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Rogan's rules of Medicare Payment

1. Just because the patient needs the service does not mean Medicare will cover it.ⁱ
2. Just because you provided the service does not mean you will be paid for it.ⁱⁱ
3. Just because Medicare has a policy governing the service, does not mean the service is covered.ⁱⁱⁱ
4. Just because Medicare covers the service does not mean Medicare will pay for it.^{iv}
5. Just because you were paid for the service once does not mean you will be paid for it again.^v
6. Just because you got paid for the service does not mean you can keep the money.^{vi}
7. Just because you keep the money does not mean you followed the rules.^{vii}
8. Just because there is a CPT or HCPCS code for the service, does not mean it is covered.^{viii}
9. Just because there is a CPT and HCPCS code describing the same procedure, does not mean you may bill for the same procedure twice.^{ix}
10. Medicare is from our government and is here to help you.

ⁱ Medicare insures illness and injuries plus pays for certain preventive benefits. Medicare does not cover every item or service that may improve health outcomes.

ⁱⁱ Patients may be charged for non-covered and/or medically unnecessary services. Advanced notice may be required and is recommended.

ⁱⁱⁱ The LCD or NCD may specify non-coverage or limited coverage.

^{iv} The covered service may be bundled into and paid as part of another covered service.

^v A Medicare contractor may improperly pay a claim in error.

^{vi} Recoupment of improperly billed and/or paid claims should be expected.

^{vii} Not all repayable claims are collected.

^{viii} A code may be created specifically to identify the product or service and deny payment.

^{ix} The same service may have different codes, one for diagnostic and one for prevention.