

Medical Billing Professionals Support Suite

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We have added the chiropractic billing guides for Novitas JH and JL to the Downloads section of the website.

For our chiropractic clients in the states covered by Novitas, you should access the appropriate guide to ensure that claims do not deny.

REMEMBER, you must use a diagnosis code from Group 1 (on page 4 of the Guide) as your PRIMARY diagnosis code.

For the secondary diagnosis code, you must use a diagnosis code listed among Groups 2-5 (pages 5-11 of the Guide):

- If you use a secondary diagnosis code from Group 2, you are limited to **12 visits per year**.
- If you use a secondary diagnosis code from Group 3, you are limited to **18 visits per year**
- If you use a secondary diagnosis code from Group 4, you are limited to **24 visits per year**
- If you use a secondary diagnosis code from Group 5, you are limited to **30 visits per year**

Except for providers enrolled in our Authorization and Tracking Service, it is your responsibility to track the number of visits. Once the patient has used the number of allowed visits per the Guide, you **MUST** have the patient sign an ABN and you must continue to bill Medicare with the GA modifier (you cannot switch the patient to a cash patient).

You must also notify us immediately once the patient has signed an ABN so we will bill with the GA modifier for the rest of the calendar year.

Steve