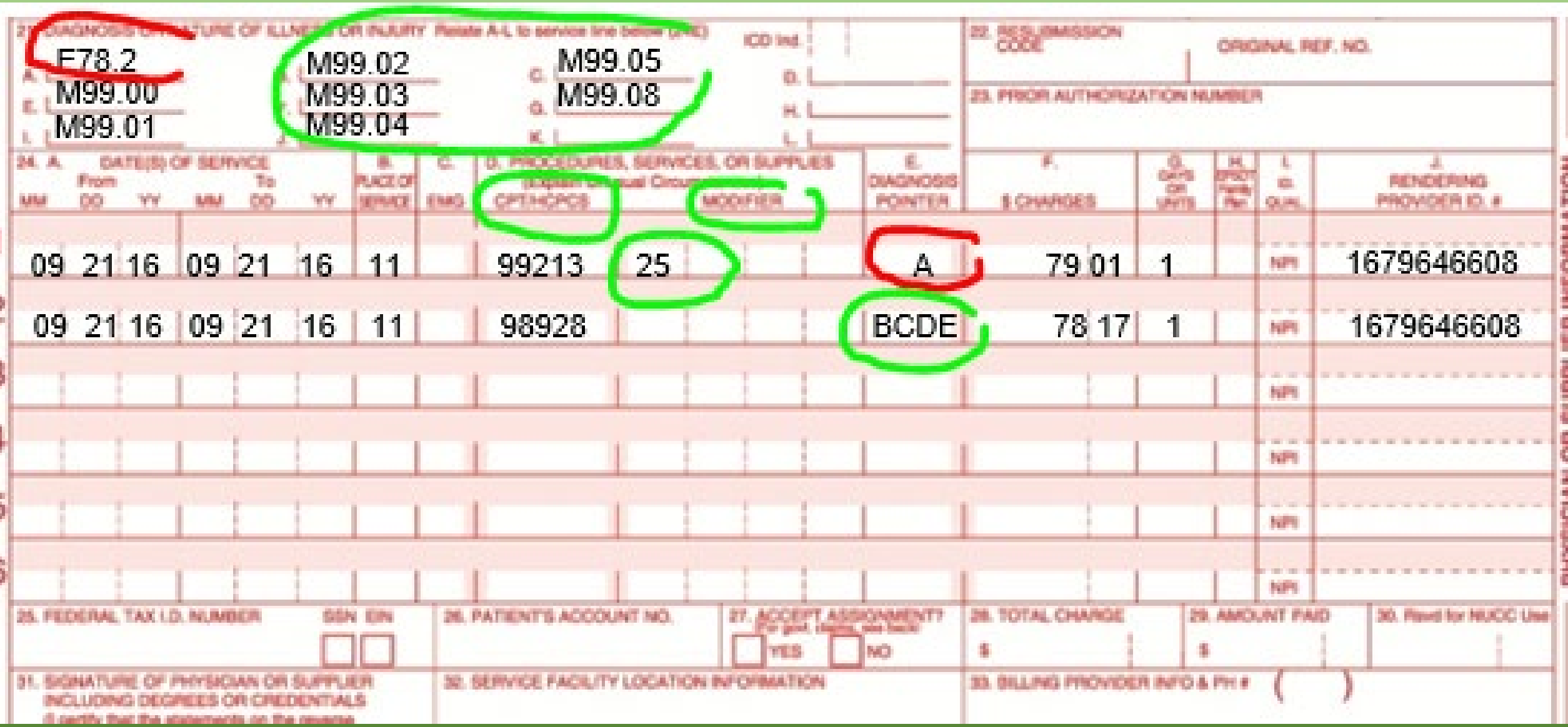
CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

HCFA with E&M *(evaluation and management)* and OMT


E78.2
M99.00
M99.01
M99.02
M99.03
M99.04
M99.05
M99.08
ICD Ind.
22. RESUBMISSION CODE
ORIGINAL REF. NO.
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E. DIAGNOSIS POINTER
F. $ CHARGES
G. DAYS OR UNITS
H. EPSDT Family Plan
I. ID. QUAL.
J. RENDERING PROVIDER ID. #
1 09 21 16 09 21 16 11 99213 25 A 79 01 1 NPI 1679646608
2 09 21 16 09 21 16 11 98928 BCDE 78 17 1 NPI 1679646608
3 NPI
4 NPI
5 NPI
6 NPI
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PHYSICIAN OR SUPPLIER INFORMATION

Medicare Fee Schedule (effective 1/2019)

New Jersey charge class Area 01 consists of the following counties: Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union, Warren

(Area 99 covers the remainder of the state counties)

		Area 99	**Area 01**
OMT:	98925	$34.18	$35.28
	98926	$49.00	$50.53
	98927	$64.23	$66.20
	98928	$77.85	$80.17
	98929	$93.08	$95.84

Medicare Fee Schedule (effective 1/2019)

E&M:	Area 99	Area 01
99213	$ 80.66	$ 83.41
99214	$117.83	$121.74
99203	$117.44	$121.37
99204	$177.31	$182.89

Conclusion:

Always keep up with ICD10 & CPT changes.

Be specific with coding!

Know your insurance rules and LCD’s (local coverage determinations).

Proper coding = proper and prompt payment!

www.novitas-solutions.com