

DEMO BILLING DOS AND DON'TS

- **DO separate “demo” claims from spinal CMT claims**

When billing for the Medicare Demonstration Project (MDP), you must file MDP-covered services on a separate claim form from spinal manipulation services (98940-98942). As for non-covered services, it is recommended that they be put on the spinal CMT form. If you bill demo services on the same form as non-demo services, **YOU WILL NOT BE PAID.**

- **DO put “Demo 45” in Box 19 for demo claims**

If you do NOT have the words *Demo 45* in Box 19 on demo claims [REF02 (REF01=P4) in the 2300 loop for electronic claims), **YOU WILL NOT BE PAID.**

- **DO NOT put “Demo 45” in Box 19 for spinal CMT (98940-98942) claims**

If you DO have the words *Demo 45* in Box 19 on spinal CMT claims, **YOU WILL NOT BE PAID.**

- **DO use the AT modifier on ALL services that are NOT Maintenance Care**

If you do not append the AT modifier to non-maintenance services under the MDP, **YOU WILL NOT BE PAID.**

- **DO use the GP modifier when billing therapy services**

If you bill therapy services without the GP modifier, **YOU WILL NOT BE PAID.**

- **DO use the GY modifier on therapies, if performed by a CA**

If a CA is providing therapy, the service(s) must be billed on the “regular” Medicare claim (with the spinal CMT services) and have a GY modifier appended (e.g., 97035 GPGY). If a physician or PT provides the therapy, the service is reimbursable; however, if a CA provides the therapy, **YOU WILL NOT BE PAID.**

- **DO use G0283 instead of 97014 when billing for unattended/supervised estim**

If you use 97014 to indicate unattended/supervised electrical stimulation, **YOU WILL NOT BE PAID.**

- **DO complete Box 32 unless services are provided at patient’s home**

If you use any Place of Service code OTHER than 12 (patient’s home) in Box 24B, then you must complete Box 32. In other words, if you provide your services somewhere other than the patient’s home, and do not complete Box 32, **YOU WILL NOT BE PAID.**

- **DO complete Boxes 17 and 17a when billing for diagnostic x-ray or laboratory services**

If you bill diagnostic radiology or laboratory services, and do not put your name and UPIN in Boxes 17 and 17a, **YOU WILL NOT BE PAID.**

- **DO NOT use Modifier 51 on extraspinal manipulation (98943)**

If you bill extraspinal manipulation (98943) with a 51 modifier, **YOU WILL NOT BE PAID.**

- **DO use modifier 59 on 97140, 97124, and 97112 when combined with CMT and provided to separate body regions**

If you bill manual therapy techniques (97140), massage (97124), or neuromuscular reeducation (97112) on the same date of service as CMT (98940-98943), and do not append the 59 modifier, **YOU WILL NOT BE PAID.** (However, **PLEASE NOTE**, to bill them separately; they must be applied to separate body regions. Then, to indicate this, you must append the 59 modifier and use appropriate diagnosis pointers in Box 24E.)

- **DO NOT use quotes (“), hyphens (-), number signs (#), or dots (.) on claims**

If you use quotes, hyphens, dots, etc. inappropriately on the claim form, **YOU WILL NOT BE PAID.**

- **DO NOT expect Medicare reimbursement for hot/cold packs**

97010 (hot/cold packs) is a non-covered service under Medicare—it is considered a “bundled” service. If you bill hot/cold packs to Medicare, **YOU WILL NOT BE PAID.**

- **DO make sure that you use approved ICD-9 codes**

If you use ICD-9 codes on your demo claim form that are NOT on the approved list (Table 6), **YOU WILL NOT BE PAID.**

- **DO NOT use more than one diagnosis pointer in Box 24E**

If you use more than one diagnosis pointer in Box 24E, **YOU WILL NOT BE PAID.**

- **DO use the 25 modifier when billing E/M services the same day as CMT**

If you bill E/M services on the same day as CMT, and do not use the 25 modifier on the E/M code, **YOU WILL NOT BE PAID.**

- **DO be familiar with all pertinent Local Coverage Determinations (LCDs)**

You should be familiar with your carrier's local policies on CMT, therapy, x-ray, and/or lab services. This is especially important for therapy services, as they may specify diagnoses to be used for each procedure. These LCDs can be found on your carrier's website. If you do not follow the instructions and guidelines outlined in the LCDs, **YOU WILL NOT BE PAID.**