

OUR 17TH ANNUAL FEES & REIMBURSEMENTS SURVEY

Hanging in the balance

The idea of a more stable financial future is no longer just a prospect in the chiropractic industry. With unwavering reimbursements for the first time since 2009, our survey shows an era of increasing confidence has arrived.

BY CAROLINE FEENEY



THINKSTOCK

Over the last five years, glimpses of a brighter future emerged through the dark overhang of a crippling recession.

In the chiropractic business, indications of recovery were modest but steady: Although reimbursement rates took a significant hit in 2009, the losses reported were less extreme in the years proceeding 2011.

Last year, we described a post-recession reality that would continue to shape the healthcare landscape. The industry model as we once knew it showed signs of a permanent shift toward tighter budgets, higher standards, and smaller margins for error.

Now, the numbers from our 17th Annual Fees and Reimbursements survey demonstrate that, indeed, current reimbursement rates are likely here to stay. And the trend toward a stable future is no longer a prediction, but the current state of chiropractic.

This year, reported fees remained level with last year's, while reimburse-

ments rose slightly (by 0.5 percentage points). Although the numbers don't guarantee a massive upswing, the indication that reimbursement rates have entered a flat-line and even slight growth period is an encouraging break.

As you find sustainability in your practice, expect real challenges in the years ahead. Competition remains fierce, so seek opportunities to make your business stand out.

You may already be experiencing more precise documentation regulations, which could affect your fees and reimbursements sooner than you think. With regard to EHR software and ICD-10 coding preparation, position your practice for the highest chance of success by keeping up with compliance policies. Understanding the changes will mitigate risk and reduce the chance of a violation.

This year's survey will help you build on what you've learned from years past. Your only move in the altered financial climate is forward, but you operate in a time of relative calm after the storm. A fresh era lies ahead,

still hopeful and thriving. You might see yourself at the start of a new adventure, now set on an even keel.

Highlights

Here are some of the most critical takeaways from this year:

Gender patterns. This year's survey saw a significant number of female respondents (27 percent) up 1 percent from last year. Although it doesn't quite reach 2012's record high of 28 percent, the data shows that the number of women in the industry certainly isn't quavering. Women also saw a sharp increase in reimbursement rates this year. Compared to 2013's drop to 49 percent, this year women reported reimbursement rates of 64 percent, about 3 percentage points higher than their male counterparts.

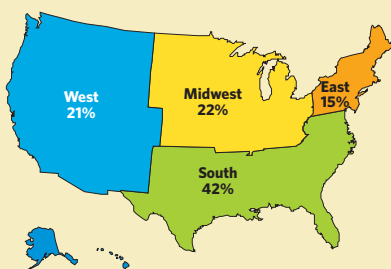
A decline in associates. The number of doctors who reported working as associates decreased for the first time in three years. Although nearly 7 percent of respondents said they

About this survey

Throughout August 2014, *Chiropractic Economics* extended an invitation by email to readers and other practicing chiropractors to complete a Web-based survey on fees and reimbursements.

We limited survey participants to practicing chiropractors or their designated office managers/CAs to assure accuracy of information.

Number of participants. This year the analysis is based on the answers of 326 respondents.



Regional distribution. Broken into four regions of the country, participants hailed from the South (42 percent), the Midwest (22 percent), the West (21 percent), and the East (15 percent). There were seven states not represented in this year's survey including: Alaska, Delaware, Mississippi, North Dakota, Rhode Island, South Dakota, and West Virginia.

Averages. Unless indicated otherwise, all numbers are given as mean averages.

Cash-only practices. Cash-only practices reported fees only.

The survey results are provided for informational purposes only. They are not intended to be used as a recommendation for setting fee levels.

Profile of Respondents

| | 2014 | 2013 | 2012 | | 2014 | 2013 | 2012 |
|---|-------|-------|-------|--------------------------------|--------|--------|--------|
| Personal characteristics | | | | Fees and reimbursements | | | |
| Male | 73.3% | 74.4% | 72.3% | Average fees | \$67.2 | \$67.0 | \$61.0 |
| Female | 26.7% | 25.6% | 27.7% | Average reimbursements | \$41.5 | \$41.0 | \$38.0 |
| Average age | 48.2 | 48.2 | 46.9 | Average reimbursements rate | 61.8% | 61.2% | 62.3% |
| Age range | 26-82 | 26-79 | 25-76 | Geographic location | | | |
| Average yrs in practice | 19.5 | 19.0 | 18.1 | Eastern region | 15.0% | 14.4% | 13.9% |
| Types of practice | | | | Southern region | 41.6% | 25.9% | 27.4% |
| Solo | 76.4% | 67.6% | 71.3% | Midwest region | 22.3% | 36.3% | 36.0% |
| Group | 22.4% | 26.1% | 23.5% | Western region | 21.0% | 19.4% | 22.4% |
| Associate | 1.2% | 6.3% | 5.2% | Outside U.S. | 0.01% | 4.0% | 0.3% |
| In a franchise operation | 6.6% | 4.8% | 4.3% | Licensure | | | |
| Integrated healthcare practice (DC+MD/DO) | 6.2% | 5.5% | 6.5% | One state | 80.9% | 71.3% | 80.1% |
| Cash-only practice | 19.1% | 11.9% | 16.8% | Two states | 13.9% | 19.9% | 12.7% |
| | | | | Three or more states | 5.2% | 8.8% | 7.2% |

practiced as an associate last year, only 1 percent reported as such this year.

A spike in cash. Last year, the data showed a hefty decline in cash-based practices to 12 percent. This year, that dip significantly reversed, with 19 percent of respondents operating in a cash-only capacity, a number consistent with previous years' growth in this area.

Cash-based practices saw an average fee of \$70, a 17 percent increase from last year. This growth means cash-only practices enjoy about a 65 percent advantage in collections when compared to average reimbursements.

Payment options. The number of DCs offering payment plans remained mostly unchanged from last year (59 percent in 2013 to 58 percent in 2014), though the most common options for patients shifted.

Major changes included the number of doctors offering prepayment plans increasing by 80 percent, while those offering a discount for cash declined by about 30 percent.

Specialties. Massage therapy remains the most popular specialty for chiropractors to offer, with almost 47 percent having LMTs on staff.

The survey also highlighted a more

than 50 percent increase in fitness trainers as a specialty. This could be an indication of an expanded focus on exercise in the chiropractic realm.

Modalities. This year, we surveyed two new modalities: instrument adjusting and ultrasound. Instrument adjusting came out as the most popular modality, with ultrasound coming in third behind exercise. •



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In close quarters

The United States may fall under one name, but each region certainly claims its own attributes and characteristics. The East, West, South, and Midwest differ within the chiropractic profession, namely in the amounts doctors charge and are reimbursed. This year's survey highlighted this diversity while also demonstrating some areas of uniformity.

Overall fees remained the same as

last year (\$67) while reimbursements rose slightly (\$41 to \$42) along with the average reimbursement rate (61 percent to 62 percent.)

Average fees in 2014 were consistent. With the exception of the East, each region reported average fees of \$69. The East, however, saw a significant decline in fees, from \$74 last year to \$60 this year, and also reported the lowest reimbursement rate (59 percent).

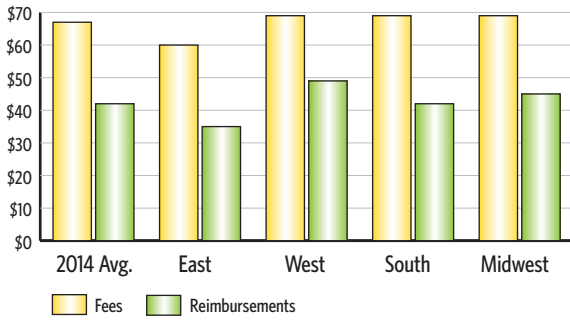
The Western region saw a decline in fees as well, from an average of \$76 last year to \$69 this year. However, the West also reported the highest reimbursement rate (71 percent), a significant increase from the 54 percent reported in 2013.

The remaining regions reported reimbursement rates of 61 percent (South) and 66 percent (Midwest).

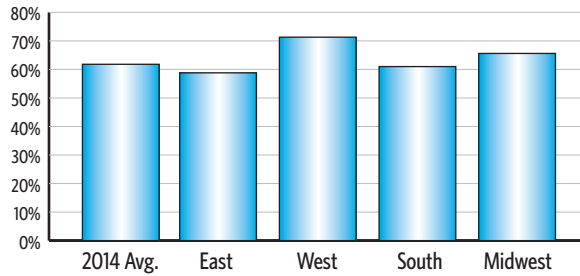
The highest reimbursements were reported in the Western region (\$49). •

| Professional care | 2014 | | | Eastern Region | | |
|--|-------------|-------------|--------------|----------------|-------------|--------------|
| | Fee | Reimb. | % Reimb. | Fee | Reimb. | % Reimb. |
| 98940 Chiropractic manipulative trmt., 1-2 regions | \$47 | \$32 | 68.1% | \$47 | \$31 | 66.0% |
| 98941 Chiropractic manipulative trmt., 3-4 regions | \$56 | \$38 | 67.9% | \$57 | \$35 | 61.4% |
| 98942 Chiropractic manipulative trmt., 5 regions | \$60 | \$43 | 71.7% | \$55 | \$34 | 61.8% |
| 98943 Extra spinal manipulation, 1 or more regions | \$37 | \$22 | 59.5% | \$39 | \$16 | 41.0% |
| 99212 Established patient E/M services | \$55 | \$38 | 69.1% | \$56 | \$34 | 60.7% |
| 99213 Established patient E/M services | \$79 | \$51 | 64.6% | \$72 | \$41 | 56.9% |
| 99214 Established patient E/M services | \$108 | \$73 | 67.6% | \$83 | \$53 | 63.9% |
| New patient exam | | | | | | |
| 99201 New patient E/M services | \$69 | \$46 | 66.7% | \$79 | \$40 | 50.6% |
| 99202 New patient E/M services | \$85 | \$58 | 68.2% | \$82 | \$53 | 64.6% |
| 99203 New patient E/M services | \$120 | \$82 | 68.3% | \$125 | \$83 | 66.4% |
| 99204 New patient E/M services | \$153 | \$103 | 67.3% | \$134 | \$92 | 68.7% |
| Radiology | | | | | | |
| 72020 Single view X-ray | \$43 | \$30 | 69.8% | \$34 | \$17 | 50.0% |
| 72040 Cervical, 2 or 3 views | \$78 | \$53 | 67.9% | \$65 | \$38 | 58.5% |
| 72050 Cervical, 4 views | \$121 | \$71 | 58.7% | \$98 | \$50 | 51.0% |
| 72052 Cervical, complete, including oblique and flexion and/or extension studies | \$152 | \$94 | 61.8% | \$105 | \$65 | 61.9% |
| 72070 Thoracic, AP and lat. | \$78 | \$51 | 65.4% | \$59 | \$42 | 71.2% |
| 72100 Lumbrosacral, 2 or 3 views | \$83 | \$54 | 65.1% | \$61 | \$42 | 68.9% |
| 72170 Pelvis, 1 or 2 views | \$65 | \$48 | 73.8% | \$70 | \$42 | 60.0% |
| Procedures and modalities | | | | | | |
| 97012 Traction, mechanical | \$31 | \$17 | 54.8% | \$28 | \$12 | 42.9% |
| 97014 or GO283 electrical muscle stimulation | \$30 | \$14 | 46.7% | \$24 | \$11 | 45.8% |
| 97035 Ultrasound | \$29 | \$14 | 48.3% | \$27 | \$11 | 40.7% |
| 97110 Therapeutic exercises | \$38 | \$23 | 60.5% | \$37 | \$20 | 54.1% |
| 97112 Neuromuscular re-education | \$41 | \$24 | 58.5% | \$38 | \$23 | 60.5% |
| 97124 Massage | \$46 | \$29 | 63.0% | \$49 | \$19 | 38.8% |
| 97140 Manual therapy | \$39 | \$24 | 61.5% | \$37 | \$24 | 64.9% |
| 97530 Therapeutic activities | \$40 | \$23 | 57.5% | \$45 | \$20 | 44.4% |
| S8948 Low level laser, ea. 15 min. | \$38 | \$24 | 63.2% | \$31 | \$18 | 58.1% |
| S909 Spinal decompression therapy | \$67 | \$28 | 41.8% | \$48 | \$25 | 52.1% |
| Overall averages | \$67 | \$43 | 63.9% | \$60 | \$35 | 58.8% |

Comparisons by Region



Percent Reimbursed by Region



| Western Region | | | Southern Region | | | Midwestern Region | | |
|----------------|-------------|--------------|-----------------|-------------|--------------|-------------------|-------------|--------------|
| Fee | Reimb. | % Reimb. | Fee | Reimb. | % Reimb. | Fee | Reimb. | % Reimb. |
| \$53 | \$36 | 67.9% | \$45 | \$31 | 68.9% | \$45 | \$31 | 68.9% |
| \$60 | \$39 | 65.0% | \$52 | \$37 | 71.2% | \$56 | \$38 | 67.9% |
| \$63 | \$44 | 69.8% | \$58 | \$44 | 75.9% | \$68 | \$46 | 67.6% |
| \$41 | \$26 | 63.4% | \$36 | \$23 | 63.9% | \$36 | \$22 | 61.1% |
| \$59 | \$46 | 78.0% | \$52 | \$36 | 69.2% | \$56 | \$39 | 69.6% |
| \$76 | \$59 | 77.6% | \$79 | \$47 | 59.5% | \$86 | \$60 | 69.8% |
| \$112 | \$83 | 74.1% | \$112 | \$82 | 73.2% | \$121 | \$77 | 63.6% |
| \$74 | \$60 | 81.1% | \$62 | \$42 | 67.7% | \$68 | \$49 | 72.1% |
| \$87 | \$70 | 80.5% | \$81 | \$53 | 65.4% | \$89 | \$63 | 70.8% |
| \$127 | \$99 | 78.0% | \$116 | \$72 | 62.1% | \$122 | \$89 | 73.0% |
| \$172 | \$110 | 64.0% | \$147 | \$108 | 73.5% | \$162 | \$112 | 69.1% |
| \$46 | \$35 | 76.1% | \$42 | \$27 | 64.3% | \$49 | \$35 | 71.4% |
| \$85 | \$77 | 90.6% | \$81 | \$47 | 58.0% | \$80 | \$50 | 62.5% |
| \$113 | \$105 | 92.9% | \$127 | \$62 | 48.8% | \$122 | \$71 | 58.2% |
| \$119 | \$87 | 73.1% | \$169 | \$103 | 60.9% | \$149 | \$98 | 65.8% |
| \$74 | \$54 | 73.0% | \$79 | \$48 | 60.8% | \$82 | \$59 | 72.0% |
| \$79 | \$67 | 84.8% | \$84 | \$50 | 59.5% | \$89 | \$53 | 59.6% |
| \$81 | \$62 | 76.5% | \$59 | \$39 | 66.1% | \$55 | \$37 | 67.3% |
| \$30 | \$15 | 50.0% | \$30 | \$17 | 56.7% | \$33 | \$19 | 57.6% |
| \$27 | \$13 | 48.1% | \$86 | \$15 | 17.4% | \$28 | \$13 | 46.4% |
| \$31 | \$16 | 51.6% | \$27 | \$13 | 48.1% | \$31 | \$13 | 41.9% |
| \$41 | \$22 | 53.7% | \$35 | \$22 | 62.9% | \$40 | \$27 | 67.5% |
| \$46 | \$28 | 60.9% | \$36 | \$19 | 52.8% | \$43 | \$25 | 58.1% |
| \$47 | \$26 | 55.3% | \$46 | \$34 | 73.9% | \$44 | \$32 | 72.7% |
| \$42 | \$23 | 54.8% | \$36 | \$25 | 69.4% | \$45 | \$31 | 68.9% |
| \$47 | \$20 | 42.6% | \$35 | \$26 | 74.3% | \$46 | \$29 | 63.0% |
| \$78 | \$50 | 64.1% | \$31 | \$14 | 45.2% | \$42 | \$33 | 78.6% |
| \$30 | \$12 | 40.0% | \$86 | \$40 | 46.5% | \$38 | \$12 | 31.6% |
| \$69 | \$49 | 71.3% | \$69 | \$42 | 61.0% | \$69 | \$45 | 65.6% |

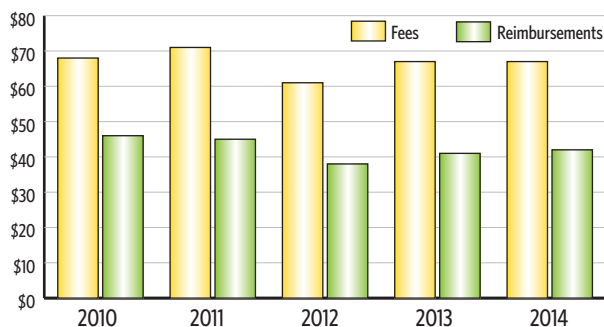
Hold steady

This year, our annual survey indicated the leveling of average fees at \$67, while average reimbursements went up slightly compared to last year (\$41 to \$41.5). This raised overall reimbursement rates a bit (from 61.2 percent last year to 61.8 percent in 2014). The results show that for the last three years, reimbursement rates have held steady between around 61 and 62 percent.

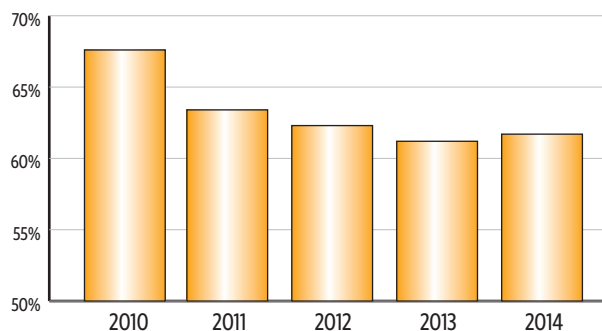
In general, the data demonstrates a stabilization of fees and reimbursements in the industry.

In 2013, we predicted that a consistently small decline in reimbursement rates year-to-year could be where the profession is headed, given the dwindling rates since 2009. Consequently, results that imply sustainability, or even minute growth, come as good news. •

Year-to-Year Comparison of Fees and Reimbursements 2010-2014



Year-to-Year Comparison of Reimbursement Rates 2010-2014



On your own again

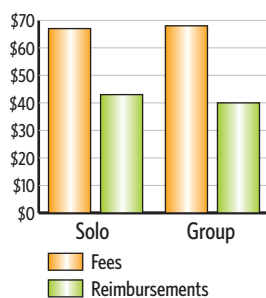
Although 26 percent of survey respondents reported operating in a group setting last year (the highest percentage recorded in 16 years), that number dropped to 22 percent this year. In a similar fashion, respondents who operate as associates declined from 6 percent to a mere 1 percent this year. In 2014, DCs running solo practices made up the vast majority at 76 percent.

Group practices saw the highest fees again this year, though they also reported a slight decrease in reimbursements, and thus reimbursement rates as well. Group practices had average fees of \$68 and average reimbursements of \$40, while solo practices had average fees and reimbursements of \$67 and \$43, respectively.

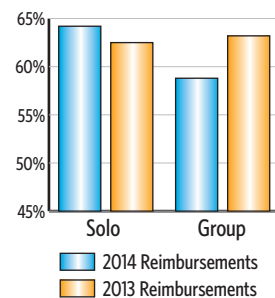
Reimbursement rates in solo practices rose slightly this year (64 percent) compared to last year (63 percent). However, reimbursement rates in group settings declined 4 percentage points from 2013's survey.

Group practices once again reported a significantly higher percentage of specialists working in their clinics. Fifty-three percent of solo DCs answered "none" when asked what specialists they employed, while just 25 percent of group practitioners answered the same. •

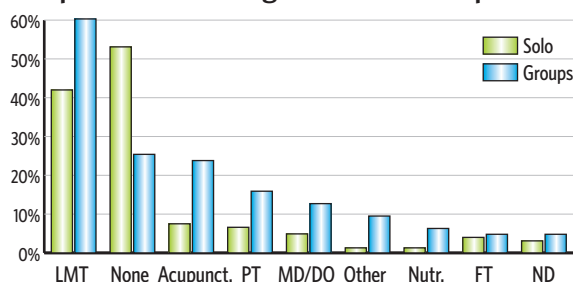
Solo vs. Group Fees and Reimbursements



Solo vs. Group Reimbursement Rates



Specialists Working in Solo and Group Clinics



MDs vs. DCs: shrinking the gap

With the divergent approaches of allopathic and chiropractic medicine often at the forefront of discussion, it's easy to lose sight of the common ground between the two. However, a comparison of the areas that overlap can lead to valuable insights.

Specifically, the professions share many of the same codes, including 99201 (evaluation and management for new patient) and its variations — 99202, 99203, and 99204) when working with insurance companies.

This year, MDs saw a decline in reimbursements for each of the four codes above. Comparatively, DCs saw a slight rise in 99201 and 99202, no change in 99203, and a decline in 99204. With the exception of code 99204, MD reimbursements remained higher than those for DCs, though the divide between rates shrunk in this year's results.

According to a similar survey published in January 2014 in *Physicians Practice*, a business journal for medical doctors, average reimbursements for MDs generally declined from last year. For chiropractors, reimbursement rates

rose slightly, from 61 percent to 62 percent this year.

In previous years, *Physicians Practice* has reported on both its fees and reimbursements, however, for the past few years, they have reported solely on reimbursements. As a result, we will only report on DCs' reimbursements as well.

For code 99201, DCs averaged reimbursements of \$46, while MDs' reimbursements were \$53. This is up from \$43 (DCs) and down from \$57 (MDs) last year.

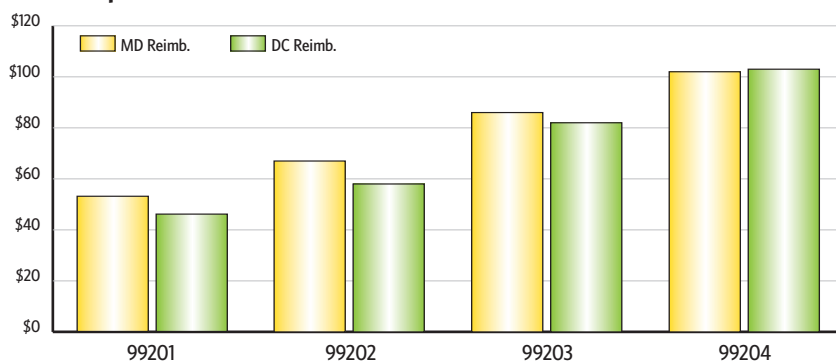
For code 99202, MDs' reimburse-

ments were \$67 (down from \$72 last year) while DCs averaged \$58 in reimbursements, the same as was reported last year for this code.

For code 99203, MDs' reimbursements declined from \$97 last year to \$86 this year. DCs' reimbursements rose slightly from \$81 last year to \$82 this year.

For code 99204, MDs reported a reimbursement average of \$102, a significant drop from last year's \$124. Chiropractors reported average reimbursements of \$103, down from \$112 last year. •

Comparison of MD and DC Reimbursements



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Better together

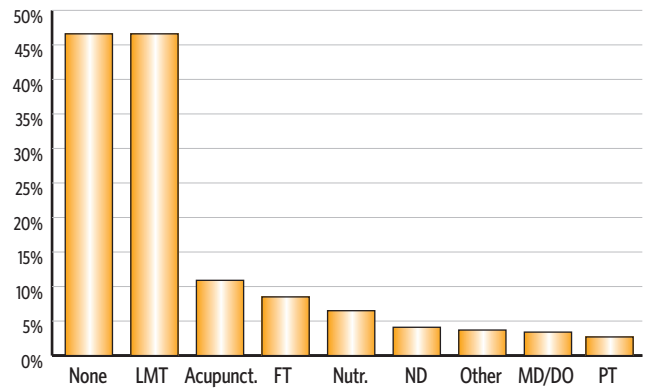
In addition to providing diverse treatment options for patients, incorporating various specialists into a practice may directly benefit doctors in the form of higher reimbursements. In general, our survey has indicated the potential advantages of joining forces with other healthcare professionals. However, reimbursement rates for those practices with specialists were down in 2012 and 2013.

This year, however, the trend once again took a turn, with multidisciplinary practices reporting higher reimbursement rates than those without specialists.

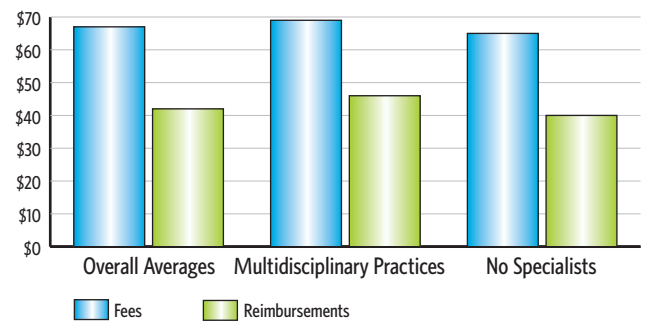
Those practices with specialists reported average fees and reimbursements of \$69 and \$46, respectively, while non-specialist practices reported average fees and reimbursements of \$65 and \$40, respectively. This means multidisciplinary practices saw a reimbursement rate of nearly 67 percent (up from 58 percent last year), while those without specialists had a reimbursement rate of 62 percent.

For multidisciplinary practices, licensed massage therapist (LMT) was still the most popular, with 47 percent having one on board. LMT was followed by acupuncture (11 percent), fitness trainer (9 percent), nutritionist (7 percent), naturopathic doctor (4 percent), MD/DO (4 percent), and physical therapist (3 percent). Another 4 percent answered “other.” •

Specialists on Staff in Chiropractic Practices



Multidisciplinary Healthcare vs. No Specialists



Franchise findings

The growth in franchises noted in 2013 continues this year, with nearly 7 percent of respondents reporting as franchise owners. In 2012, franchisees made up about 4 percent of respondents and increased to 5 percent last year. This year appears to be on par with 2010, when, similarly, around 7 percent of DCs practiced in a franchise.

That said, fees for franchise owners dropped this year (\$64 from \$68), while doctors working in a franchise saw their reimbursements increase slightly (\$38 from \$37). As a result, reimbursement rates for franchise doctors saw an increase (59 percent from 55 percent).

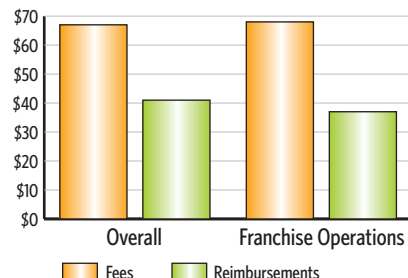
Other notes

This year's survey indicates that franchise owners are younger than the overall age (43 years old compared to 48 years old). Although last year indicated a significant increase in the number of female franchise owners, this year the gap widened again with the male majority at 80 percent.

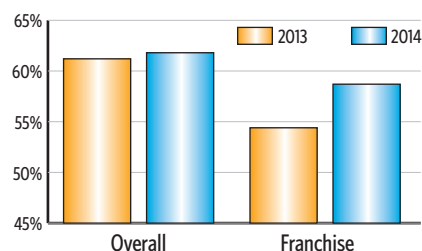
The average franchisee has been practicing for 15 years, owns one practice, and is licensed in one state.

Franchise owners most commonly run a solo practice (85 percent), and the remaining 15 percent operate in a group setting. •

Comparison of Franchise Fees and Reimbursements with Overall Averages



Franchise Reimbursement Rates



Cash comeback

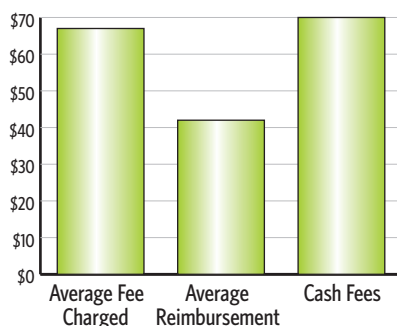
Despite a significant decline in last year's survey, those DCs operating as cash-based practices increased this year, with 19 percent saying they follow a cash-based model.

This is up from 12 percent last year, when the steady growth of reported cash-based practices since 2009 took a downturn. With cash-based models at 11 percent in 2010, 15 percent in 2011, and 17 percent in 2012, this year's responses fall in line with previous growth.

For those practitioners in cash-based practices, average fees were reported at \$70 — \$3 more than overall average fees and a significant increase from last year's cash fees of \$61. This is also up from 2012's cash fees of \$58.

By strict definition, a cash-based practice would have no reimbursements. So, fees in a cash-only practice

Cash Fees vs. Reimbursements

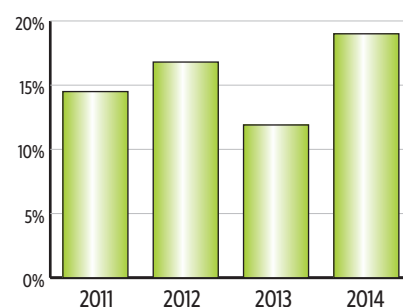


are equivalent to reimbursements (collections). Cash-only practices fees of \$70 are a 67 percent advantage over an overall average reimbursement of \$42.

Your typical cash-only practice respondent is male (74 percent), with an average age of 51, and working in a solo clinic (90 percent). Those respondents operating cash-only practices have been working as practitioners for 21 years on average.

Regarding cash-only practices: 54 percent offer instrument adjusting, 49

Growth of Cash-Only Practices



percent offer nutrition, 36 percent offer exercise programs, 29 percent offer instrument assisted soft tissue mobilization, 24 percent offer electrotherapy, 24 percent offer massage, 24 percent offer ultrasound, 20 percent offer laser, 17 percent offer physical therapy, 17 percent offer weight loss programs, 15 percent offer acupuncture, 14 percent offer decompression, 12 percent offer homeopathy, 8 percent offer fitness devices, and none offer medical services. •

Gender recap

The number of female respondents increased slightly, from 26 percent in 2013 to 27 percent this year. Although it didn't reach 2012's all-time high of 28 percent, the growth is certainly encouraging.

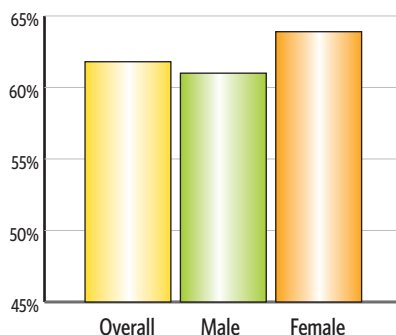
Female chiropractors reported lower average fees than male DCs (\$64 to \$68), with slightly lower reimbursement averages (\$41 to \$42). As a result, female practitioners saw a higher reimbursement rates than male DCs (64 percent to 61 percent).

The 61 percent reimbursement rate for men is down from their 65 percent last year, and parallel with the rate reported in 2012.

Women respondents reported younger ages (46), compared to men (51).

As a result, female DCs reported being in practice for fewer years (17),

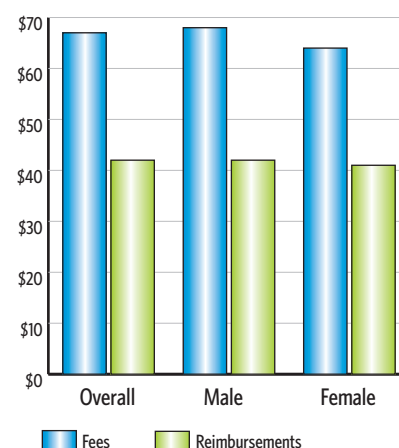
Reimbursement Rates: Male vs. Female



while male respondents have been in practice for an average of 21 years.

The percentage of respondents working in group clinics dropped for men and women. This year, 19 percent of women reported working in groups, compared to 27 percent last year. For men, this number decreased from 26 to 24 percent.

Comparison of Fees and Reimbursements by Sex



With regard to modalities, exercise (61 percent) was the most popular among men. For women, instrument adjusting, a modality new to the survey this year, was the most popular at 65 percent. •

Comparisons by Sex

| | Overview | Male (73.3%) | Female (26.7%) | | Overview | Male | Female |
|---------------------------|----------|-----------------|-------------------|--------------------|----------|-------|--------|
| Personal | | | | Modalities | | | |
| Age | 48.2 | 50.8 | 45.9 | Laser | 32.2% | 32.2% | 32.6% |
| Years in practice | 19.5 | 20.5 | 17.1 | IASTM | 28.5% | 30.5% | 23.3% |
| Types of practices | | | | Decompression | 27.6% | 31.3% | 17.4% |
| Solo | 76.4% | 75.3% | 78.3% | Acupuncture | 25.4% | 24.5% | 27.9% |
| Group | 22.4% | 23.8% | 19.3% | Weight loss | 22.6% | 21.5% | 26.7% |
| Cash only | 19.1% | 19.2% | 18.6% | Fitness | 18.0% | 18.0% | 18.6% |
| Owns franchise | 6.6% | 6.9% | 4.7% | Homeopathy | 15.2% | 12.0% | 24.4% |
| Associate | 1.2% | 0.9% | 2.4% | MD/DO | 2.8% | 2.6% | 3.5% |
| Modalities | | | | Other | 8.4% | 7.7% | 10.5% |
| Chiropractic | 98.8% | 98.3% | 100.0% | Specialists | | | |
| Instrument adj. | 62.0% | 60.9% | 65.1% | None | 46.6% | 46.2% | 46.2% |
| Exercise | 60.0% | 61.4% | 57.0% | LMT | 46.6% | 47.2% | 47.4% |
| Ultrasound | 58.5% | 58.8% | 57.0% | Acupuncture | 10.9% | 9.9% | 14.1% |
| Nutrition | 56.0% | 54.5% | 60.5% | FT | 8.5% | 9.9% | 5.1% |
| Electrotherapy | 53.6% | 55.8% | 47.7% | Nutr. | 6.5% | 7.1% | 5.1% |
| Massage | 42.7% | 42.5% | 44.2% | ND | 4.1% | 4.7% | 1.3% |
| PT/Rehab | 40.0% | 39.9% | 38.4% | Other | 3.7% | 3.8% | 3.9% |
| | | | | MD/DO | 3.4% | 3.8% | 2.6% |
| | | | | PT | 2.7% | 1.9% | 5.1% |

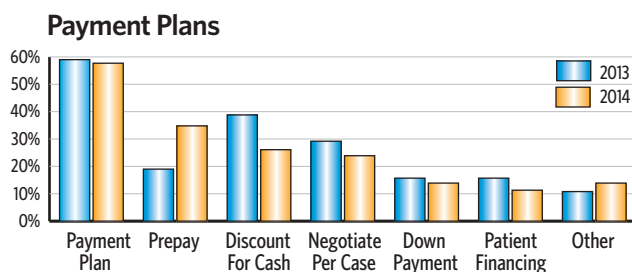
Stick to the plan

How DCs let patients pay for their care changed slightly from last year's survey. The number of doctors offering payment plans decreased from 59 percent to 58 percent this year. These recent numbers are in line with the 58 percent in 2012, but indicate a significant drop from 68 percent in 2011, and 69 percent in 2010.

The biggest change was in those offering prepayment plans. Last year, around 20 percent of DCs said they offered prepayment plans compared to 35 percent this year.

The largest decline was in discounts for cash, which saw a decline from nearly 40 percent of DCs offering it last year (an increase of 9 percentage points since 2012) to only 26 percent in this year's survey.

The remaining responses were "negotiate per case" (24 percent), "down payment" (14 percent), and "patient financing" (11 percent). •



Cracking more codes

Each year, we ask for additional information on three codes: 95851, range-of-motion testing; 95831, muscle testing; and 97750, physical-performance evaluation. It should be noted that we *did* include these codes when calculating the fees and reimbursement averages for the other sections.

Average fees for range-of-motion testing were \$60, while average reimbursements were \$30 — a reimbursement rate of 50 percent.

Average fees for muscle testing were \$60, with an average reimbursement of \$44 — a reimbursement rate of 73 percent.

Average fees for physical-performance evaluation were \$75, with an average reimbursement of \$42, and a reimbursement rate of 56 percent. ☺

Additional Codes

