ISSUE #03: FEBRUARY 27, 2008

Chiropractic ECONOMICS

THE MAGAZINE DEDICATED TO PRACTICE GROWTH AND PROSPERITY SINCE 1954

Hospital Privileges

How chiropractic makes a difference

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PLUS

INSURANCE RESOURCE GUIDE

PAGE 66

New Research in Bone Regrowth

Calcifood®, Ostrophin PMG®, and Cataplex® D, used together, were found to decrease urinary deoxypyridinoline (Dpd), while maintaining osteocalcin levels (see chart).

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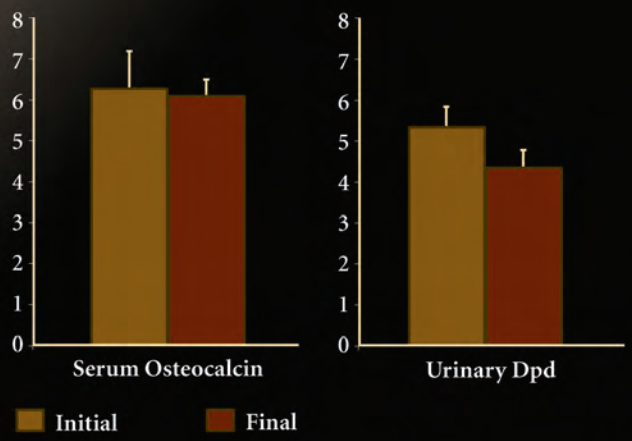

During a three-month trial, patients with osteopenia were given Calcifood®, Ostrophin PMG®, and Cataplex® D at the regular dosage. Osteocalcin was unchanged while urinary Dpd, a marker used to assess relative rates of bone loss secretion, decreased 18%. Decreased Dpd suggests that less bone was lost over the three months. No change in osteocalcin further suggests a positive environment for bone formation.

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Chiropractic ECONOMICS

Chiropractic Economics (ISSN 1087-1985) (USPS 019-178) is published 20 times a year, once every three weeks, by Chiropractic Economics, Inc., 5150 Palm Valley Road, Suite 103, Ponte Vedra Beach, FL 32082, Phone: 904-285-6020, Fax: 904-285-9944, Web contact: www.chiroeco.com (A Florida Corporation).

POSTMASTER: Please send form #3579 to Chiropractic Economics, PO Box 3521, Northbrook, IL 60065-9955. Periodicals class postage paid at Ponte Vedra, Florida and at additional mailing offices. GST #131868416.

Subscription Rates: U.S. and possessions, $39.95 one year, Canadian subscribers add $35 per year shipping and handling; overseas subscribers add $60 per year shipping and handling. Students, $19.95, Single copy, $4.

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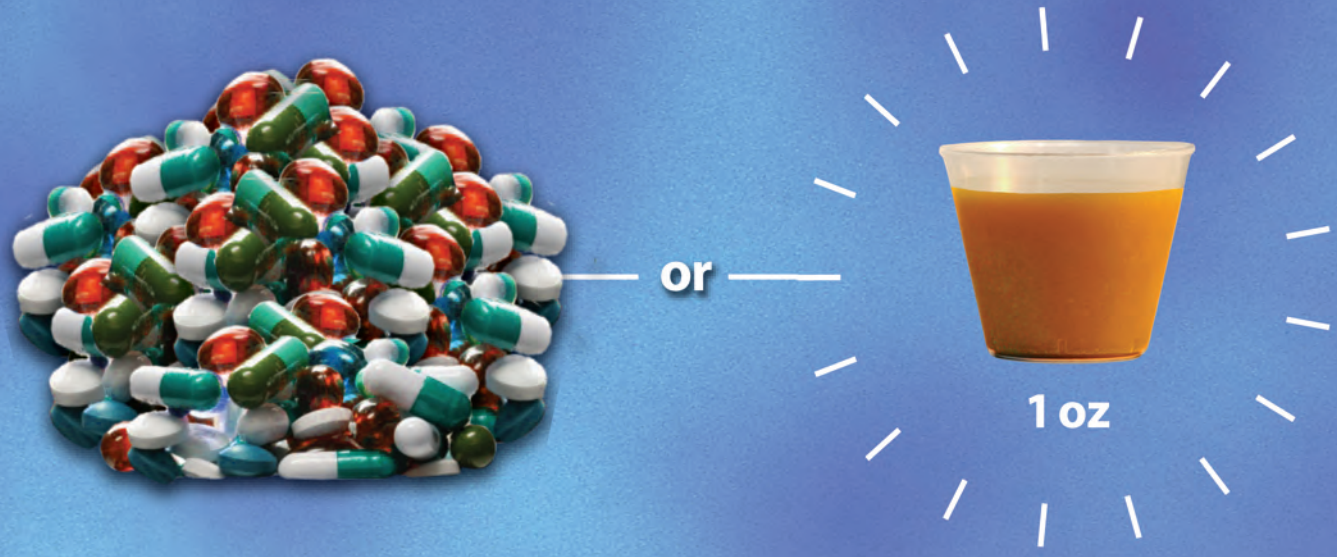

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CIRCLE 204 FREE INFORMATION

The pain of not getting paid

Doctors, I feel your pain — the pain of not getting paid. And I totally agree with everyone who says our healthcare system needs to be fixed.

I have been lucky; I have enjoyed good health, and as a consequence, have had little reason to file any claims with my insurance company. But recently that changed.

Let me know what's on your mind:
904-567-1537
Fax: 904-285-9944
lsegall@chiroeco.com

I had what was supposed to be a routine, preventive medical procedure. Under my healthcare policy, the insurer pays 100 percent of the cost of preventive procedures. Consequently, when I received a bill for almost $2,000 for the procedure, I was flabbergasted.

The insurer explained because the preventive procedure identified a slight problem that the doctor corrected (isn't that what preventive procedures are supposed to do?), the procedure was no longer preventive; it was considered diagnostic.

Next, I called the doctor to find out how the procedure was coded. Her billing clerk explained that a comprehensive, bundled code had been used to bill for the procedure. This code caused the procedure to be considered diagnostic instead of preventive.

I formally appealed the insurer's decision with letters and references to the policy. I am pleased to say that I fought the insurance company — and won. It finally paid all of my claims.

If procedures are not coded correctly, neither patients nor doctors can get their due.

My insurance problem has caused me to commiserate with you and all doctors on a different level. From your reports and my experience, I have no doubt insurers take every opportunity to deny patients (and doctors) of their due under policy rules.

If procedures are not coded accurately and documented correctly, neither patients nor doctors have a chance to get what is rightfully theirs.

Individual consumers can do little, except fight each arbitrary decision made by insurers. I think doctors have a better chance to do battle — at least if they (you) are united in the fight.

It's an understatement to say our healthcare system is a mess. We can only hope that whoever is elected in November will have a solution that will allow (and encourage) everyone to get healthy and stay healthy.

Until next time,

Linda Segall, Editor-in-Chief

We invite you to express your opinion on this or other articles.
E-mail your thoughts to lsegall@chiroeco.com or fax them to 904-285-9944.

Chiropractic ECONOMICS
DEDICATED TO PRACTICE GROWTH AND PROSPERITY SINCE 1954

Volume 54, Number 3

Business & Editorial Offices
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TOP NEWS STORIES

Neck-pain task force issues findings

The Bone and Joint Decade 2000–2010 Task Force on Neck Pain has concluded that neck pain is common, typically has no single cause — or single effective treatment — and chiropractic treatment is as safe as any treatment offered by primary-care medical doctors.

The results were published online in the peer-reviewed journal *Spine*, available by subscription. The study was the work of an elite multidisciplinary team of researchers and clinicians led by Task Force President Scott Haldeman, MD, Phd, DC, of Santa Ana, Calif.

Among the key findings of the task force were:

- Neck pain should be classified into four grades, according to severity.
- Grades 1 or 2 neck pain can benefit from a variety of treatments, including education, exercise, mobilization, manipulation, acupuncture, analgesics, massage, and low-level laser therapy.
- Grades 1 and 2 pain likely will not be diminished by some treatments, such as collars, ultrasound, electrical stimulation or TENS, injection therapies, radio frequency neurotomies, and surgery.
- No 'best' treatment exists.
- Cervical manipulation is a reasonable option for Grades 1 and 2 pain.

The full report is available at www.spinejournal.com.

Sources: World Federation of Chiropractic, www.wfc.org; The Bone and Joint Decade Task Force on Neck Pain.

Annual salary survey now open

Chiropractic Economics 11th Annual Salary & Expense Survey is now open throughout February, according to Linda Segall, editor-in-chief.

The survey, which is quoted by the U.S. Department of Labor in its online *Occupational Outlook Handbook*, is the only survey of its kind in the profession.

To complete the survey, respondents should have at hand information on their patient visits (weekly and patient visit average), gross revenues, gross collections, net income, and data concerning what they pay themselves, their full-time associates, massage therapists, CAs, and physical therapists.

To complete the survey, go to www.ChiroEco.com/2008survey.

UHC rescinds headache, pediatric policy

UnitedHealthcare (UHC) has taken back its decision to not pay for chiropractic treatment for headaches and pediatrics, a policy it put into effect September 2007. The decision was announced Jan. 31.

The change of heart was due to the feedback from a united chiropractic community that included the American Chiropractic Association (ACA), the International Chiropractors Association (ICA), the Association of Chiropractic Colleges (ACC), the Council on Chiropractic Guidelines and Practice Parameters (CCGPP), and the Foundation for Chiropractic Education and Research (FCER).

Source: American Chiropractic Association, www.acatoday.com

Go to www.ChiroEco.com for more news that affects your practice and its growth.

Names in the News

Weeks elected to COA

Laura Chadwick Weeks, DC, has been elected to the Commission on Accreditation of the Council on Chiropractic Education (COA/CCE).

Weeks is vice president for planning, assessment, and enrollment services at Sherman College of Straight Chiropractic.

Source: Sherman College of Straight Chiropractic, www.sherman.edu

Parker selects alumni leadership

Drs. David Hardison, John D. Longenecker, and Camille C. Eberle-Reagan will form this year's executive board for the Parker Alumni Association Board of Directors at Parker College of Chiropractic.

Source: Parker College of Chiropractic, www.parkercc.edu

DC of the Year named

The Tennessee Chiropractic Association (TCA) has honored Christy Diaz, DC, of Nashville, Tenn., as its Young Chiropractor of the Year.

Diaz is a graduate of Life Chiropractic College and currently practices at Dixon Center of Chiropractic in Bellevue, Tenn.

Source: Dixon Center for Chiropractic, www.dixoncenter.com

Alumni director selected

The Logan College of Chiropractic Alumni Association has selected Mary (Tipton) Nagle, the college's assistant director of admissions, as its new alumni director. Nagle replaces long-time Executive Alumni Director Gloria Brueggemann, who retired Dec. 31.

Source: Logan College of Chiropractic, www.logan.edu

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ASSOCIATION NEWS

New Jersey proposes co-pay limits

The New Jersey Department of Banking and Insurance has published proposed amendments to the state's Health Benefit Plan regulations that would affect chiropractic reimbursement.

According to Jeff Randolph, Esq., general counsel to the Association of New Jersey Chiropractors (ANJC), the proposed amendments would limit patient responsibility for in-network co-pays to an amount that cannot exceed 50 percent of the cost of the service.

In addition, the stacking of network co-pays and coinsurance would not be permitted, and individual and family annual out-of-pocket limits would be required to be established.

The proposed regulation would stop the trend that patient cost-sharing eats up most, if not all, of the benefit and results in checks being sent to chiropractors for $1.50 in reimbursement because of excessive patient cost sharing provisions.

The proposed regulations are now out for public comment with the comment period expiring March 22.

Source: Association of New Jersey Chiropractors, www.anjc.info

Logan announces formation of career center

Logan College of Chiropractic has created a career development center. The center will provide students, recent graduates, and alumni access to a variety of career options in the field of chiropractic; opportunities to work with prospective DC employers in a variety of work settings; networking opportunities; hands-on technical services in résumé development, interviewing, and networking skills; and support in securing desirable employment opportunities.

The career development center was organized in conjunction with the Logan College Alumni Association.

Source: Logan College of Chiropractic, www.logan.edu

Northwestern receives gift for healing garden

Northwestern Health Sciences University has received a $250,000 donation from Standard Process Inc. to assist with the creation of a healing garden.

The 11,000-square-foot healing garden will provide the university with a "central space" for activity, says Mark Zeigler, DC, president of Northwestern, and it will feature regional plants and eight sensory gardens planted with perennials specific to a theme.

The garden is designed with a labyrinth in the middle and includes outdoor "rooms" for smaller groups to use.

Source: Northwestern Health Sciences University, www.nwhealth.edu

NUTRITION NEWS

Vitamin E important to older adults

Vitamin E is important to older adults, according to a study published in the *Journal of the American Medical Association (JAMA)*.

The study, which included 698 individuals age 65 or older in Tuscany,

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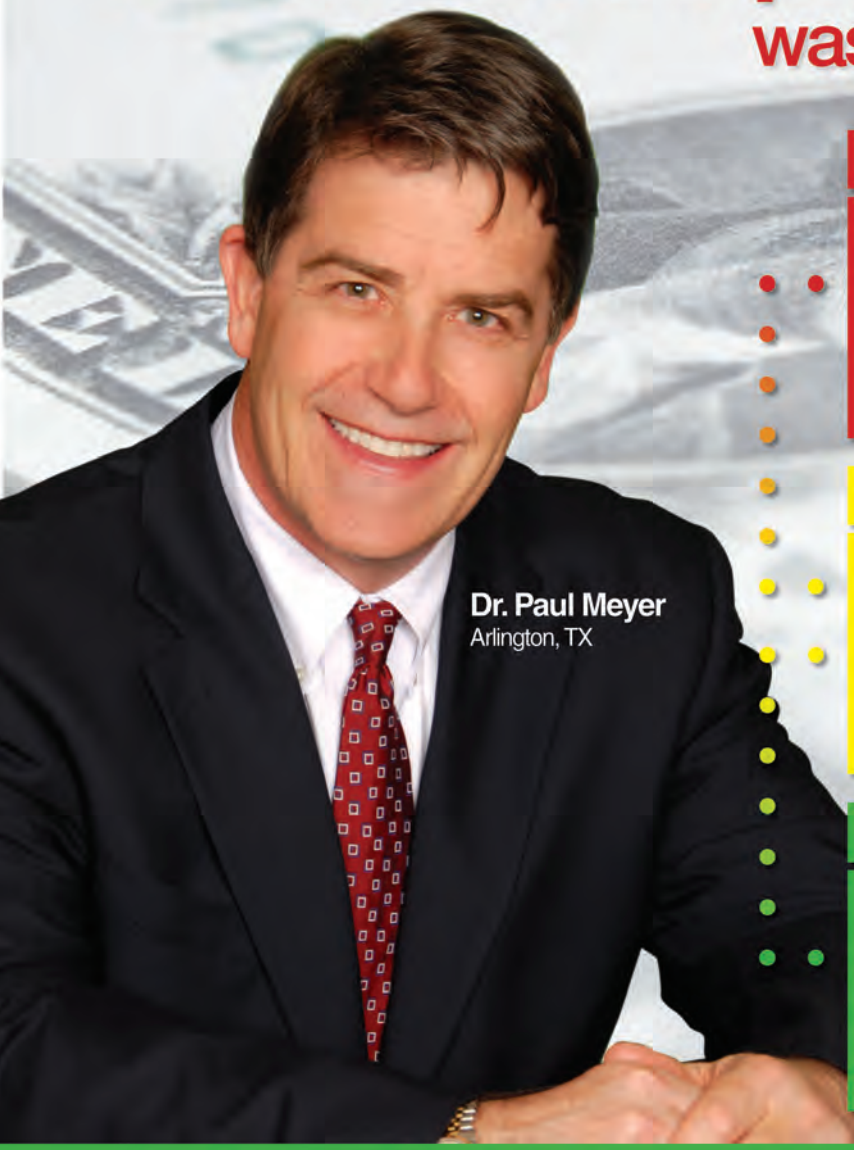
"I wondered if principled profit was even achievable…"



THE CHALLENGE

I wanted to grow my practice and achieve my goals through right thinking and right action. I wondered whether "principled" profit was even achievable when I looked at some of the questionable methods that other consultants recommend to make money.

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CIRCLE 135 FREE INFORMATION

Italy, showed that older adults with low levels of vitamin E are likely to see a steeper deterioration in physical function over a three-year period than those with higher vitamin E levels.

The authors point out that since vitamin E is a powerful antioxidant, it may protect against DNA and muscle damage, atherosclerosis, and neurodegenerative disorders. They note that a sufficiently high level of vitamin E "can be easily reached through diet, from sources such as almonds, tomato sauce, and sunflower seeds among others."

Source: Journal of the American Medical Association, Jan. 23, 2008; http://jama.ama-assn.org

Survey: Acute-pain sufferers reluctant to seek help

Acute-pain sufferers who have experienced pain in the past 12 months are reluctant to seek professional help or take prescription pills, according to results of a recent survey.

According to a report in the *Annals of Internal Medicine* (2007; 147:478-491), the most common source of pain is the lower back, which accounts for $26.3 billion annually in direct costs in the United States.

In the Harris Interactive survey, sponsored by the National Pain Foundation (NPF), more than 25 percent of acute-pain respondents said they did not see a doctor because they thought they could "tough it out," and those who did eventually see a doctor delayed the visit. The survey suggests these behaviors are detrimental because it may lead to a chronic medical condition.

Survey respondents were reluctant to treat their pain, especially with prescription pills, as 93 percent agreed with the statement that "people take too many pills these days." Others reported they did not want to take a general medication for pain in a specific part of the body, or that oral medications upset their stomachs.

Source: National Pain Foundation, www.nationalpainfoundation.org

Women's vitamin use down 13%

Women appear to be leaving the vitamin and nutritional supplement category in significant numbers, according to TABS Group, a marketing research and

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In a study of 1,000 respondents across the United States, 66 percent of men and 66 percent of women claimed to use vitamins and nutritional supplements. While male incidence held steady versus a similar study conducted by TABS Group in December 2005, the incidence of women represents a 13 percent drop during that period. The decline in usage was isolated to just women in the age range of 30 to 59 years old.

Source: Tabs Group, www.tabsgroup.com

SMALL BUSINESS NEWS

IRS makes changes to EFTPS

Business owners who use the Internal Revenue Service's Electronic Federal Tax Payment System (EFTPS) need to be aware of some changes that may affect its usage.

Changes include:

• **Passwords.** EFTPS online increased the complexity of passwords beginning Feb. 7. Passwords must now be eight to 12 characters long, composed of uppercase alpha, lowercase alpha, numeric, or the following characters (!, @, #, $,*, +,-). Each password must contain both upper- and lowercase alpha characters and at least one character that is either a numeric or a special character.

• **Software fadeouts.** The dial-up/modem version of EFTPS batch filer software distributed prior to July 2006 and the EFTPS PC dial-up software are being phased out. Internet, phone, or enhanced EFTPS batch provider software released in July 2006, are not affected.

EFTPS is a free service provided by the U.S. Department of the Treasury. It allows all federal tax payments — corporate, excise, employment, and estimated 1040 tax payments — to be made electronically.

For more information on EFTPS, go to www.ChiroEco.com/eftps.

Source: Internal Revenue Service, www.irs.gov

INDUSTRY NEWS

OUM to hold free teleclasses

The OUM Chiropractor Program has begun hosting a series of new financial management teleclasses instructed by Stanley Greenfield, RHU.

Each 50-minute class is free, but requires pre-registration due to limited space. Register at 800-423-1504 or go to OUM's Web site.

Source: OUM Chiropractor Program, www.oumchiropractor.com

MediNotes receives CCHIT certificate

MediNotes Electronic Medical Record (EMR) version 5.2 has received a premarket conditional certification from the Certification Commission for Healthcare Information Technology (CCHIT).

The certification indicates the software meets the commission's ambulatory electronic health record (EHR) criteria for 2007.

Source: MediNotes, www.medinotes.com

Wellness program recognized

Standard Process Inc. has been named "one of America's Healthiest Companies" and was awarded the annual Gold Well Workplace Award for the results achieved through its comprehensive and unique employee wellness program by the Wellness Councils of America (WELCOA).

Standard Process utilizes a chiropractic care model as the cornerstone of its employee wellness program.

Source: Standard Process, www.standardprocess.com

Mattress safety in the limelight

A number of news outlets have picked up on the problems of mattress safety in recent months, says Mark Strobel, president of Prescription Beds who has led the fight against the regulations concerning fire retardants for mattresses, which went into effect July 1, 2007. Strobel heads a consumer-rights group called People for Clean Beds (www.peopleforcleanbeds.org).

Chiropractors can help consumers by prescribing beds, which can be manufactured without fire retardant materials.

Source: People for Clean Beds, www.peopleforcleanbeds.org

Axiom Worldwide study published

Chronic low-back pain may improve with treatment on the DRX9000, according to a study partially funded by Axiom Worldwide and published online by *Pain Practice*.

The study, titled "Treatment of 94 Outpatients with Chronic Discogenic Low Back Pain with the DRX9000: A Retrospective Chart Review," will be released in print in the March 2008 issue of *Pain Practice*. CE

Source: Axiom Worldwide, www.AxiomWorldwide.com

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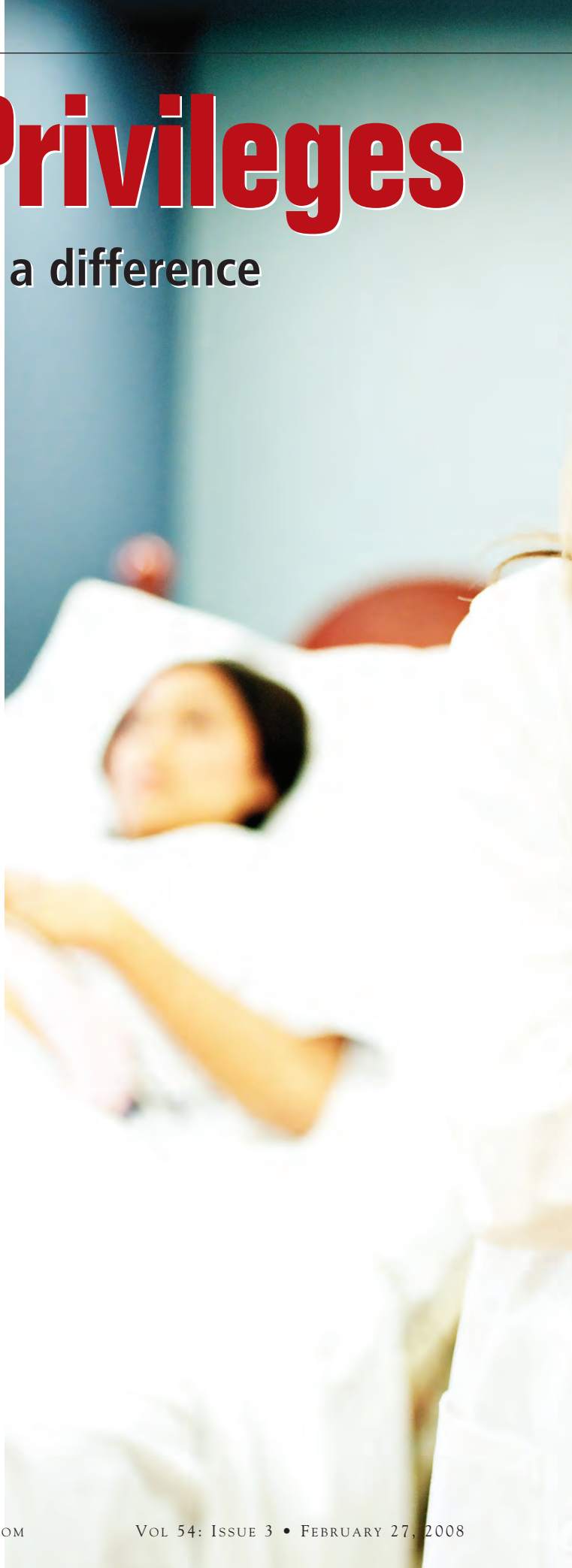
Hospital Privileges

How chiropractic makes a difference

By John V. Wood



You have probably had some kind of hospital experience in your lifetime. Relying on that experience, imagine this scenario:

A patient is waiting in an emergency room lobby with intense, almost debilitating, back pain. He checks in through triage, and impatiently waits to see an emergency-room (ER) doctor.

After a long wait, the ER doctor examines him and says, "Here's a prescription for some pain medication. Your pain should lessen over the next few days. Follow up with your family physician next week."

Can you imagine the frustration this patient is feeling — having had to wait to see the doctor, only to receive pain medication for a temporary fix?

The situation could be different, though, if the ER had an on-call chiropractor at their disposal.

Starting a chiropractic relationship with a hospital could mean amazing progress for the chiropractic profession and for patient care. However, planting the initial seeds of such a program needs to be done correctly from the start.

Chiropractic Economics talked with four doctors (three DCs and one MD) who have been directly involved with starting chiropractic relationships in hospitals. They have been through the certification and verification processes, and have been instrumental in helping others do the same. Those doctors are:

- Joseph D. Salamone, DC, DAAPM, FRCCM, president of the American Academy of Hospital Chiropractors (AAHC);
- John L. Cerf, DC, AAHC vice president;
- Gina Puglisi, MD, AAHC treasurer; and
- Michael Bernstein, DC, chairperson of the New York State Chiropractic Association hospital program.

All of these physicians work in a hospital emergency room.

FIRST STEPS

The first step in creating a relationship between your chiropractic office and a hospital is to become familiar with the ins and outs of that hospital.

John L. Cerf has spent years teaching DCs about procedures and privileges through AAHC. The AAHC's hospital protocol course is designed to help DCs learn about hospital culture and procedures. In addition to culture and protocol, the course, developed by Albert Cataffi, DC, trains DCs in universal precautions, CPR, emergency codes, hazardous materials handling, infection control, patient rights, patient confidentiality, and emergency department regulations. Hundreds of DCs across the country have become certified through the course.

Cerf, who is AAHC's vice president, began his chiropractic work at Meadowlands Hospital Medical Center about seven years ago. Cerf is active in training DCs in the science of chiropractic in hospitals.

"One of the biggest problems I find is one of intelligence — not too little, but too much. Chiropractors who are intelligent and have been successful in their offices have the confidence to go to a hospital and get something started.

"The problem is they're not familiar with the hospital. They don't have the experience," said Cerf. "They don't know the culture of the hospital, and they don't necessarily know the right way to go about doing that type of negotiation or presentation. We try to teach those things — the negotiation skills, the presentation skills, the culture of a hospital. The idea is for DCs to know these things before you get [to the hospital]."

Michael Bernstein began his chiropractic program at Parkway Hospital in April 2007, after spending 12 years as a New York City medic and 17 years as a practicing chiropractor. He believes bringing chiropractic into the emergency department of any hospital in any state is an absolute win-win for the profession and the local doctor.

"It's a win for local doctors in that they will be building a complete sphere of influence, with the medical community helping build his practice. They will also be seeing patients from an untapped source that they could never imagine," Bernstein said. "It is a way of constantly keeping your office busy, but you have to do your due diligence and do all your work and set up the program in the right way so that you meet all of the higher standards of a hospital."

Learning the proper culture, language, and customs of a hospital before you try to enter into a relationship with one will help you avoid the mistake of getting put into a bad professional position. Another mistake to avoid is trying to start this process alone.

"You should never approach a hospital situation as an

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individual. You need to do it as a team, in a team manner, with the complete backing of your state association, the AAHC, and a local educational institution," Bernstein said. "A triune of backers in this format is probably the best way to approach these situations, and it gives hospitals a very high level of confidence with you as a medical practitioner."

BUMPS IN THE ROAD

While Cerf's group at Meadowlands and Bernstein's group at Parkway have both been largely successful, they have had their share of obstacles to overcome. Joseph Salamone, a DC with more than 20 years of practice under his belt, is the president of the AAHC. He remembers a time when things weren't easy for chiropractors who wanted to practice in hospitals.

"A lot of medical doctors didn't want chiropractors [at Meadowlands] because they thought we'd take away their patients, and also because it was a battle for their turf. We also experienced some resistance from the orthopedic and physical therapy departments. We had to prove ourselves," Salamone recalled.

"After they saw what we could do, they decided that we really were assets to the hospital, and we did complement and work well with other types of physicians. We didn't get in the way."

Cerf also remembered when some medical staff members weren't so accepting.

"It was interesting … all of the physical therapists (PT) walked out of the hospital; they all quit," said Cerf. "We write orders for PTs there now, for in-patient services. We do the PT modalities in the emergency department, and there is absolutely no conflict whatsoever. We don't take anything away from them at all."

Gina Puglisi, MD, is the director of emergency services at Meadowlands and AAHC's treasurer. She was instrumental in getting chiropractic services into the ER. Puglisi has a very organized plan for avoiding chiropractic road blocks in her emergency department.

"Chiropractors play a very specific and important role in my department, and we now just have to convince the rest of the world. At Meadowlands, I approached administration with a specific plan for my DCs.

"I informed the board that I would make sure they stayed in their own niche," said Puglisi. "We basically designed a program that was well monitored. We prove to our administration that the program is overseen, quality assurance is being

monitored, and the program is constantly being reviewed for quality of care and customer satisfaction. You may be providing excellent quality of care, but if no one likes it, then you're failing the hospital. This type of program coordination makes for a happy administration."

PRIVILEGES AND BENEFITS

Once a chiropractor gets hospital privileges, it is important to use those privileges to your advantage, as well as to your patients'. Cerf uses his privileges in several ways — most of which benefit everyone involved.

"Hospitals tend not to get reimbursed well for patients who are admitted with back pain. A chiropractor could help prevent those costly admissions in the ER," said Cerf. "We also have the ability to admit patients who need to be hospitalized. Sometimes the pain is so severe they cannot walk. They need some type of narcotic, so they have to be in there. I've had patients who have been injured. I had one who had a fractured orbit, and he had to be admitted. It enables us to keep ties with a patient."

Bernstein is amazed at how many chiropractors he knows with privileges that do not use them to benefit their patients or their practices.

"When I speak to other hospital chiropractors, I always ask how many patients they have seen. Most of them tell me, 'Hey, I've never even seen a patient, but at least I have privileges.' That does the profession no good," Bernstein says.

"The ER is the ultimate place to engage patient relationships. You see a tremendous number of patients. You either bring them into your practice or refer them to other doctors in the field, or to other members on your team for further chiropractic care."

Cerf wrote, in a 2002 article for the *Journal of the American Chiropractic Association*, "Regardless of the presenting complaint, there is usually one common theme [with ER visits] — 'pain.' Minor or severe, stabbing or dull, pain is always associated with anxiety and distress. While emergency medicine is responsible for treating life-threatening conditions, a large majority of emergency visits are made merely to relieve pain."

One of the most important factors to hospital administration is patient satisfaction. As a whole, patients are quite pleased with the level of care they receive from chiropractors in an emergency room or other hospital setting at hospitals across the country. Meadowlands patients are

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How to approach a hospital

If you want to gain privileges at your local hospital, become certified in an America Academy of Hospital Chiropractors (AAHC) approved hospital protocols course, which is required by many hospitals.

Then follow these guidelines, provided courtesy of the AAHC (www.hospitaldc.com).

- Ask for help from those who already have hospital privileges. Seek their guidance;
- Do not try to push your way into a hospital. Find a physician or administrator who will pull you in;
- Do not use litigation to obtain hospital privileges;
- Work as a team with other local chiropractors to gain privileges;
- Find out the names of the department chiefs and make patient referrals to them;
- Find out the names of physicians who might try to prevent a chiropractic department. Make patient referrals to them and make sure they know who you are;
- Keep statistics of your team's referrals to the hospital and its staff physicians;
- Write your bylaws before you approach the hospital;
- Be 110 percent truthful on your application for privileges;
- Be consistently professional. Always wear professional clothing, write grammatically correct letters, and speak and act like a doctor;
- Probe to discover what the hospital administrators and physicians want and then give it to them. But, if it cannot be accomplished legally, ethically, and morally, it is not worth doing;
- Provide an excellent product and allow the profit to be the byproduct of your altruistic efforts; and
- Maintain your modesty while never underestimating your value to the hospital.

pleased; so are they at Parkway, according to Bernstein.

"Our program has been met with tremendous positive notes already. We've had nothing but rave reviews from the patients. When you do a patient satisfaction survey, about 99 percent of the patients report a tremendously positive response with the chiropractic team.

"That's almost unheard of in a hospital," said Bernstein. "Usually you go into a hospital, and your satisfaction level is in the 40s or 50s — people hate being in the hospital; they hate their experience. We've had nothing but in the 90s, and patients have been raving about it — which is great."

DCs can offer support and range to medical doctors that only build on patient, as well as administration, satisfaction.

"If a hospital had a pregnant woman come in for neck or back pain, there is usually nothing they could do for her because they couldn't give her medication. That's where a chiropractor would come in," said Cerf. "It's also easier for hospitals to treat people who have had narcotic problems or alcoholics with a DC because both the patient and medical doctors want to avoid narcotics in that situation.

"Also, there are just some people who don't respond well to medication, who may already have Demerol and are still in pain and need to be admitted to the hospital. By using a chiropractor, they could avoid that," Cerf said.

"There are so many patients here [at Meadowlands] … if I could just call a DC, I could really take care of the root of their problems," said Puglisi. "A lot of patients have some form of acute exacerbation, and chiropractors are able to make great impact in their pain, usually without narcotic involvement."

Another benefit to a chiropractic relationship benefits the DCs directly.

"Chiropractors that work in a hospital setting usually get further educated in medicine," said Cerf. "Chiropractors can learn about other medical treatments for the spine, so that when they identify a patient who can be better treated by something an MD can do, then they know who and how to refer it."

In the ER, chiropractors can be used to facilitate less remedication of patients, as well as less use of narcotics and limit the risk of side effects. There are fewer repeat visits on the same day for the same problem, and hospitals are able to treat patients they have never been able to treat before.

Puglisi offered a final word of encouragement. "Getting a chiropractic relationship started does take vision, and a sizable investment of work and time. It is an emotional risk, definitely," said Puglisi. "However, if you're smart and up for a challenge, you'll think outside the box and get a chiropractic department. Get them on staff, get them co-admitting, get them on call, and make it comprehensive. Your hospital will reap the rewards, as well as your patients."

John V. Wood is a frequent contributing writer to Chiropractic Economics. *A nationally published freelance writer, he lives in Willow Spring, N.C., and can be reached at 919-632-1827 or by e-mail at john@johnvwood.com.*

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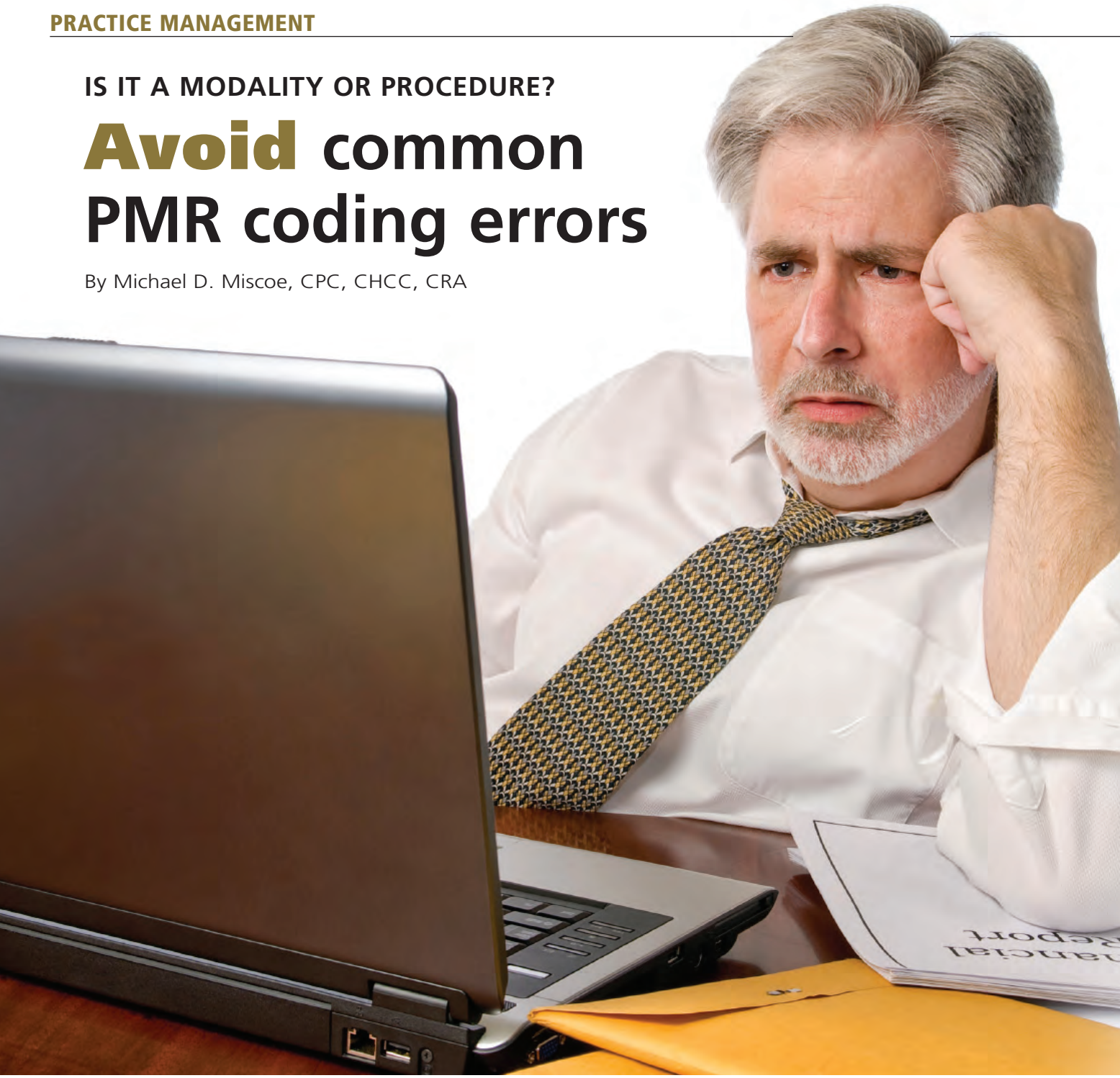
CIRCLE 165 FREE INFORMATION

IS IT A MODALITY OR PROCEDURE?

Avoid common PMR coding errors

By Michael D. Miscoe, CPC, CHCC, CRA



Coding can be confusing. Vague code descriptions and varying carrier rules for how and when codes should be used cause some errors.

Most coding mistakes in physical medicine and rehabilitation (PMR), however, can be traced to a fundamental misunderstanding of the difference between modalities, procedures, and contact requirements for each.

DEFINITIONS AND DIFFERENCES

Modalities and procedures are distinct and separate as defined in the AMA CPT Manual:

• **Modalities.** The AMA CPT Manual defines a modality as any physical agent applied to produce therapeutic changes to biologic tissues. Types of physical agents include, but are not limited to, thermal, acoustic, light, mechanical, or electrical energy.

Modalities are further subdivided into "supervised" and "constant attendance" modalities based on the degree of

contact necessary to perform the service.

Supervised modalities (CPT 97010-97028) do not require direct one-on-one patient contact by the provider. Constant-attendance modalities (CPT 97032-97039), however, do require direct one-on-one patient contact by the provider.

You should note that the definitional requirement for direct "one-on-one" contact is somewhat of a misnomer, since you can provide constant attendance to more than one patient at a time.

To avoid problems, it is best to take a literal definition of constant attendance — that is, the provider or therapist must be in constant attendance with the patient, and such attendance is necessary for effective or safe delivery of the therapy.

• **Procedures.** The AMA CPT Manual defines procedure as "a manner of effecting change through the application of clinical skills and or services that attempt to improve function."

Procedures require a physician or therapist to have direct one-on-one patient contact.

Two parts are key to distinguishing between a modality and a procedure. The first part involves a "gizmo" analysis; the second part involves reporting.

• **Modality/procedure determination (gizmo analysis).** If the therapy is delivered by some device (a gizmo) and the clinical skill is limited to determining the settings of the device and/or location and duration of application, the service is clearly a modality.

When the effect of the therapy is more dependent on the clinical skill of the practitioner (even if a device is used), the service is more likely a procedure.

• **Specific code selection.** For modalities, the code is selected based on method of performance, or more accurately, the physical agent (gizmo) used and level of contact necessary; the specific outcome is irrelevant.

For procedures, the code is selected based on the therapeutic outcome intended — the method of performance is irrelevant provided that one-on-one contact is provided and necessary.

CORRECT MODALITY CODING

Here are some common modality-coding errors:

• **Laser therapy.** Laser therapy is clearly a modality (a gizmo delivers the physical agent of light) and requires constant attendance (someone has to hold the laser probe).

This modality is often *incorrectly* coded as infrared therapy. Although it is true that laser falls within the infrared spectrum, using the CPT code for infrared therapy (97026) when reporting laser therapy is incorrect because laser therapy requires constant attendance, not supervision.

When you perform laser therapy, use HCPCS code S8948 or if S-codes are not permitted (for instance, with Medicare claims), report CPT 97039 and document the time of performance.

• **Electric stimulation.** Three codes exist that relate to electric stimulation — CPT 97014/G0283, supervised electric stimulation; CPT 97032, attended manual electric stimulation; and CPT 97033, iontopheresis.

CPT 97014/G0283 is appropriate for pad-based e-stim, which requires supervision only. Although this is not a time-based service, accepted protocols require 15 minutes to as much as 30 minutes of treatment.

CPT 97032 can only be used when stimulation is manually applied. The requirement for constant attendance is derived from the manual-application requirement.

Usually a probe or other hand-held device is used and must be held for the entire therapy. This is a time-based service reported in 15-minute units.

CPT 97033 is appropriate only when iontopheresis — the introduction of ions of soluble salts into the body by an electric current — is applied. Applying topical gels to the skin prior to application of the electric stimulation pads is *not* considered iontopheresis.

Although the pads used in this treatment are similar to those used in supervised e-stim, constant attendance is required because of the potential for burning the patient's skin during therapy.

• **Ultrasound and phonopheresis.** Ultrasound is a constant-attendance modality, which, according to the AMA CPT Assistant, is provided to increase tissue temperature for treating arthritis, neuromas, and adhesive scars, or for conditions in which increasing tissue temperature is the desired effect.

Continuous ultrasound clearly provides such a thermal effect, whereas pulsed ultrasound is generally a nonthermal form of ultrasound. Reporting of pulsed ultrasound, however, using CPT 97035 may be inaccurate.

Some pulsed ultrasound units, which have ultrasound heads attached to a mechanical arm placed over the patient, are marketed as hands-free devices. Constant attendance is not required, and CPT 97035 is therefore inappropriate. The appropriate code for hands-free forms of ultrasound is CPT 97039.

Phonopheresis is ultrasound treatment that uses a steroidal cream in place of the usual types of conductive gels. Report the ultrasound with CPT 97035 and the steroidal cream with the supply code 99070. Phonopheresis is often misreported as an unlisted procedure (97039).

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• **Vasopneumatic therapy.** Many providers incorrectly report vibratory massage with CPT 97016. Because vibromassage devices require constant attendance (not supervision), the correct code for vibratory therapy is 97039.

CORRECT PROCEDURE CODING

Modalities are coded on the basis of the physical agent applied or *how* they are performed. Procedures are reported on the basis of the *therapeutic outcome* intended, not the method of performance.

With the exception of the group-therapy procedure (CPT 97150), all therapeutic procedures are time-based and require direct one-on-one contact.

As a result, validation of your code selection (and units) depends on having evidence of the therapeutic outcome, time of performance, and level of contact needed/provided.

The requirement of clinical skill, the intended outcome, and direct one-on-one contact are tied together. For most musculoskeletal problems, either CPT 97110 or 97530 is appropriate for your skilled rehabilitation services. The problem is deciding the appropriate code. As you likely have discovered, the descriptions for these codes provide little help.

• **Strength, endurance, range of motion, and flexibility.** CPT 97110 and 97530 both address these outcomes, are time-based, and require direct one-on-one contact by the provider. Despite these similarities, there is a difference between these procedures.

CPT 97110 is appropriate when the outcome of the exercise is one of the following: strength, endurance, range of motion, or flexibility.

CPT 97530 is appropriate when the outcome of the exercise involves multiple parameters.

While the AMA provides a number of examples of how each of these procedures might be performed, don't be fooled — they are just examples. Remember, the method of performance does not determine the code.

Without a local carrier policy stating otherwise, to select an exercise or activity code correctly, you must determine (and hopefully document) how many therapeutic outcomes are served by the particular procedure or technique performed.

This should be defined in the treatment plan. *For example:* If you prescribe an elliptical walker exercise to improve strength *and* cardiovascular endurance, use 97530. If endurance is the only goal, use CPT 97110.

Simply put: If you are aiming at one outcome (strength, endurance, range of motion, or flexibility), use 97110. For more than one outcome, use 97530.

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• **Neuromuscular re-education and gait training.** CPT 97112 and 97116 are commonly misreported. While both are time-based (in 15-minute units) and require direct one-on-one contact of the provider, they are not appropriate for most musculoskeletal rehabilitation scenarios.

CPT 97112 involves neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting or standing activities.

This code gets a lot of attention from fraud investigators because this service gets used to represent manual proprioceptive techniques or neuromuscular massage techniques.

This code is used correctly when the relationship of the procedure to sitting or standing activities is evident. Many carriers have placed restrictions on the use of 97112. These restrictions generally involve significant neurologic deficits, such as muscular dystrophy, stroke, and cerebral palsy, thereby establishing the primary neurologic emphasis of this service.

CPT 97116 is used to report gait training, including stair climbing, stance, swing, and double-support. Again, most carriers restrict use of this service to patients with substantial gait anomalies in which the gait deficiency is neurologically centered rather than due to relatively minor problems with activation patterns.

• **Massage therapy.** Massage is often miscoded and providers should exercise caution before attempting to bill for massage services.

Massage is a therapeutic procedure and, therefore, requires skilled application. It is also a time-based service that requires one-on-one contact. Given the near universal bundling of this service with manipulation, this service is not reportable is in many circumstances.

When massage is provided, CPT 97124 should be reported.

As with all procedures, your documentation must be clear concerning the service performed and therapeutic outcome to be achieved in order to select the correct procedure code.

Michael D. Miscoe, CPC, CHCC, CRA, is a certified professional coder, certified healthcare compliance consultant, certified rehab assistant, the president of Practice Masters Inc. (www.codingexperts.com), and a member of the National Advisory Board of the American Academy of Professional Coders. He can be reached at 814-754-1550 or by e-mail at mmiscoe@pmrcodingexperts.com.

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The numbers tell the story

By William Berkowitz, DC

When doctors don't understand their numbers, they have a problem. The familiar adage, "If you don't know where you're going, you won't know when you get there" can easily be restated, "If you don't have a method of measuring your progress, you won't know how far you have gone."

The costs of doing business, from rent to payroll to insurance, are steadily rising, while insurance reimbursements are progressively dwindling. To manage and succeed, you need to know where you stand at all times. That calls for an understanding of basic business statistics.

TWO IMPORTANT STATISTICS

The single most important statistic for your practice is the total amount of case fees collected per patient — that is, the total amount of money a patient spends in your office during his or her lifetime. In a chiropractic practice, the case-fees-collected statistic is calculated in two steps:

1. Calculate all collections for a given number of months (preferably at least 12 months), and

2. Divide that figure by the total number of new patients for that same time period.

For example: Dr. Smith's practice collects approximately $10,000 per month and sees 10 new patients. The case-fees-collected calculation is $1,000. This means the average patient in this practice spends $1,000 on his or her care before terminating care.

The second most important statistic to understand is case-fee costs — that is, your costs to service a patient during the same period of time you are collecting your case fee.

Calculating case-fee costs is similar to calculating the case fees collected:

1. Compile total overhead for the same time period used to calculate case fees collected. (Be sure to include your personal salary in this figure.)

2. Divide this figure by the total number of new patients for the same time period.

For example: If Dr. Smith's total overhead is $10,000 per month and the average number of new patients is 10, then Dr. Smith's case-fee costs are $1,000. This means it costs Dr. Smith on average $1,000 to provide care to each new patient.

WHAT THE STATISTICS TELL

When you look at these two statistics, Dr. Smith appears to be breaking even on each patient he sees. In fact, he is probably losing money, when you factor in taxes not included in the initial calculation.

If Dr. Smith wants to do more than break even, and, in fact, put money into a wealth-building account, he needs to increase the ratio between case fees collected and case-fee costs. This ratio should be *at least* 3-to-1.

Many doctors think if they could just increase the

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Volume per patient by the numbers

Volume per patient is just as important as volume of new patients — perhaps even more so.

Put this number into perspective by calculating your personal patient visit average (PVA).

If you have had regular chiropractic care for two years before entering chiropractic college and have been in practice for 10 years, you have had regular chiropractic care for at least 15 years.

If you dismiss the initial intensive portion of your care and receive an average of 50 adjustments per year, you would have had your spine checked 750 or more times. And you are still getting adjusted.

The average patient will not have a PVA of 750, but it is possible to increase the PVA to a higher number through education in lifetime wellness.

number of new patients to their practice, they could turn the numbers in their favor. The reality is that doubling the number of new patients does not necessarily net more income.

The reason is because when you have a larger number of new patients, your costs also rise. If your case-fees-collected statistic stays static or even falls slightly, you will not make any more money, regardless of how many new patients you attract.

THE SOLUTION: INCREASED PVA

The solution to this problem is increased volume. However, increased volume does not necessarily mean acquiring more new patients. Increased volume also refers to improving the ratio of your case fees collected to case-fee costs.

Remember: Volume per patient is king, so the challenge is in generating more volume per patient, measured by the third most important practice statistic: Patient visit average (PVA).

To calculate PVA:

1. Determine the average number of patient office visits per month during the same time period used earlier; then,

2. Divide the average number of office visits by the average number of new patients per month.

For example: If Dr. Smith has, on average, 230 office visits per month and during the same period of time has 10 new patients, his PVA is 23. This means the average new patient returns to see Dr. Smith 23 times.

The way to increase PVA is to create a lifetime-maintenance practice.

Developing a maintenance practice takes work and dedication, but it is rewarding and makes practice fun. Maintenance patients have a greater understanding and appreciation of what chiropractic has to offer.

Start mapping your path to a maintenance practice by tracking the three most important statistics — case fees collected, case-fee costs, and patient visit average. Keep tabs on these statistics, and aim for a minimum ratio of 3-to-1 for case fees collected to case-fee costs. CE

William Berkowitz, DC, is a success coach for the Personal Training Company, a chiropractic coaching program that helps doctors build lifetime maintenance practices. He can be reached at 800-886-1792, by e-mail at ptcdrberkowitz@yahoo.com, or through www.personaltrainingcompany.com.

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Don't cheat yourself on therapeutic procedures

By Bharon Hoag

Numbers — specifically, numbers used in coding — tell a story. And good "storytellers" — coders — get paid properly.

Those who do not know how to tell their stories correctly do not get paid fully and fairly. There are two reasons for this breakdown:

• **Ignorance.** Historically, doctors have not been trained adequately in business procedures. Because they lack a sound understanding of the coding process, many doctors fail to recognize billable treatment elements and thus overlook things that can and should be billed.

• **Fear.** The second reason for poor coding is fear. Doctors cheat themselves because they are afraid of denials, audits, paybacks, and even the fear of losing their license to practice. (Losing a license to practice almost never happens. On the few occasions it does, it is a severe penalty for a serious infraction.)

Projecting problems that may never occur, these doctors deliberately undercode to avoid risk and settle for less to avoid problems.

This fear spreads like a virus through the profession. Insurance companies know it and take advantage of it.

Both problems can be avoided simply by gaining a better understanding of codes and how to properly apply them. Ignorance can be overcome by education; fear can be defeated with information and confidence.

As you gain this understanding and awareness, it is important to recognize that codes cannot enumerate and codify *every* eventuality and you must use professional judgment, find the code that works best in the given situation, and apply it.

THE PROBLEM: THERAPEUTIC PROCEDURES

Practitioners usually do not have a problem coding modalities because the Food and Drug Administration (FDA) clearances provide easily understood guidance concerning what can be done with a given modality and how it can be used. Coding them is similarly precise.

Code 97014 (electrical stimulation), for example, clearly identifies what the code is for and both prescribes and limits when it can and should be used.

The gray areas have to do with therapeutic procedures — what doctors and therapists do with their hands — and the problem often begins with the first patient visit.

The procedures most often undercoded are 97110 (therapeutic exercises), 97140 (manual therapy), 97530 (therapeutic activities), and 97535 (activities for daily living).

Although these procedures are imprecisely defined, they are not difficult to justify. In fact, it is quite the opposite. All that is required is for you to identify in advance — either in the initial diagnosis or during subsequent outcome assessments — the conditions the codes are intended to treat.

As long as you do this, the door is open to major new income opportunities that rarely have to be defended. If the codes are challenged, you have the evidence on hand to win an appeal.

Coding therapeutic procedures correctly relies on

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Follow the basic steps

Proper coding requires documenting six basic steps at the time of the patient's initial visit. These steps identify the intent of your treatment.

1. History: What does the patient say about the condition?
2. Examination: What does the patient's body reveal?
3. Diagnosis: What do you determine from the information from these two sources?
4. Protocol: What treatment plan should you establish to support the diagnosis?
5. Outcomes: What do you plan to achieve through the treatment plan?
6. Prognosis: How long and what will it take to reach an asymptomatic state?

These six steps should be fundamental to the intake process for a new patient — one who has not been seen for a period of three years or more. They are also the basis for evaluation and management (E/M) codes 99201–99205. (These five levels describe the amount of work the doctor performs on the initial visit.)

documenting your intent — that is, why you perform the treatment to achieve a result because of the symptoms the patient presents.

SOME EXAMPLES OF THERAPEUTIC CODES

Let's look at some examples of therapeutic procedures, code by code:

• **Code 97110 (therapeutic exercises).** These are constant-attended exercises in which the intent is to increase the patient's range of motion, flexibility, strength, and/or endurance.

In rehabilitation scenarios, results are typically achieved by having the patient use such aids as elastic bands, exercise balls, treadmills, and recumbent bicycles, individually and in combination.

When to use this code: Code and bill for each activity administered intended to achieve a *specific* rehab goal. This code is also appropriate for services to improve range of motion, flexibility, strength, and/or endurance in nonrehab situations.

• **Code 97140 (manual therapy).** Similar to procedures used in 97110, these procedures are intended to develop strength, endurance, range of motion, and flexibility. And, once again, they can represent opportunities frequently overlooked by doctors who do things during treatment that fall outside the adjustment process.

When to use this code: A doctor who is treating a trigger point may, for example, identify a related problem, such as a disk compression or muscle spasm. He may then apply manual traction to the patient's calves to alleviate the compression, or use soft-tissue mobilization on the muscle spasm.

In such circumstances, the doctor can bill these and similar treatments within this code as long as the diagnosis supports the treatment.

• **Code 97530 (therapeutic activities).** This code refers to the use of dynamic activities to improve functional performance.

When to use this code: Essentially, this code is for treatments that can range in complexity from isometrics using elastic-band resistance, to stretching on an exercise ball, to a treatment on a flexion/distraction table.

When multiple parameters are assigned to the treatment, such as stimulating movement by isolating disk space while also generating a neuromuscular effect, the parallel intents can be coded and billed separately.

• **Code 97535 (activities of daily living — ADL).** This code is used to help patients accelerate recovery and alleviate pain.

When to use this code: Use this code when you discuss how to do icing, elevation, posture exercises, stretching, and similar activities with your patient. All of these activities fall under the ADL code. They are inherent to the treatment plan, and you can bill for them up to twice a month.

MEDICAL NECESSITY A MUST

Getting reimbursed for the codes you use depends upon intent. When codes have only a generic definition, it us up to you to find the code that best fits the service performed with regard to its appropriateness under the diagnosis.

The key to establishing medical necessity is accurate diagnosis. Make sure the initial exam clearly identifies the pain, functional abnormalities, and structural problems — what is wrong, why, and how long it will take to fix.

Then, code to fit — exercising judgment and understanding that one size does not fit all. When you understand the philosophy of codes, it's easier to tell a convincing story. CE

Bharon Hoag is senior consultant in the ACOM Chiropractic Consulting Group (www.acomconsulting.com) and is certified as a professional coder by the American Academy of Professional Coders. He can be contacted at 866-286-5315, ext. 601 or by e-mail at bhoag@acom.com.

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Walk the compliant path to practice wellness

By John Davila, DC

Is your practice in compliance with federal and state regulations as well as insurance companies? If not, its growth is being impeded.

Contrary to some practitioners' belief, compliance is not costly. In fact, *noncompliance* is costly. It can result in investigations, audits, and the necessity to pay back money.

When Dow Jones & Co. opened in 1882, the average was 40.94. Back then, there were few regulations that affected the operation of businesses. Today, regulations abound. But the Dow hovers around 13,000. Businesses have learned to grow despite having to comply with red tape. Chiropractic, on the other hand, has not.

Practices that resist compliance seem to stem from three scenarios:

• **Inappropriate delegation.** In this case, doctors do not learn about compliance issues and assume their assistants or office managers can handle situations, even though they have minimal background in compliance.

Even worse, the delegation is inappropriate because the time-crunched billing staff is already responsible for dealing with collection issues from insurance companies and patients.

• **Denial.** Some doctors believe problems experienced by other offices will *never* happen to them.

These doctors do not establish office rules to ensure regulations are followed. What results are billing problems and misuse of current procedural terminology (CPT) codes, either knowingly or unknowingly — both of which invite audits.

• **Ignorance.** Doctors who run cash practices often feel insulated from having to follow insurance rules because they do not process insurance claims. Although they do not take payment directly from insurance companies, their patients, however, process claims for reimbursement.

When this happens, the insurance process commences, and the practice becomes insurance-based.

These are all precarious positions for doctors. If an audit takes place, all compliance issues are 100 percent the doctor's responsibility. One thing that can eliminate this incredible risk is establishing a compliant, bulletproof practice.

So why are so many doctors still choosing to ignore the facts?

Excuses abound. Some doctors feel if they adhere to the rules, it will ruin their patient relationships. Even worse, some believe following insurance regulations will hurt their practice's bottom line. Most, however, just don't know where to start.

3 STEPS TO COMPLIANCE

If mainstream businesses have come to realize huge profits while obeying federal regulations, chiropractic can too. It's a matter of taking three steps:

1. Learn the rules. Research the rules and take them to heart. Visit the Office of Inspector General's (OIG) Web site (www.oig.hhs.gov) for advice and tools to help make your office more compliant.

CONTINUED ➤

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Gain Confidence From Your Documentation

By Dr. Steven Kraus

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Compliance vs. profitability

Can chiropractic embrace compliance and regulation while remaining profitable? If you still think the answer is no, ask yourself if the HIPAA regulations really cut into your clinic's profitability.

After the initial cost of training and manuals, the outcome was positive. Doctors who have been in practice since 2002 have since incurred no additional costs.

Remember, the mainstream business world has managed to make a profit, and they have also had to deal with HIPAA.

Next, go to the Centers for Medicare and Medicaid Services' (CMS) Web site (www.cms.gov) and review the National Chiropractic Policy, requirements for documentation, and the definition of medical necessity.

Finally, visit the Web sites of insurance companies you do business with. These sites can serve as key resources for your practice.

2. Accept the rules. Rules are not hard to follow, and they provide a safeguard from problems that can threaten the wellness of your practice.

Post the basic rules and make them available to your staff so they can better troubleshoot issues before they arise, or even help provide solutions to prevent the possibility of a future audit.

Creating a collaborative work environment will help maintain compliance and office morale.

3. Understand medical necessity and how it affects your practice. The use of wellness care offers great benefits to patients and increases their ability to live to their fullest potential. But, look at the rules insurance companies use to govern the way they pay for care.

For example: Cigna asks doctors to incorporate active therapy as soon as possible in place of continued patient dependence on passive therapies. However, many doctors avoid active rehab because it is easier to push a button or turn a knob on the traction table than it is to work with patients.

An old proverb states, "A journey of a thousand miles begins with a single step." It is time chiropractic stops standing still. Chiropractic practices can experience growth the same as companies of the Dow Jones. It is time to take the path to compliance and start working toward building a bulletproof practice.

John Davila, DC, is an expert in documentation and medical necessity and an authority on compliance issues as they relate to chiropractic practices. He can be reached at 877-322-6203 or by e-mail at daviladc@compliantgrowth.com.

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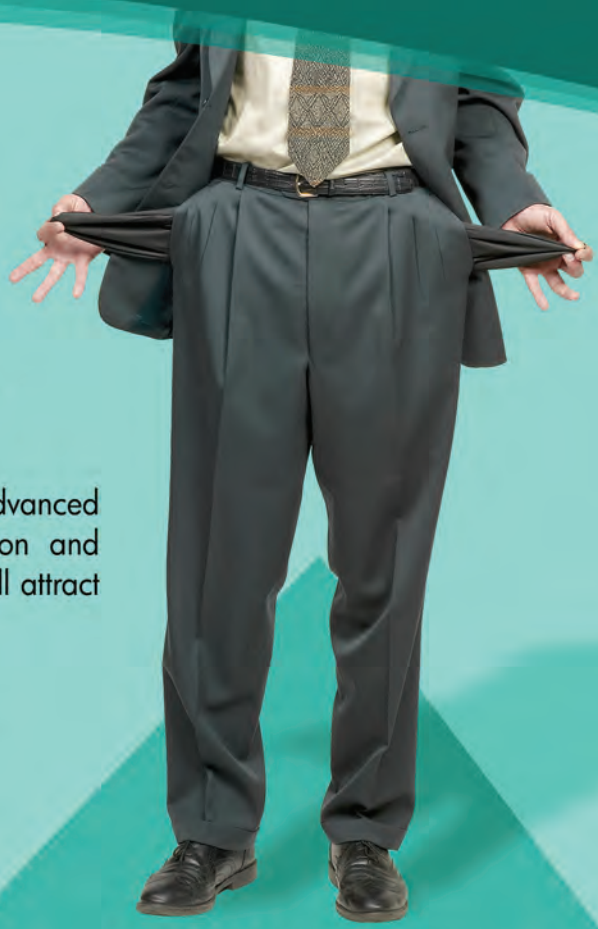

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PRACTICAL EXPERIENCE

Beware of the 'evergreen' clause

By Jeffrey H. Citrin, DC

Many chiropractors are increasingly considering turning their practices into "cash-only" businesses. Most, however, still participate in insurance networks because practicing as an out-of-network provider is difficult.

Because most people have some type of insurance coverage, participating in network(s) gives you access to a large pool of patients.

A number of years ago, eager to build my practice, I signed up with a number of insurance networks. I thought getting into every network that asked me to join was a good business decision because I would be getting a lot of new patients.

In 1992, one network — "1st Health" (not its real name) — asked me to join. Because it did not involve any cost to me, I did. However, I never received any patients from this network.

Sixteen years later, I had a patient who had been in a serious automobile collision and required extensive care. The total bill for services rendered was approximately $8,000.

Imagine my surprise when I received a check from the car-insurance carrier for $1,250.

When I challenged the amount of payment, I was told the amount was correct because I was a provider — of 1st Health.

Despite the fact I had never recredentialed with this network, I was still considered a provider. An investigation into the network showed the contract I had

signed included a vague evergreen clause: The company automatically renews the provider's membership in perpetuity unless she or he requests to opt out.

Because I never officially opted out of the network, I was still considered a provider, and I received $1,200 for $8,000 of services provided.

It will take four months to remove me from the roles of this network.

The lesson learned: Check out every network you join very carefully. Learn what their reimbursement rates are. Find out the process of keeping yourself active as well as removing yourself from their roles.

If you don't, you might be "evergreened" out of a lot of money.

Jeffrey H. Citrin, DC, graduated with honors from Logan College of Chiropractic and has been in private practice in St. Louis for the past 30 years. He can be contacted through his practice's Web site, www.citrinchiropractic.com.

Share your "Practical Experience" with others by writing to the editor-in-chief at lsegall@chiroeco.com.

Quick Tip

Novel corporate programs

Corporate wellness programs are a growing market at $5.8 billion a year. These programs are poised to have an impact on the cost of healthcare, and business is greatly improved by managing high-cost employee health syndromes through prevention and wellness programs.

In addition to traditional corporate wellness programs of smoking cessation, weight loss, and lifestyle changes of diet and exercise, consider introducing cutting-edge clinical tools to help keep employees healthier. These tools may include:

- Natural hormone therapy,
- Food-sensitivity testing, and
- Osteoporosis screening.

— Cristy Wallace, DC, CCN, DACBN, FIAMA
dr.wallace@sbcglobal.net

The benefits of e-mail newsletters

By Bob Levoy

Communicating by e-mail gives your office a high-tech image, says Ralph Laurie, author of *Winning the Interaction Game.*

Laurie writes, "Think of the possibilities that e-mail opens up: appointment reminders, welcome letters, birthday greetings, patient newsletters, and patient-education presentations. … People like to send and receive e-mail. It's a personal method of communication that strengthens the doctor-patient relationship."

From the success files: Corine Leech, office manager for a West Chester, Ohio, practice recalls, "When we started asking patients if we can get their e-mail addresses, they asked why. We told them we'd like to e-mail them a newsletter, information, and appointment reminders. They said, 'Great!' Since then, they've been asking, 'Hey, where's that newsletter that we should be receiving?'"

At the Belleville Chiropractic Health Clinic in Belleville, Mich., Drs. Glen and Elizabeth Sisk use e-mail to send newsletters to patients. "It's been more of a marketing tool than anything," they say. "Nothing too complicated, but something to let patients know they're important."

ACTION STEPS

1. Do 'permission marketing.' This is a term coined by Seth Godin in his book of the same name. It involves obtaining patients' consent before sending them e-mail.

"Begin gathering your patients e-mail addresses during the check-in process," Laurie recommends. "It may take several months, but you will soon have a comprehensive e-mail list with which you can begin to communicate with patients, quickly and cost-effectively."

2. Provide interesting content. Tell patients about new procedures or modalities you've incorporated into your practice. Announce the dates of an upcoming sports clinic, spinal screening, or health fair in which you're participating.

Inform patients about the continuing education you and/or your staff recently completed and how it will benefit them. Educate patients about carpal tunnel syndrome, proper nutrition, the health hazards of heavy handbags and high heels, or countless other consumer health tips. Emphasize how proper spinal care, hygiene, and maintenance greatly impact overall health and quality of life.

3. Consider sending specialized e-newsletters. Develop content geared to attorneys and allied healthcare providers.

MORE TIPS

Keith Borglum, a consultant in Santa Rosa, Calif., suggests posting your newsletter on your Web site, and then sending a link to it in an e-mail to patients. Doing this:

- Makes it easy to send a smaller-sized e-mail, which is easier to download;
- Allows you to use photos or graphics in your newsletter;
- Allows the use of HTML (formatted) content to patients who have their e-mail software set to "text only";
- Fosters creation of a newsletter archive on your Web site to which patients can return or refer their friends and family; and
- Attracts more traffic to the rest of your Web site via links with the newsletter.

LESSONS LEARNED

"In any e-mail newsletter you send," says Dr. Chris Kammer of Madison, Wis., "always make sure to include a clickable link that will send people directly to your Web site so they can learn more about your practice. A note of caution: Always give your e-mail recipients a chance to unsubscribe to your e-newsletter so you can avoid potential issues that may arise from unwanted e-mails."

If you communicate with patients via e-mail routinely, you become a trusted and knowledgeable resource for them. In addition, your patients will be more open to not only accepting your treatment recommendations, but also asking you about new services they now know you offer.

Reality check: Don't develop grandiose expectations about what e-mail newsletters can accomplish in the short term. Newsletters are a labor of faith. The effects will be gradual and cumulative.

Bob Levoy's newest book, 222 Secrets of Hiring, Managing, and Retaining Great Employees in Healthcare Practices, *is published by Jones and Bartlett Publishers. He can be reached at b.levoy@att.net.*

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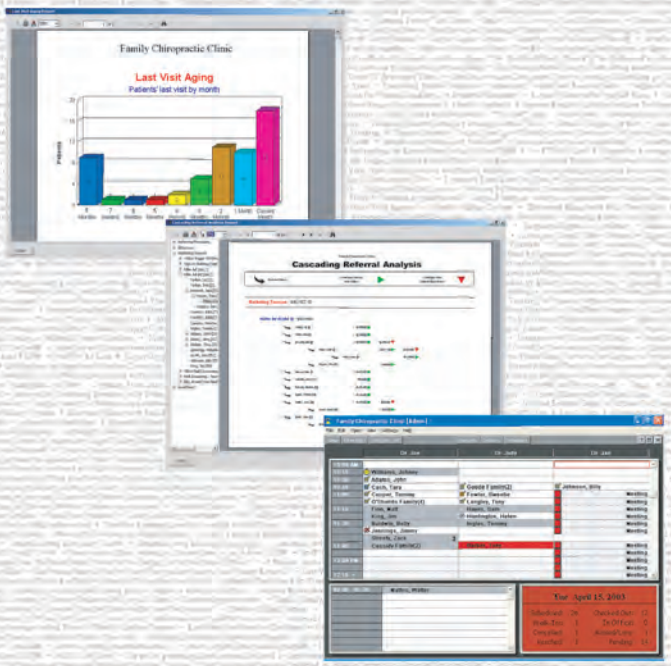

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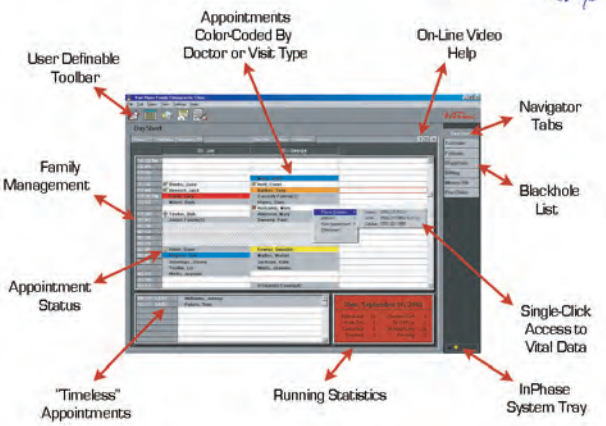

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CODING QUESTIONS

What are Medicare's initial-visit guidelines?

By Marty Kotlar, DC, CHCC, CBCS

***Q** I have been treating Medicare patients the same way for the last three years, but my CA told me there are specific guidelines for initial visits. I conduct a history and examination, and take x-rays, but do not follow any special system. Should I be doing something different?*

A You should probably be doing something different, but it is difficult to be certain without knowing what you presently document for the history, exam, and x-ray findings. Your CA is correct in that Medicare has specific guidelines to follow.

The following items must be documented in the patient's clinical record on the initial visit, whether the subluxation is demonstrated by x-ray or physical examination:

1. History. A chief complaint must be documented, including the symptoms present that caused the patient to seek chiropractic treatment.

2. Present illness. This documentation can include any mechanism of trauma; quality and character of problem/symptoms; intensity, frequency, location, radiation, onset, and duration of symptoms; aggravating or relieving factors; prior interventions or treatments, including medications; secondary complaints; and symptoms causing the patient to seek treatment.

For example: The patient stated lumbar pain is present about 75 percent of the day. This condition requires the patient to take frequent breaks to rest her lower back. The patient stated this condition started suddenly five days ago after lifting a laundry basket.

The patient rates this pain as severe and an eight out of 10. Due to this condition, the patient has had difficulty doing simple chores around the house, such as yard work, and was unable to sleep comfortably throughout the night for the past four nights.

The patient also stated she cannot stand for more than 10 minutes without pain suddenly increasing in her lower back. Ice helps relieve the pain for a short period of time. This problem has occurred in the past. The last episode was about two years ago and the patient did not seek any chiropractic/medical attention. The patient has never been to a chiropractor and is not taking medication for this problem.

3. Family history. Include a statement of family history. *For example:* The patient stated her father had osteoarthritis and mother had osteoporosis.

4. Past health history. Get a general health statement to include a surgical history, past hospitalizations (as appropriate), medications, and any prior illness(es), injuries, or traumas.

5. Physical examination. Conduct a physical exam to evaluate the musculoskeletal and nervous systems to identify PART:

- P = Pain/tenderness evaluated in terms of location, quality, and intensity;
- A = Asymmetry/misalignment identified on a sectional or segmental level;
- R = Range-of-motion abnormality (changes in active, passive, and accessory joint movements resulting in an increase or decrease of sectional or segmental mobility); and
- T = Tissue, tone changes in the characteristics of contiguous or associated soft tissues, including skin, fascia, muscle, and ligament.

To demonstrate a subluxation based on physical examination, two of the four criteria mentioned above are required, one of which must be asymmetry/misalignment or range-of-motion abnormality.

6. Diagnosis. Most Medicare carriers require the primary diagnosis to be subluxation and the neuromusculoskeletal condition necessitating the treatment to be listed as the secondary diagnosis.

For example:

Primary: Lumbar Subluxation (739.3) at L1, L2, and L5

Secondary: Lumbar Disc Degeneration (722.52) and Lumbar Pain (724.2)

7. Treatment plan. The treatment plan should include therapeutic modalities to effect cure or relief (patient education and exercise training), the level of care recommended (duration and frequency of visits), specific goals to be achieved with treatment, objective measures that will be used to evaluate the effectiveness of treatment, and date of initial treatment.

A patient's subluxation/condition is considered chronic when it is not expected to completely resolve, as in the case with an acute condition, but when the continued therapy can be expected to result in some functional improvement. The need for an extensive, prolonged course of treatment must be clearly documented in the clinical record.

Coverage will be denied if there is not a reasonable expectation that the continuation of treatment would result in improvement of the patient's condition. Continued repetitive treatment without a clearly defined clinical end point is considered maintenance therapy and is not covered. Make sure to read your local Medicare carriers' guidelines for chiropractic services — and the guidelines for your state. CE

Marty Kotlar, DC, CHCC, CBCS, is the president of Target Coding. Target Coding, in conjunction with Foot Levelers, offers continuing-education seminars on CPT coding and compliant documentation. He can be reached at 800-270-7044, by e-mail at drkotlar@targetcoding.com, or through the Web site, www.TargetCoding.com.

Quick Tip

Ask 'how' not 'why'

"Why" questions often sound challenging and put people on the defensive.

"How" questions often get at the same information, but in a less challenging tone.

Ask, "How did you make the decision?" instead of "Why did you make the decision?"

Phrasing makes a huge difference in reception.

— Dianna Booher, www.booher.com

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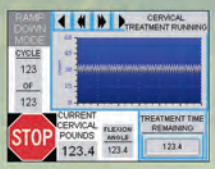

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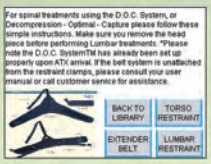

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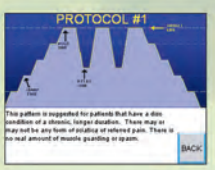

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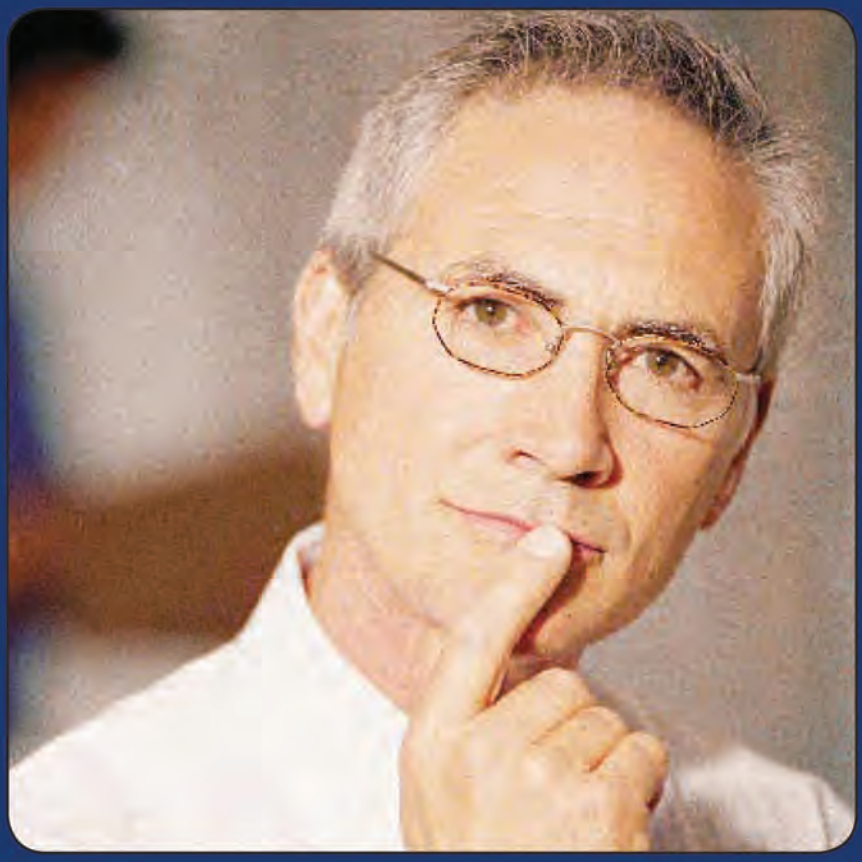

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If growing your practice is a priority in 2008, there isn't a quicker or less expensive opportunity than working with employers in your community.

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Wellspring healthcare

Physician, heal thyself

By William D. Esteb

Is the Law of the Lid limiting your practice's success amid the growing interest in wellness care?

The Law of the Lid suggests students rarely get smarter than their teachers; we tend to choose a spouse with a similar socioeconomic background; and patients rarely get healthier than their doctor.

If the Law of the Lid is true, to tap into the growing interest in wellness, it's essential your own health is optimal. Long gone are the days in which obese, cigarette-smoking doctors can command authority with patients. No longer can you assume a "do as I say, not as I do" attitude.

Similarly, you must avoid the other extreme and its equally offensive "healthier than thou" mindset.

When people learn I'm on my ninth chiropractor after receiving care for 26 years, they often want to know why I fired the other eight. Two reasons: Either I found myself getting healthier than my chiropractor, or he or she ran out of tools or techniques that could further advance my health.

By healthier, I mean "optimum physical, mental, and social well-being and not merely the absence of disease or infirmity." The most common shortcoming among chiropractors isn't the physical dimension; it's usually the mental, emotional, and social aspects of better health.

If you are inclined to raise the bar on your own wellness quotient to achieve greater credibility when leading practice members to higher levels of health, here are some ideas to consider about your physical, financial, family, social, career, mental, emotional, and spiritual wellness.

PHYSICAL WELLNESS

Your physical health is the first thing new patients notice about you. Overlook this, and considerable compensatory effort will be required to overcome any negatives your physical appearance reveals.

- **Get adjusted regularly.** It goes without saying, yet a large number of chiropractors neglect this important aspect.
- **Optimize your weight.** If, based on your weight, you are not tall enough, you'll want to shed the extra pounds.
- **Exercise regularly.** Increase your energy level, lower your resting heart rate, and become more powerful.
- **Improve your nutrition.** Become more disciplined and discriminating about what you put into your body.
- **Get enough rest.** Go to bed earlier and get up earlier. Give your body sufficient time to repair and heal.
- **End the addictions.** If you are hooked on caffeine, alcohol, M&Ms, potato chips, sex, or some other substance, confront and eliminate the cause of your self-medication.

FINANCIAL WELLNESS

Many unhealthy social and mental behaviors exhibited by chiropractors are due to financially needing patients. Finances are actually an aspect of social health.

- **Reduce your debt.** Start living below your means.
- **Give more away.** Whatever your spiritual or religious leanings, their written guidance is replete with admonishments that we actually become richer by giving away.
- **Start saving.** The proceeds from selling your practice and house won't be enough for retirement. Save.

FAMILY WELLNESS

While it's true it's difficult to be a prophet in your hometown (or home), the health of your family relationships reveals aspects of your social health. Family is a training ground, a laboratory to acquire and test social skills.

- **Reserve sacred times.** Eat at least one meal

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together each day. Have everyone share the best, most important, positive thing that happened.

• **Date your spouse.** Keep the flame alive by reserving time to be with each other. Sure, you'll probably talk about the kids, but like a garden, soul-satisfying intimacy requires constant watering and nourishment.

• **Heal relationships.** If you are estranged from relatives, shun your parents, or carry resentful baggage from the past, you won't show up as healthy as you need to.

SOCIAL WELLNESS

• **Serve others.** Join a club or civic organization devoted to public service. True leaders are actually servants.

• **Make some nonchiropractic friends.** Many chiropractors create a social cocoon, no longer encountering those unfamiliar with chiropractic. Their communication skills atrophy.

• **Remember who's boss.** Make each visit about the patient, not you. Make yourself small and each patient big. Acknowledge; compliment; praise.

• **Ask more questions.** As you express interest, you become interesting. Become mindful of your temptation to judge. Be more curious and ask questions instead.

CAREER WELLNESS

Is your practice stale? Has your career turned into a job? Have you infected your staff with the same virus? If you're distracted by the competition, then you're not being creative — which is the pathway to true wealth.

• **Acquire new tools.** Learn a tonal technique. Explore nutrition. Embrace a new skill set that will require you to abandon old beliefs and worldviews.

• **Become a public speaker.** An aspect of social well-being, your ability to express yourself in public will enhance virtually every other aspect of your life and career.

• **Systematize your practice.** Create an office procedure manual and/or assemble a staff-training curriculum.

• **Stay present.** The discipline of maintaining present time consciousness leverages your influence in all dimensions of your life.

MENTAL WELLNESS

• **Hold your thoughts captive.** Maintaining a positive attitude gives patients a reason to have hope — the essential ingredient for all healing. Patients can only anchor to an anchored mind. Is yours?

• **Rid media from your life.** Conduct a media fast. Eliminate all commercial television. How can you

be "salty" if you consume the same herd-mentality media as patients?

• **Read books.** Creativity is defined as "rearranging the old to create the new." Reading supplies ideas to help rearrange. If you don't read, you're as handicapped as someone who can't.

EMOTIONAL WELLNESS

• **Tackle something difficult.** Self-esteem is an inside job. Raise yours by doing something difficult and persevere until it's complete.

• **Forgive others.** Make a list of all the people you believe have wronged you. Forgive them. Resentment is a poison.

• **Assume the best.** Instead of attaching inappropriate meanings to events and circumstances, give everything a positive spin. Expect the best and you're more likely to experience it.

SPIRITUAL WELLNESS

The foundation of all personal and professional development begins with your heart. Consciously or unconsciously, everything we think, say, and do is the result of our worldview and connection with the spirit.

• **Study the scriptures.** Regardless of your faith, come to know the time-tested do's and don'ts found in the "operator's manual."

• **Pray or meditate.** Reserve the first moments of your day (first fruits) to study, focus, praise, forgive, and express gratitude for all the blessings in your life.

• **Feed the birds.** Conduct random acts of kindness. Help the helpless. Be the instrument of blessing for others, anonymously if possible. Notice your faith strengthen.

• **Love rather than merely care.** Caring is emotional, finite, and comes with strings attached. Love is spiritual, infinite, and offered unconditionally. Patients can tell the difference.

Your practice won't grow until you do. As you become "weller," you vibrate at a higher frequency. And, out of your abundance, you can lead and inspire patients to greater heights.

Heal yourself. Isn't that why you became a chiropractor in the first place?

William D. Esteb is the creative director for Patient Media, which provides patient-education tools for chiropractors. He is also the facilitator for The Conversation, a 30-day program to identify and remove blockages to personal and practice growth. He can be contacted by e-mail at bill@patientmedia.com or through the Web site, www.patientmedia.com.

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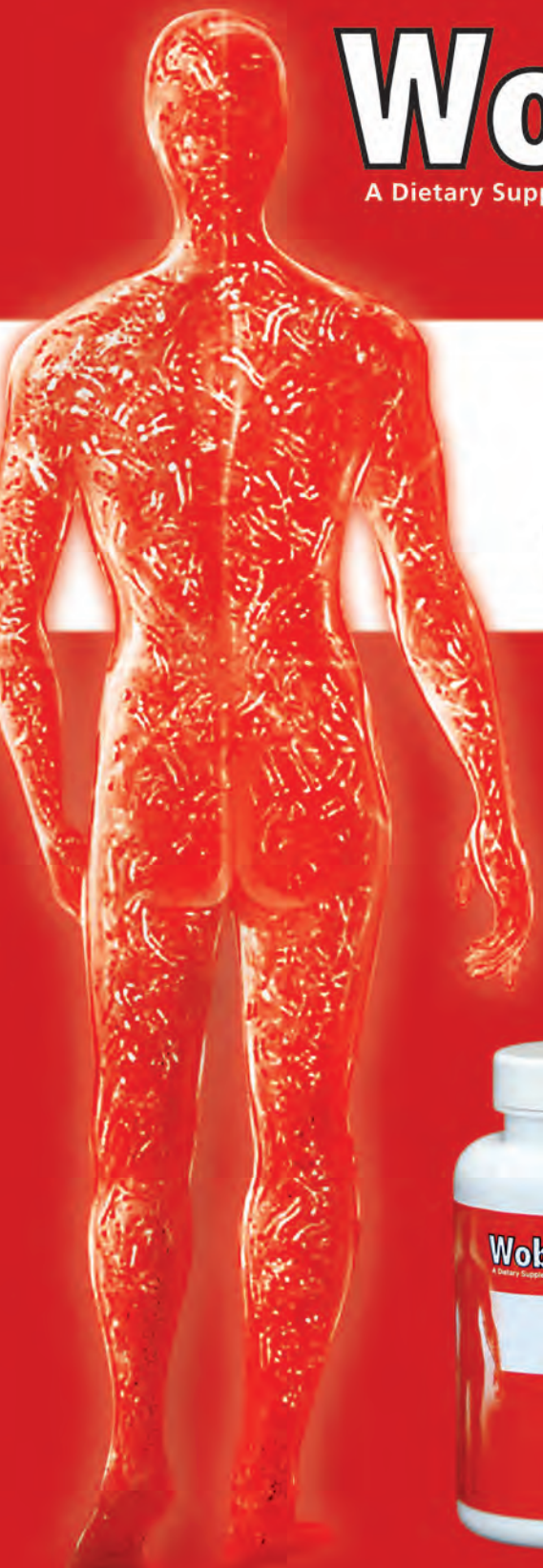

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Success begins with a good self-image

By Larry Markson, DC

It is no exaggeration to say with absolute certainty that a positive self-image is the best preparation for success in your career, as well as in your life.

Most psychologists identify low self-esteem as the root cause of failure and mediocrity.

THE CORE OF YOUR PERSONALITY

Your self-image (the way you see yourself) is the very core of your personality, and it determines more about you than any other single factor affecting your practice or personal life.

Why is the mental picture you have of yourself so crucial in determining how far you will go in your life or career? It's because self-esteem shapes the choices you make — your choice of friends, location, technique, and even your choice of how you react to everything.

Self-esteem determines your attitude toward yourself and the people around you. Your capacity to grow and learn, your action steps, the appearance of your office, the staff you select, your fee structure, the amount of money you make, and even the amount of money you keep — all are affected by your mental self-image.

The way you see yourself has a profound impact on your family relationships, business relationships, and personal relationships, and, no doubt, those of you who enjoy the most successful practice and home life have the most confidence and best self-images.

Do you *really* like yourself? Before you jump to a quick answer, consider some facts. Professional counselors say most people quickly respond they like themselves, only to discover they really do not like themselves or are stuck with certain areas of their lives they don't like.

Liking yourself comes from high self-esteem. In fact, the inner force of self-esteem either propels a person to success and happiness, or drags that person down.

WHAT IS A POSITIVE SELF-IMAGE?

A positive self-image is not:

- **Self-centered egotism.** In fact, if you want a formula for failing and misery, the first ingredient is to think only of yourself. Those who think only of themselves and what they want find it hard to be happy with anything they get, and most of their personal relationships are frustrating and disappointing. Gaining the respect and cooperation of others is difficult at best.
- **Disdain for others.** Those who have strong, healthy self-images don't look down at others, tear others down, need to win or be right, and are rarely critical of others' achievements.
- **Personal complacency, laziness, procrastination,**

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and lying. These are traits of those who take little or no responsibility, or who make excuses, give alibis, use rationalizations, and always defend themselves.

A doctor, CA, or anyone else can never rise higher than self-image. You can only grow to the level of who you are inside your skin.

If you have a self-image of failure, you will find a way to fail, despite good intentions, skill, or opportunities dropped into your lap.

A good, positive self-image has these characteristics:

• **Accepting yourself as the person you are.** Total unconditional acceptance of yourself is the first step, not only in building a positive self-image, but in building your practice, marriage, and financial ability.

All of us have characteristics we don't like about ourselves, and they can be of one or two kinds: Physical characteristics we can do little about (such as how tall you are or the kind of nose you have), or emotional characteristics that are acquired or programmed into us (fear, anger, jealousy, poverty consciousness or lack, and limitation thinking).

Remember that nobody is perfect, but parts of you are excellent. Focus on the strong elements of your personality, body, and attitude, and you will have the basis of building a stronger self-image.

• **Not judging others.** Those who truly feel good about themselves don't compare themselves to others. Motivational speaker Zig Ziglar writes in *See You at the Top* that winners compare their achievements to their goals, and losers compare their achievements to others. Those who have a positive self-image generally like and trust others and are thrilled to see them win.

• **A willingness to risk.** Even a lobster has to shed its shell and grow a new one if it is to grow. The process of growing and learning *always* involves risk, and those who are not growing are afraid to risk or change, even though they say they want to achieve more happiness or success. They are afraid to make mistakes, so they don't take any chances.

• **Finding positive ways to express individuality.** People with a strong self-image are satisfied to be themselves regardless of what anyone thinks about them. They select their manner of dress, style of practice, and personal lives. They do not let another person, circumstance, or event determine *who they are* or how they should feel.

• **Being self-reliant.** Winners know "the buck stops here," and they accept responsibility for their actions and results. They completely understand they cannot blame their troubles or shortcomings on any other person, circumstance, or system.

They look within for answers about how things got to be as they are and how they can be changed for the better. You won't find them fixing blame, taking credit, or insisting on being right. They just set a goal, tell themselves something, and do it. Their entire attitude says *"I can, and I will."*

A GOOD SELF-IMAGE EQUALS SUCCESS

A good definition of success is, "Finding and doing, to the best of your ability, in each moment of your life, what you enjoy doing the most, what you can do the best, and what has the greatest possibility of providing the means to live, as you would like to live in relation to yourself and all the people you value."

A strong positive self-image can give you the character to face any obstacle that stands in your way. With high self-esteem, you can meet the most disappointing and discouraging situations with faith, hope, courage, guts, tenacity, and audacity.

HOW TO GROW A HEALTHY SELF-ESTEEM

How do you grow a healthy self-esteem? Here are some pointers:

1. Accept yourself as you are.
2. Stop saying mean and ugly things about yourself.
3. Set future goals and affirm daily.
4. Work on things you need to change and all bad habits that rob you of self-respect.
5. Act as if you have a positive mental attitude.
6. Seek out positive self-image coaches.
7. Become self-reliant.
8. Start giving love, acceptance, appreciation, recognition, and approval to others.
9. Make a list of all victories and successful experiences.
10. Prepare yourself for the task.
11. Plan your time
12. Stop talking and start listening.

Winners are made, not born. The primary difference between winners and losers is attitude. Winners set goals and losers make excuses. One of the most important parts of a winner's attitude is a strong, positive self-image — a firm belief that you have value as a person.

If you believe you have value as a person, enjoy the success you achieve, like yourself, believe in your abilities, and are willing to risk loving yourself and others, you are on your way to winning. CE

Larry Markson, DC, co-founded The Masters Circle and is the founder and principal of LTM Consulting Inc. He can be reached at 561-995-0946 or by e-mail at larry@ltmconsulting.net.

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ESTATE PLANNING

Use 'preventive medicine' to avoid 2 costly mistakes

By David B. Mandell, JD, MBA, and Jason O'Dell

Like many successful people, chiropractors are often so busy dealing with their practices and personal lives that they never take the time to deal with the important challenge of creating a tax-wise estate plan for their families.

And, unfortunately, they often make two significant mistakes when creating (or ignoring) their family's estate plan. These mistakes can be avoided, however, with proper planning.

Mistake 1: Losing half of life-insurance proceeds to taxes. Many people think proceeds from life insurance are estate-tax exempt. Wrong! The proceeds are *income-tax exempt*, but are subject to federal and state estate taxes.

Federal estate taxes are levied at a rate of 46 percent on estate assets in excess of $2 million. Many states have state estate taxes of another 16 percent.

Solution: Set up an irrevocable life-insurance trust (ILIT). An ILIT is simply an irrevocable trust that owns a life-insurance policy. The ILIT can save you estate taxes because it, rather than you personally, owns the life insurance policy.

Because the policy is not owned in your name, the policy proceeds will not be part of your net estate when you die (as long as you survive three years from the transfer to the trust). Thus, the proceeds will not be subject to the estate tax.

This can save your family a great deal of money.

The ILIT also gives you much more control of what happens to the policy proceeds than you would get from a bare insurance policy. With an insurance policy alone, your only decision is to whom you will leave the proceeds (the beneficiaries) — the insurance company simply pays these people when you die.

With an ILIT, on the other hand, you can control not only who gets the proceeds, but what happens to the funds when you die. You can have the trustee pay the beneficiaries directly or pay them during a period of months or years.

You can incorporate spendthrift provisions and anti-alienation provisions to protect against your beneficiaries'

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Mistakes, solutions, and costs

Mistakes	Desired Benefit	Tool	Cost
Allowing life insurance to be estate-taxed	Proceeds are estate-tax exempt	ILIT	$2,000-$4,000
Leaving too much value in taxable estate	Remove value from the estate while keeping control	FLP, FLLC	$3,000 or more

financial problems or their spouse's financial woes. In fact, an ILIT gives you all of the benefits of a trust arrangement — while allowing you to provide for your family just as you would with a bare insurance policy.

Of course, an ILIT has a significant drawback: Once a cash-value policy is transferred to a trust, you no longer have access to the cash value.

Note: If you have already purchased a life insurance policy or are presently making payments on an existing policy, it is not too late to transfer the policy to an ILIT. You may experience some gift-tax issues associated with this maneuver, but they are likely to be minor compared to the potential tax savings your family could ultimately enjoy.

Mistake 2: Leaving property to the IRS. While no one intentionally leaves property to the IRS, this can happen if you have not implemented a gifting program during your lifetime.

Simply put, after the exemption amount, any property not given away "in title" during your lifetime will likely be taken in part by Uncle Sam.

Solution: To prevent giving property to the IRS, in addition to implementing an ILIT, gift property to family members.

When you gift property, you do not necessarily have to give up control of its underlying assets. Instead, you can use legal entities to remove asset values from your estate, while maintaining 100 percent control of the assets during your lifetime.

Through such entities as family limited partnerships (FLPs) and family limited liability companies (FLLCs), you can share ownership with family members yet maintain control. In this strategy, you and your spouse gift ownership interests to children throughout a period of time (using your combined annual $22,000 per donee gift-tax exclusions). This removes those interests from your estates for tax purposes.

As long as you and your spouse are the FLP general partners or FLLC managers, you will maintain control of the underlying assets.

Many otherwise-sophisticated clients put their families in an estate-planning mess because of these mistakes. Clients with larger estates have even more potential pitfalls to avoid in their planning. CE

Case study: How gifting an FLP works

Robert Jones, a 63-year-old retired chiropractor, owned nearly $3.1 million. (His exemption was $1.1 million short of his assets.)

He set up an FLP (family limited partnership) to own the real estate, naming himself the sole general partner. He initially owned 95 percent of the partnership interest and gifted 1 percent to each of his five grandchildren. Since each 1 percent was worth approximately $11,000, the gifts to the grandchildren were tax-exempt.

(*Note:* A common practice known as "discounting" may allow you to gift up to $15,000 per year to each child or grandchild — $30,000 per year if you are married — without having to pay any gift taxes.)

Robert can continue to gift each grandchild $11,000 in FLP interests each year, completely tax-exempt. If Robert lives to age 75, he will give $660,000 in FLP interests to his grandchildren ($132,000 each) tax-exempt. This $660,000 will no longer be in his estate, and will not be subject to estate tax.

Because Robert's other assets put him in a combined state and federal 50 percent estate-tax bracket, his tax savings, using the FLP, will be $330,000 (50 percent x $660,000). Because he is the FLP's sole general partner, Robert completely controls the real estate and can distribute the income to himself or sell some of the properties for his expenses.

In this hypothetical example, Robert maintains control of his assets for his lifetime, pays less estate tax, and also provides more for his grandchildren.

David B. Mandell, JD, MBA, is an attorney, lecturer, and author of the books The Doctor's Wealth Protection Guide *and* Wealth Protection, MD. *Jason O'Dell is a financial consultant and author of* Financial Planning for Physicians: Strategies for Saving Money and Securing your Financial Future. *They can be reached at 800-554-7233 or through the Web site, www.ojmgroup.com.*

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An Open Letter to All Chiropractors

Dear Doctor:

If you're a chiropractor, then you've felt what we've felt – you want to help people and build a good practice, but there are many challenges, like public misunderstanding, difficulties with third party payers, financial pressures, and a deep concern that your patients are only partially understanding your message. We know, because we've been there too.

Yet, for the first time ever, the marketplace is responding to a concept that doctors of chiropractic have believed in for over a hundred years – the concept of wellness.

The belief that health comes from inside and occurs naturally with healthy lifestyle choices is an idea whose time has come, and no one is in a better position to lead the field than we are.

Chiropractors must learn to put their differences aside and work together to promote this message of wholeness and healing, and if you agree, there are some wonderful opportunities for you to connect with people of like mind to advance this important doctrine in this critical time.

For years, The Masters Circle has been a strong voice for professional unity, building prosperous and committed chiropractors with our Identity-Based approach, helping you develop as a person and as a professional. Through world class seminars and coaching, you learn potent strategies of new patient attraction and patient education, and establish effective business and financial policies and procedures that are fair to your patients and compensate you properly for your excellent service.

You are invited to participate however you like – attend a seminar, buy a copy of our national bestseller "Discover Wellness," join as a full member with coaching and seminar privileges, or just watch our seminars on TMCtv – one way or another, you will find that engaging and becoming part of a community of success-oriented, philosophically sound and dedicated chiropractors will be good for you on many levels.

If you're like most chiropractors, you want to educate people about the miraculous benefits of chiropractic, and welcome them into your practice and into the world of health and wellness. There has never been a better time to be a chiropractor -- please do us the honor of asking us what The Masters Circle can do for you. With our commitment to unify our profession and raise the standards and consciousness of chiropractors worldwide, we look forward to serving you.

Yours for a healthier world,

Bob Hoffman, DC
Dennis Perman, DC
For The Masters Circle

PS You may be a new practitioner or a veteran, with a substantial practice or a modest one -- no matter what kind of chiropractor you are, if you want to get to the next level and you could use some help, let The Masters Circle surround you with a full complement of expert resources to help you master your practice.

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E-filing: A time-saving option

By Mark E. Battersby

The Internal Revenue Service (IRS) is trying very, very hard to convince everyone to file income tax returns electronically.

In January 2005, the IRS began requiring large and mid-size corporations (those having assets of $10 million or more and filing at least 250 returns annually) to file their forms 1120 and 1120S — the basic tax returns for incorporated businesses and those operating as S-corporations — electronically. The White House is pushing to expand the IRS's authority to require more businesses and exempt organizations to file their returns electronically, in an effort to bring the IRS closer to achieving its goal of having 80 percent of all returns filed electronically.

Electronic filing is a method by which qualified filers transmit tax-return information directly to an IRS Service Center via telephone lines in the format of official IRS forms. The IRS e-file program allows taxpayers to file tax returns through an electronic return originator or by using a personal computer, modem, and commercial tax preparation software. Your practice's tax advisor, CPA, or bookkeeper can also utilize the e-file program and electronically file tax returns.

In most states, your practice can file an electronic state tax return simultaneously with its federal return. Other state tax authorities actively encourage electronic filing of required state forms and reports, although few require electronic filing.

PAYING ELECTRONICALLY

When your practice (or you) e-files federal tax returns, you can, at the same time, authorize payment via electronic funds withdrawal from a checking or savings account, by credit card, or by enrolling in the government's Electronic Federal Tax Payment System (EFTPS).

Naturally, using credit cards to make payments of taxes incurs fees and interest costs. Credit cards do, however, offer an option, albeit an expensive one, for payment of taxes. Regular Federal Tax Deposits (FTDs) cannot be paid by credit card.

Electronic payment can be made for the following types of taxes:

- Form 1040 series (federal income tax);
- Form 4868 (extension for filing individual taxes);
- Form 940 (unemployment tax);
- Form 941 (quarterly employment taxes);
- Form 1041 (estates and trusts);
- Forms 1120, 1120S, and 1120 POL (corporate taxes); and
- Form 7004 (extensions for corporate taxes).

The IRS's path to electronic filing has not been without its fair share of stumbling blocks. During the 2006 filing "season," the IRS experienced processing problems and was forced to offer temporary exemptions to large companies and tax-exempt organizations subject to mandatory e-filing.

Why file electronically?

Electronic filing is mandatory for large companies, but it also has benefits for small companies:

- It is quick;
- It boasts a 99 percent accuracy rate;
- It is smart. The IRS acknowledges receipt of an electronically filed return within 48 hours; and
- It does not increase your chances of an audit.

The IRS clearly wants all businesses to "go electronic," at least for filing and, in some cases, paying their taxes. Whether your practice relies on a tax professional or handles its own taxes, the IRS offers convenient programs to make going electronic easy. Will your chiropractic practice reap the benefits of "going electronic"?

For additional information about e-filing, visit the IRS's Web site, www.irs.gov.

To enroll in EFTPS, visit www.eftps.gov or phone EFTPS customer service at 800-555-4477. CE

Mark E. Battersby is a tax and financial advisor, freelance writer, lecturer, and author with offices in suburban Philadelphia. He can be contacted at 610-789-2480.

DISCLAIMER: The author is not engaged in rendering tax, legal, or accounting advice. Please consult your professional advisor about issues related to your practice.

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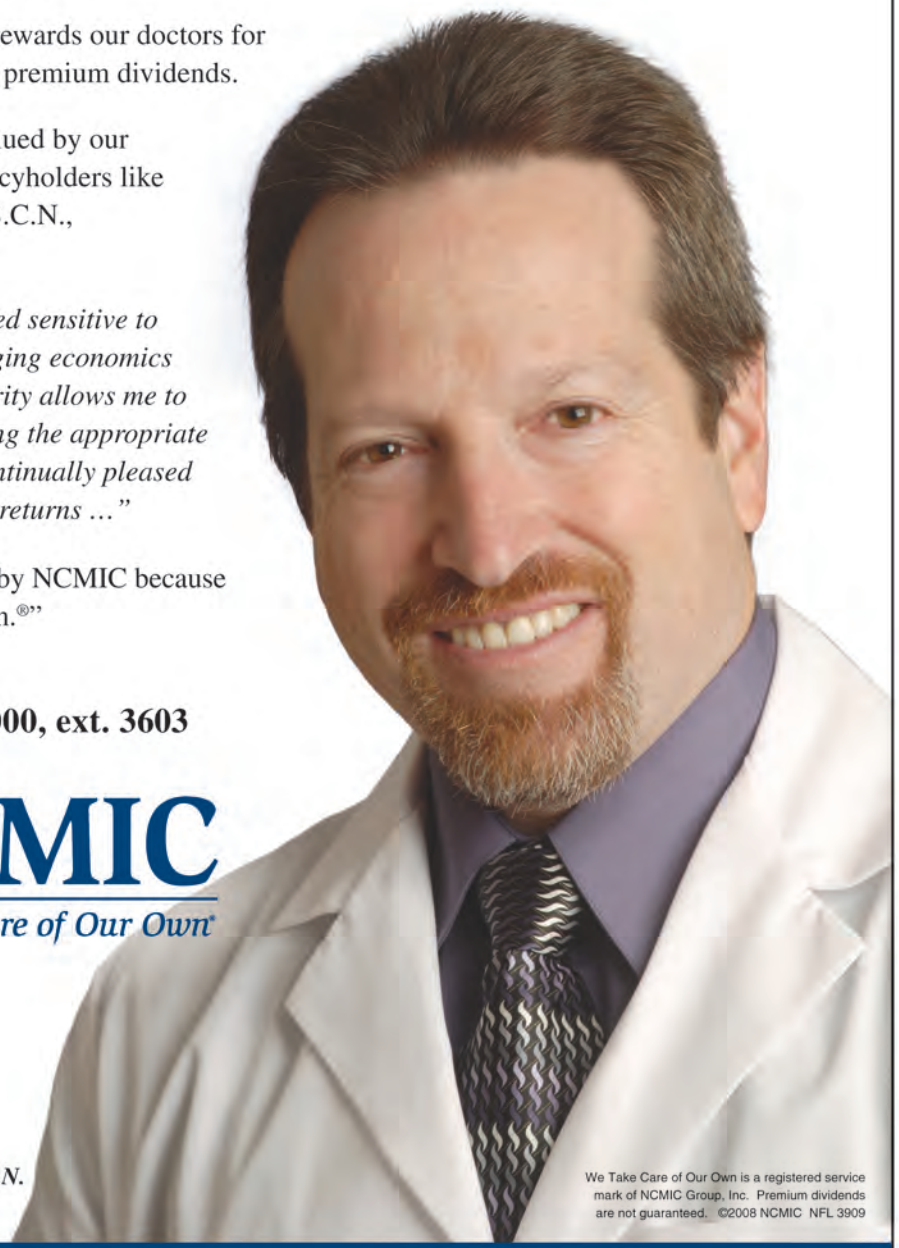

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Chiropractic Economics is pleased to present the profession's most comprehensive Insurance Services Directory. The information in the resource guide was obtained from questionnaires completed by the listed companies. Companies highlighted in RED have an advertisement in this issue.

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What Doctors are Saying

This is the first time that the entire field of chiropractic made sense!... If you want to truly explode your practice, this provides a vehicle for you. B. Landsman, DC

If you see chronic subluxation patterns, you need to learn Zone Therapy.... It fits into any practice style and only enhances every aspect of your and your patients' lives. R. Festa, DC

What started out as a class to obtain chiropractic re-licensing hours turned out to be an amazing discovery!... For 10 years I adjusted body alone and saw a few "miracle" cases, but with Concept-Therapy and Zone Healing, I get to witness outrageous improvements in people with all kinds of illnesses almost every day. B. Lewis, DC

What Patients are Saying

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I [went] off the birth control pill and consequently I hadn't gotten my period in 3 months. On my first visit, [the Zone Doctor] checked my Zones, adjusted me, and the next day I got my period—and I've been on a 28-day cycle for the last 2½ years. When I tell the story, people usually have the same reaction: their chins drop to the floor.... But it's true. SG

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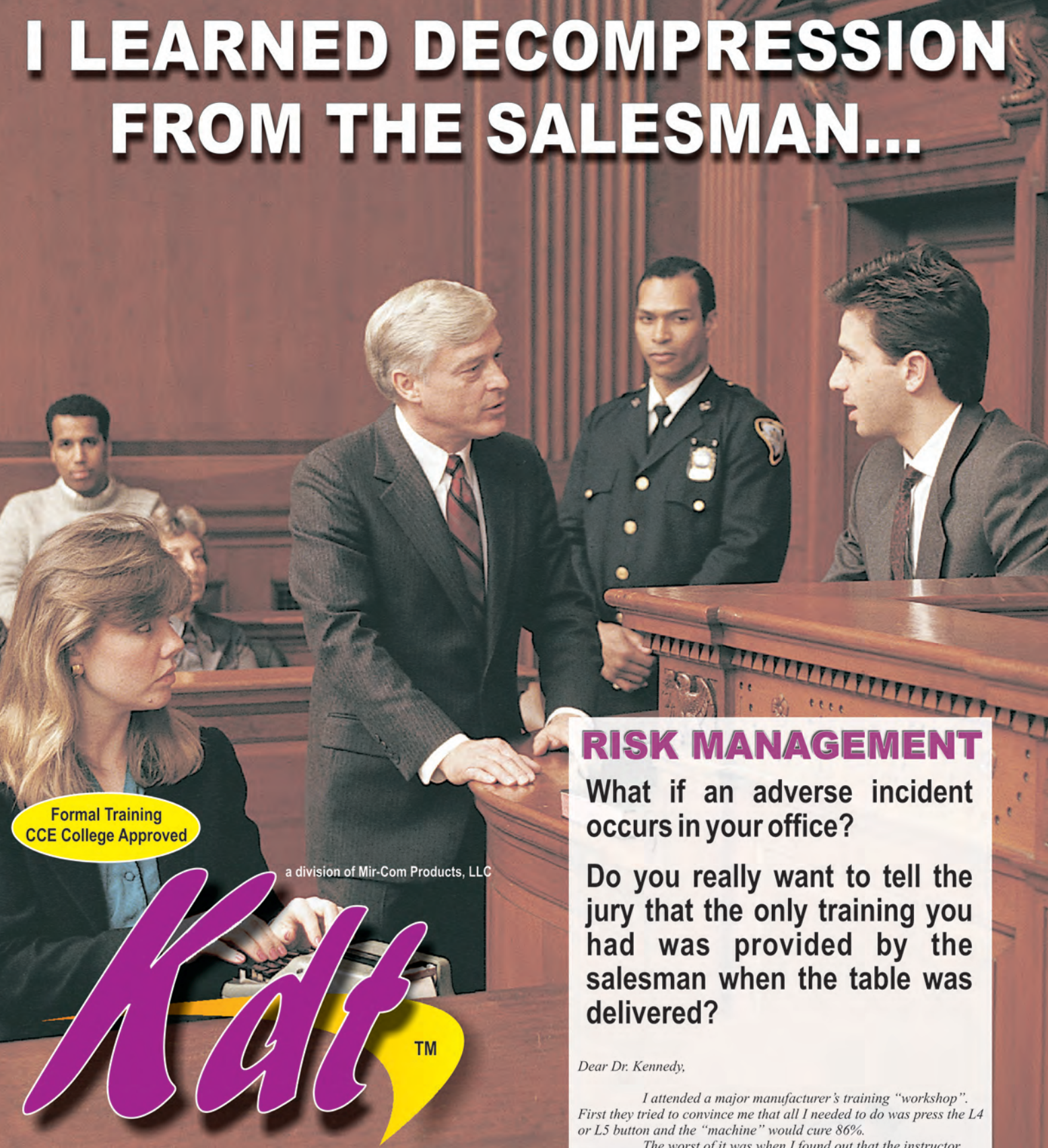

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Dr. Tyler, PA

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7 tips to help you protect patient privacy

By Jacqueline Klosek

Chiropractic professionals and other individuals and organizations that collect, store, and use personal data in any capacity are facing challenging times.

Given stringent legal and regulatory obligations existing under HIPAA and other health-privacy legislation, you and other healthcare professionals have long recognized the importance of maintaining the privacy of health information. Even prior to the enactment of HIPAA, health professionals had legal obligations to protect patient privacy.

However, privacy is getting tougher to maintain, and consumers are expecting more guarantees from those in which they entrust their most private information.

As a result, it's now more important than ever to have a solid, proactive privacy strategy. Yet few organizations actually do. Anecdotal evidence suggests many organizations continue to take a reactive approach to privacy, choosing to direct their privacy strategy toward addressing specific requirements of laws and responding to actual breaches when they occur as required by law.

In addition, studies and surveys confirm that many organizations predominantly view privacy as a risk to be avoided rather than as an opportunity to build consumer trust. Organizations that take a more holistic, proactive approach to privacy are likely to reap the rewards, with increased patient confidence and trust.

While there is no one-size-fits-all approach to adopting a privacy strategy, certain key steps apply to all organizations. The following recommendations are provided to guide practitioners through a checkup of their information privacy and security programs.

1. Conduct an initial and ongoing internal audit. Before an organization can provide its patients with useful information about its privacy policies and practices, it must first understand what they are.

To do this, conduct an internal audit to identify what data you are collecting, how you are using that data, with whom you are sharing that data, and how you are protecting that data.

Once you complete the initial audit, conduct additional compliance audits each 90 days to ensure compliance with law and your internal policies and procedures.

2. Develop a privacy policy. Once you have clarified your organization's policies and plans for collecting and using patient data, develop and communicate formal policies internally and externally.

CONTINUED ➤

Breaking privacy rules hurts financially

A recent decision by the Appellate Division of the New York Supreme Court upheld a jury award of punitive damages for unintentional privacy breaches.

The case emphasizes the importance of employee training and also serves as a warning flag: The decision showed that failure to implement and maintain appropriate policies for the handling of personal data may result in liability for the company.

In this case, the court ruled in a 3-2 decision that punitive damages can be awarded for a grossly negligent breach of confidential medical information even if the breach was the result of negligence, and not intentional or malicious.

The court upheld the jury's award of $365,000 ($65,000 in compensatory emotional distress damages and $300,000 in punitive damages) despite acknowledging that the defendant had acted in good faith and without malice or intent to violate the plaintiff's privacy rights.

What happened

The plaintiff underwent an abortion at the defendant's surgery center. When filling out a preoperative questionnaire, the plaintiff included her home telephone number, but then crossed it out.

Because the plaintiff lived with her parents and did not want them to know of the procedure, she gave specific instruction to call her cell phone number only. However, administrative personnel at the surgery center generated patient file labels for the plaintiff with her home number.

Later, a nurse at the center called the plaintiff's home number to follow up on certain lab tests. Despite realizing she was speaking with the plaintiff's mother, and not the plaintiff, the nurse proceeded to discuss the plaintiff's condition in a manner that made it apparent the plaintiff had undergone an abortion procedure.

The court found that although the defendant did not act in bad faith, the actions of the center and its personnel rose to the level of recklessness and gross negligence. The court specifically pointed to the fact that the center had no written policy for protection of the patient's right to privacy and confidentiality.

The decision in this case is a reminder that organizations must not only develop privacy and personal data-protection policies and procedures, they must also ensure personnel are consistently implementing and following these policies and procedures.

For covered entities, it is important to note that providers must have documented policies and practices clearly stating patient privacy and protected health information security. Patients must receive policies regarding consent, authorization, disclosure, and rights.

While HIPAA dictates much of what is to be included in a privacy policy, it will be essential to ensure that implemented policies reflect accurately what your organization does and will do with respect to patient information.

3. Be prepared for the inevitable. It is essential to think ahead and anticipate the unforeseen, including the potential that you could face a government subpoena demanding patient information.

By understanding this may occur, you can prepare policies in order to set patients' expectations regarding the privacy of their personal information. This may help you avoid making a strong privacy promise to consumers that changing circumstances may not allow them to maintain.

4. Give your patients control of their information. Organizations subject to HIPAA have legal obligations to obtain consent prior to certain processing activities, including most third-party disclosures of information.

With few exceptions, a patient's data should be used for health purposes only, including treatment and payment. In addition, specific patient consent must be sought and obtained prior to engaging in any nonroutine uses and most nonhealthcare purposes, such as releasing information to financial institutions determining mortgages and other loans, or selling mailing lists to interested parties, such as life insurers.

Patients have the right to request restrictions on the uses and disclosures of their information.

It is extremely important to understand the circumstances under which consents must be obtained and have processes in place to ensure that requisite consents are in place before transfers are made. In addition, it is important to note that patient authorization to disclose information must meet specific requirements.

Establish and implement an effective disclosure-tracking mechanism. Long-term compliance with accounting of disclosure provisions will be possible if disclosure of protected health information is recorded on a regular basis.

5. Conduct due-diligence when sharing data. When you share patient data with third parties, you

rely on that third party to do its part to allow you to maintain promises you have made to your patients.

Because one false move by a contracted third party can do immeasurable damage to the trust and goodwill you have established with your patients, conduct proper due-diligence on all third parties with whom you may share data. Examine the third-party service provider's experience with privacy and data security and investigate any privacy complaints the service provider has faced.

Of course, subject to very limited exceptions, organizations subject to HIPAA are required to have business-associate agreements in place with such third parties. These are important, but they are not sufficient and should be augmented with the due-diligence procedures.

6. Invest in security. You cannot protect the privacy of information if the security of the information is not protected.

Consequently, organizations must integrate technical, administrative, and procedural safeguards into their overall privacy strategy. The security program should, of course, meet all requirements of HIPAA and cover all security vulnerabilities by installing needed measures to protect data confidentiality.

7. Train, train, train. The extreme importance of training cannot be overemphasized. Many of the most high-profile and damaging data breaches have been a result of relatively simple employee errors. Regular, consistent, comprehensive training is fundamental to true data privacy and security.

The tips presented in this brief summary are intended to serve as a starting point for you to begin a review and revision of your internal policies and practices. The challenges of protecting the privacy of customer data will continue to expand and increase.

Of course, if you violate HIPAA, you become exposed to civil and/or criminal prosecution, which may, in turn, result in large monetary penalties and possible imprisonment.

Successful organizations view privacy issues beyond the confines of specific legal requirements and as a tool for building loyalty, trust, and goodwill with their patients and customers. Organizations that prepare for and address these privacy challenges in a proactive and holistic manner are likely to be viewed most favorably.

Jacqueline Klosek is a senior counsel in the business-law department of Goodwin Procter LLP, where she practices in the intellectual property practice area. The author of two books, The Legal Guide to e-Business *and* Data Privacy in the Information Age*, she can be reached by e-mail at JKlosek@goodwinprocter.com or through the Web site, www.jacquelineklosek.com.*

The importance of taking a good history

By Stuart E. Hoffman, DC, FICA

On Jan. 17, the patient, a 64-year-old male, presented to Dr. Brown complaining of pain in his shoulders and back.

Dr. Brown was filling in for another chiropractor, Dr. Red, at the Chiropractic Center.

Dr. Brown took x-rays of the patient's cervical spine, but was unable to take an x-ray of the thoracic spine due to the patient's size. Dr. Brown also took a medical history, which included prostate cancer diagnosed four years earlier, but did not ask questions about the cancer treatment.

Dr. Brown opined there were subluxations in the upper thoracic region. He then performed adjustments of the patient's cervical and lumbar spine on nine occasions from Feb. 1 through Feb. 27, but never adjusted the patient's thoracic area.

At 9 a.m. on March 11, the patient came to Dr. Brown with severe back pain. Dr. Brown examined the patient and opined his C-5 vertebrae subluxated. He administered a supine cervical adjustment to the C-5 through T-2 region and used an activator on the T-1 through T-3 area.

Soon after going home, the patient lost feeling in his legs and called Dr. Brown, who told the patient to come back to the office, call 911, or put ice on his back and wait and see.

At 1:30 p.m., the patient's wife came home from work and put ice on his back. At Dr. Brown's request, Dr. Red then called the patient and recommended putting more ice on his back or taking him to the hospital.

The patient's wife called the paramedics at 2 p.m., and the patient was taken to the local hospital. A CT (computed tomography) scan confirmed the patient had a cancerous mass (metastatic carcinoma) in the thoracic (T2-T3) region with rear impingement on the spinal cord.

Surgery was required to remove the mass and an emergency bilateral laminectomy had to be performed from T1 to T3 to relieve the compression. The patient remained in the hospital for four weeks and was left paralyzed from the waist down after the surgery. Rehabilitation was unsuccessful.

Chemotherapy was also unsuccessful due to the development of blood clots. The patient was admitted to a nursing home for two months and then remained home until the time of his death, which occurred 18 months after the surgery.

All medical expenses were paid by insurance.

WHO WAS AT FAULT?

The defense asked a number of chiropractors to review the case. All gave negative reviews and were unable to support the treatment rendered by the defendant, Dr. Brown.

Each expert opined Dr. Brown did not obtain an adequate history of the patient's prostate cancer, nor obtain a full set of x-rays. While it was noted the x-rays could not be completed due to the patient's size, the experts were of the opinion the patient should have been referred to a facility that could accommodate him.

The case was also reviewed by an oncologist, who could not provide a favorable review for Dr. Brown.

The experts also believed the adjustments performed by Dr. Brown were the cause of the resulting paralysis, even though paralysis was not present before surgery. Specifically, the adjustment performed by Dr. Brown on March 11 caused rear impingement of the spinal cord, which necessitated the need for the bilateral laminectomy, and the subsequent paralysis.

Although the patient would have needed surgery to remove the tumor, had Dr. Brown performed a more complete initial examination and referred the patient to his treating oncologist, the paralysis would been avoidable because there would have been no compression.

Moreover, once Dr. Brown caused the compression, there was very little that could have been done to prevent the paralysis.

Additionally, it was determined that Dr. Red contributed negligence for his role in providing instructions to the patient following the incident.

This case was brought in a difficult venue for the defense, and defense counsel estimated the chance of a defense verdict at less than 25 percent. A verdict search of similar

matters showed verdicts of $1 million. This matter was ultimately settled for the defendant's policy limits.

Stuart E. Hoffman, DC, FICA, is the president of ChiroSecure. He is an experienced chiropractor and licensed insurance broker who advises based on his knowledge of both the insurance world and the chiropractic world. He can be contacted at 866-802-4476 or through the Web site, www.chirosecure.com.

Quick Tip

Create a great practice

- **Pay a premium price.** Pay 5 percent to 10 percent more than other healthcare providers in your area.
- **Provide creative benefits and incentives.** Let your staff members create their own incentive program.
- **Train rigorously.** Develop a staff handbook and train employees on using it.
- **Train periodically.** Take your staff to a seminar once a year.
- **Empower your staff.** Let them make decisions when dealing with patients, as long as they stay within legal and ethical boundaries.

— Jean Murry, MBA, PhD, www.dcpracticesuccess.com

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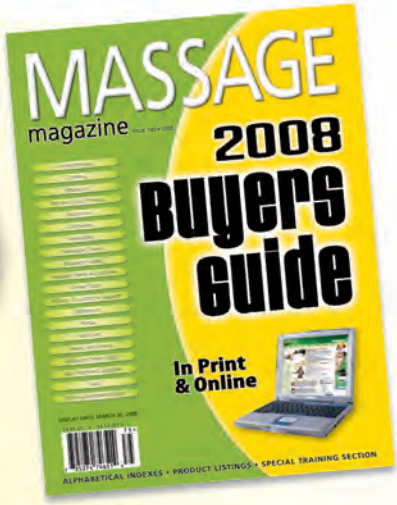

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How to deal with denials

By Steven Conway, DC, DACBOH, JD

Q *I received yet another denial from an insurance company. Is there a way to get a successful reversal of these denials?*

A Insurance denials are frustrating. It is not the stimulus from the insurance company, but the doctor's response that is key to a successful reversal of a denied claim.

Responding to an insurance denial should be an unemotional systematic process based on the review of three key areas: Errors in the facts, reference check, and errors in opinions.

• **Errors in the facts.** One of the first things you should do when you receive an insurance denial is read each section and outline the errors in the facts in the report. The errors can be of multiple different levels and types, from a wrong address of a patient to having a different patient's name in the middle of the report.

The most common errors found are wrong names, addresses, dates of service, tests performed, misspelled words, and codes. Others include misquoting patient statements or stating specific documentation that was not included. You should also examine the reviewed documentation list to ensure the reviewer received the entire file and not just isolated parts from the insurance company.

List each error in order of importance with errors, such as a wrong patient name, at the top of the list and others, such as misspelled words, toward the bottom.

• **Reference check.** The report generally contains pages of references the reviewer feels support his or her opinion; however, you should actually get each reference and read it.

Sometimes the references are more show for the report than actual support of any opinion, or the references are

macros the reviewer uses on all of his/her reports regardless of the type of claim. You can use this information in many of your responses with success.

• **Errors in opinions.** This is not a difference in opinion, but finding errors in the opinion. You want to find all of the facts in the documentation that contradict the reviewer's opinion.

For example: If the reviewer opined in his report that all care after Sept. 24, 2007, should be denied because the patient did not receive home exercises in his treatment program — which would have decreased the reliance on the passive care provided by the provider — but the patient actually *did* receive an exercise program, you will want to state the opinion and the reference in the documentation that contradicts the reviewer's statement.

A similar error occurs when the reviewer takes information out of context, such as noting one subjective comment by the patient on a specific date of "feeling great" and determining all care after that point is not medically necessary. The appropriate response is to list surrounding subjective and objective documentation that, again, contradicts the reviewer's opinion.

Another common error is the use of generalized macros. You should keep a collection of previous reviews and wherever you see the "macro," point it out in a fashion in the response that lets the insurer know you knew what it was, thereby decreasing its validity.

When it comes to a reversal of a denied claim, what you are dealing with is credibility. If you fill your response with emotion and threats, you lower your credibility. If, however, you base your response upon systematic factual analysis of the reviewer's opinion that contains point-by-point contradictions, you greatly elevate your credibility and your response will have a greater chance of winning.

Steve Conway, DC, DACBOH, JD, is a partner in True North Chiropractic Consultants LLC, which provides guidance and ethical solutions to the barriers found in chiropractic practices. He can be reached by e-mail at chirolaw@aol.com or through the Web site, truenorthchiropracticconsultants.com.

Finding collateral for your startup

Often a new graduate heads to a bank with his business plan in hand and very little else.

After many years of school, it is understandable that he would not have much in the way of savings or assets. Nevertheless, banks expect a business owner to contribute to the new business in the form of collateral.

Collateral is simply an asset (something with measurable value) you can use or pledge to help with startup costs and "secure" the loan. Some banks will give an unsecured loan if you have a fantastic credit rating (usually more than 700), but those are few and far between.

Secured loans (those secured with collateral) have lower interest rates than unsecured loans, and some banks won't lend to startups without collateral, so you'll need to think about what you can use for this purpose.

To get an idea of what you might have available, begin by creating a personal financial statement, which lists all of your personal assets and liabilities. List your assets and liabilities at their current market value. You can use the U.S. Small Business Administration's (SBA) personal financial statement (online at www.ChiroEco.com/sbaform) as a template.

Here are some examples:

• **Personal auto.** If you have a car with a $5,000 value and owe nothing on it, you could refinance the car to get cash for your business loan.

• **House.** If you have a home, you can use the equity (your ownership) as collateral. In some cases, you could get a second mortgage for this purpose or to finance the startup.

One bank wanted a young DC to collateralize her $80,000 loan with her $80,000 equity from her home. In this case, it might be easier for her to take out a second mortgage for $80,000 and use it to start the practice. Mortgage loans often have lower interest rates than business loans.

• **Equipment.** Equipment already purchased for your practice might also be used as collateral. In most cases, the bank will allow only a small amount of the purchase price, unless purchased new, because used equipment is difficult to sell. Banks prefer cash.

• **Additional assets.** Other assets you could use are stocks, bonds, mutual funds, and CDs. The bank will need to confirm the market value of the asset, but you don't have to sell it in order to use it as collateral.

Money given to you as a gift or private loan from friends and relatives is a good source of collateral, if you can find a kind friend or relative to help.

Don't use a large cash advance from your credit card as collateral; this transaction might backfire if the bank sees the transaction.

In general, the more liquid the asset you use for collateral, the better. Cash is the most liquid asset, followed by CDs, then stocks and bonds, and then a tangible asset that can be sold quickly.

Put everything together and take it to the bank with your great business plan. If you are still turned down, consider other alternatives. CE

You can find more tips on buying your first practice at www.ChiroEco.com/roadmap.

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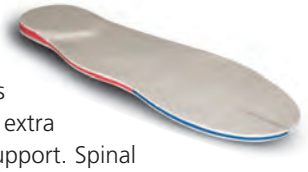

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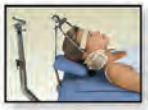
See the Video!

DECOMPRESSION?

Anatomotor with Traction.



The Anatomotor has full intermittent or constant traction capabilities. Ask for a **FREE VIDEO** demonstrating true, long axis traction with massage.

under $4450
with full traction and options

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Our Manual Flexion Table

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with lateral and long axis movement and occipital strap

Auto-Flex Motorized Flexion

Adjust speed, depth and number of cycles with table in motion.

A-F-T

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A strictly automatic flexion table. Not available with manual flexion.

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Variable Speed Motorized Flexion featuring the Flexion Control Panel

Allows you to set the flexion speed from 1 to 28 rpm. A selector switch permits the choice of stopping the table in a horizontal position or at any angle.

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- Tilting Headpiece
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