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- Brimhall Percussors
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- Erchonia Percussors
- Impulse instrument®
- Impulse iQ®
- J-Tech
- Kinetic Precision Adjuster
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- Percussors
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- Precision Adjusters
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FEATURED CONTENT

16 23rd annual fees & reimbursements survey
How does your practice compare to industry averages?
BY ALLISON M. PAYNE

34 Set your fees the right way
First try this formula to find your cost of doing business
BY RAY FOXWORTH, DC, FICC, MCS-P

48 Point-Counterpoint: Paying off outstanding chiropractor debt

60 Spotlight: New president, new energy
Opening doors that are still closed to Black DCs and potential patients, new American Black Chiropractic Association President Micheala Edwards brings an agenda for change
BY RICK VACH

74 Buyers Guide: Tables

PERFECT PRACTICE

PRACTICE CENTRAL

46 ACA bringing Medicare reimbursement fight into 2021
The push continues to support the Chiropractic Medicare Coverage Modernization Act of 2019
BY CHIROPRACTIC ECONOMICS STAFF

MARKETING

40 5 tips for an email marketing tune-up
Check these best practices against your current email efforts
BY JAMES R. FEDICH, DC

50 Video is the new marketing frontier
Engage your patients and build your brand with simple videos
BY MARK SANNA, DC, ACRB LEVEL II, FICC

FINANCIAL

64 How payroll fraud schemes work
Understand how this type of theft typically occurs at practices
BY TIFFANY COUCH, CPA/CFF, CFE

CODING

56 You did what?
Horror stories of creative coding causing confusion
BY KATHY (KMC) WEIDNER, MCS-P, CCPC, CCCA

68 Are you limiting your clinical care recommendations?
You didn’t sign up for care limited by medical coverage or insurance whims
BY RAY FOXWORTH, DC, FICC, MCS-P

BACK LOG

12 Health News,
New Technology,
Awards & Practice Advice

12 Don’t-Miss Events

13 By The Numbers:
Fees & Reimbursements

14 Staff Product Pick

14 Profitable Practice

EVERY ISSUE

6 Letter from the Editor

8 ChiroEco.com Resources

72 Product Showcase

74 Buyers Guide

76 Datebook

78 Marketplace

80 Ad Index

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LETTER FROM THE EDITOR

LETTER TO THE EDITOR

Reaching out to tell you your September issue is spot on. The chiropractic profession is going to miss the biggest moment in its professional history if it doesn’t step up to the potential of being primary care physicians through functional medicine.

Your editorial on obesity should make an impact. The treatment of every chronic disease we can name is driven by the food we eat, lack of exercise, with obesity resulting in inflammation.

I am an MD, DPM, DC, and I see the future. The MD world is now certifying a Board in Lifestyle Medicine. The younger physicians are tired of the disease model. The training programs will be hard to change and add functional medicine to their core competencies. Naturopathic medicine is way too small to fill the vacuum.

Chiropractic medicine has the numbers to educate and take on a role that the public is crying for:

• How about geriatric medicine and ridding the aging population of poly pharmacy!
• How about women’s health and give them the type of conservative practice that they are screaming for (my field of expertise).
• How about family practice and educating the public that chiropractic can do the necessary screening exams and make a diagnosis and treat with natural medical approaches beyond the adjustment.

Its time has come and the market share is huge. Thank you for rousting the troops.

Warmest regards,

Tilden H. Sokoloff, MD, DPM, DC
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Activated V research to appear in Nature’s Scientific Reports

On Aug. 23, Activator Methods International announced that recent research regarding the Activator V electronic adjusting device had been published in the August 2020 issue of Scientific Reports, a journal publication of Nature.

The research was carried out in Madrid, Spain, supported by grants from the Spanish Chiropractic Association, the Spanish Ministry of Economy and Competitiveness, and the Carlos III Institute of Health.

Results demonstrated the benefits of chiropractic manipulation using the Activator V for induced osteoarthritis (OA) in animals. The study found improvements in subchondral bone as well as cartilage.

ChiroEco.com/act-v-study

NCMIC announces 50 Bucks for Boards scholarship recipients

NCMIC in August announced the 50 randomly-selected winners of their second-quarter Bucks for Boards scholarships, a program launched in January 2020. Each recipient was awarded $500 to help defray the cost of NBCE chiropractic board exams. View winners at chiroeco.com/b4b-winners.

“Quarter two was unique with the pandemic and boards being postponed, but we still had over 1,500 entrants,” said Wayne Wolfson, DC, president of NCMIC. “To us, providing these scholarships is more important than ever. We know COVID has caused a lot of financial uncertainty for many students and their families.”

To enter for a chance to win, visit bucksforboards.app 또는 /RZXV1G.

ChiroEco.com/b4b-winners

To find out what your patients want, consider a survey for valuable insights

Here at Chiropractic Economics, our two main surveys — the Salary & Expense survey and the Fees & Reimbursements survey, which is featured in this issue — are some of our most popular content. When you weigh in with your answers, you’re giving us a glimpse into your practice, plus feedback into things you’d like to see covered in our pages.

Surveys can gather information like this for your practice, as well. And in its basic form, a short survey is simple and easy to deploy. At its very simplest, a survey can take place as a poll within a post on your business’s Facebook page. For more comprehensive, ongoing results, a survey app may be the way to go. Three popular (free) apps for online surveys include:

- SurveyMonkey (survey.monkey.com) – This popular service offers a Basic plan, free of charge, that allows unlimited surveys but has limits on the number of questions per survey, responses and other features.
- Google Forms – Build your own questions and effortlessly pull the answers automatically into an organized Google Sheet available in your Google Drive.
- Typeform (try.typeform.com) – Use drag-and-drop functionality to build a survey and gather results into multiple formats. It’s free to sign up and get started, with monthly rates available.

For more social marketing information, visit the Business Tips section of chiroeco.com.

Each month we’ll ask a new question on our Facebook page.
Join the conversation at facebook.com/ChiroEcoMag

Is there additional Fees & Reimbursements Survey data that you would like to see covered?

Use the hashtag #CE for the chance to be featured on our Twitter @ChiroEcoMag

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Try one of our eCourses and get up to speed with lessons on business and chiropractic sent straight to your inbox.
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- V. L. Alineare

"Most people have NO idea how GOOD their body is designed to FEEL!"  

- Kevin Tracy

"65% of neurological development...occurs in your child’s first year...ensure your baby has every opportunity to maximize his or her nerve function during this critical period."  

- Jeanne Ohm, DC

"The struggle is real! But that’s what the chiropractor is here for."  

- Burkhardt and Chapp Chiropractic

"Your body is designed to feel AMAZING."  

- FutureDoc, PMorgan

"You’ve heard it many times before — build that SOLID foundation first."  

- Keystone Specific Chiropractic

"Yoga is an amazing practice that benefits the body and mind!"  

- Gwinnett Chiropractic

"Your spine needs a tune-up too!"  

- Warrington Optimum Wellness

“65% of neurological development occurs in your child’s first year...ensure your baby has every opportunity to maximize his or her nerve function during this critical period.”  

- Jeanne Ohm, DC
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— RAY FOXWORTH, DC, FICC, MCS-P.

DON’T MISS CONFERENCES
The National by Florida Chiropractic Association November 5-8 • Orlando, FL
“An overwhelming majority of FCA members, past attendees and exhibiting companies have asked us to keep this event live and in person, as well as offer a virtual event component,” the FCA released in a statement. “We have heard you, and we are seeking to serve you in that exact manner, while making responsible decisions related to the current COVID crisis.”

Get Back in the Game November 7-8 • Westminster, CO
This seminar will not only teach doctors the incredible volume of research behind their lasers that supports many uses in practice that will set them apart from their competition, but it will also give them the tools to help insulate them from the threats of diminished insurance reimbursements and more.

FEATURED WEBINAR
Know Your Virome
On Demand at chiroeco.com
Shayne Morris, PhD molecular biology, CNS, takes you through the human virome, the total collection of viruses invading both humans and bacteria.

Learn more at chiroeco.com/events.

CHIROPRACTIC NEWS
FCLB establishes COVID-19 resources
The Federation of Chiropractic Licensing Boards (FCLB) announced in August it has added changes to its regulatory guidance, along with new continuing education courses explicitly aimed to help chiropractors keep themselves and their patients safe from COVID-19 and other infectious diseases and viruses.

“In the early days of the virus, the FCLB swiftly affirmed that chiropractic doctors are essential health care providers and moved to help state boards assert this position to their respective state governors and health care leaders,” said Karlos Boghosian, DC, president, FCLB. “Following FCLB’s advocacy, some states re-evaluated their position regarding chiropractors as essential health care workers.”

Resources included a video discussing steps boards and chiropractors should take to understand their specific state requirements, restrictions, and advice when re-opening clinics or serving patients during the global pandemic.

“PACE (Providers of Approved Continuing Education) Providers moved swiftly to add unique continuing education courses that address the COVID-19 virus,” added Boghosian. “Courses include clinical considerations for COVID-19, preparing clinical support staff for working in a COVID-19 environment, and regulatory instruction on how to implement telehealth.”

The FCLB worked directly with state licensing boards to distribute information on industry best practices in telehealth.

For more information, visit fclb.org.

AWARDS NEWS
ChiroHealthUSA awards annual $25,000 chiropractic scholarship to Palmer student
Kristi Hudson with ChiroHealthUSA surprised the recipient of the 2020 ChiroHealthUSA Foxworth Family Scholarship, Jared Ollis, on Aug. 21 at Palmer College of Chiropractic in Davenport, Iowa. The surprise visit was captured on video with the help of the production team from Palmer and can be viewed on the ChiroHealthUSA Facebook page. The Foxworth Family Scholarship was created in honor of President Dr. Ray Foxworth’s parents, Drs. Betty Pace Matthews and Charles Vernon Matthews.

From 2010-14, Ollis served as a paratrooper in the 82nd Airborne Division, a unit that is renowned for its airborne operations and intense physical training.

“I saw many paratroopers incur nagging injuries and deal with chronic pain as a result of ruck marching, consistent distance running, and hard landings during jumps,” Ollis said. “Seeing so many men and women I served with discharged for musculoskeletal complaints that could have been managed with chiropractic care further developed my desire to help service members have better access to chiropractic.”

In addition to the $15,000 received by Ollis, the school was gifted an additional $10,000 by the Foxworth Family Scholarship.

“We’re very proud of Jared for earning this scholarship,” said Dennis Marchiori, DC, PhD, chancellor and CEO at Palmer, “and we’re appreciative to ChiroHealthUSA and the Foxworth family not only for selecting Jared but also for the gift to Palmer College that will help yet more students achieve their dreams of becoming doctors of chiropractic.”

Application submissions for the 2021 scholarship opened on Sept. 1. The deadline for submissions is April 30, 2021. Winner notifications will go out on or before July 10, 2021, and the winner will be announced during the National Convention in Orlando in August 2021.

For more information, visit chusascholar.com.
Northwestern Health Sciences University (NWHSU) on Aug. 26 announced it received a $1 million grant awarded from the Harry & Jan Sweere Foundation. This grant is given in honor of Joseph Sweere, DC, and Mary Sweere's significant contributions to health, wellness and the chiropractic profession.

Directed to primarily support the work of the Sweere Clinic, a holistic healing center, the $1 million grant will provide a vital bridge to the future, supporting the vision for the H.C. Sweere Center for Clinical Biomechanics and Applied Ergonomics, and allowing time for the Sweere Clinic to become self-sustaining. The Sweere Clinic opened to the public on July 14 on NWHSU's Bloomington campus.

“The Harry & Jan Sweere Foundation is privileged to honor Dr. Joe and Mary Sweere with this gift to Northwestern Health Sciences University. The Foundation recognizes Dr. Joe and Mary's significant work toward providing excellent chiropractic and holistic care to so many. Harry and Jan would be elated to offer this gift on behalf of their dear brother and sister-in-law. The Sweere family honors our beloved Uncle Joe and Aunt Mary's passion and legacy with this donation,” stated Pam Sweere, president and executive director of the Foundation.

“The opening of the Sweere Clinic is the fulfillment of a dream my late wife Mary and I conceptualized many years ago,” said Joseph Sweere, founder of the H.C. Sweere Center for Clinical Biomechanics and Applied Ergonomics.

Opened in July, the Sweere Clinic pairs state-of-the-art diagnostic equipment with practitioners who focus on each patient's needs. Practitioners function as a multi-disciplinary integrative care team to resolve complex neuro-musculoskeletal conditions through natural, drug-free, nonsurgical methods. The clinic includes practitioners in chiropractic, functional neurology, acupuncture and traditional Chinese medicine.

For more information, visit nwhealth.edu.
STAFF PICK

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For more information, visit trugen3.com.

PROFITABLE PRACTICE

The Best Chiropractic ICD-10 & CPT Codes to Improve Reimbursement

This guidebook on the best chiropractic ICD-10 & CPT codes to improve reimbursement includes long-term treatment codes to optimize reimbursement, and guidance on how to link, match and pair CPT codes and ICD-10 codes.

It includes cheat sheets for personal injury, extremity adjusting, headaches and co-morbidities, and 97012, 97110, 97112, 97124, 97140 and 97530 documentation language to prove medical necessity. Learn how to use ortho, neuro and chiropractic exam findings to justify the ICD-10 codes you choose.

Learn the difference between sprain and strain, radiculopathy and radiculitis, initial and subsequent encounters, cervicobrachial syndrome and cervical radiculitis, spasm and contracture, myalgia and myofascitis, and intractable and not intractable.

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(11 Spinal Decompression Tables)

“I’m now 97% cash & thanks to the CHIRO EVENT & Drs. Kaplan/Bard. I am now in a position of TOTAL control”
- Dr. Rich Lohr, Illinois
(12 Spinal Decompression Tables)

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or Register on-line at: www.TheChiroEvent.com
IN 2018-19 WE SAW AN OVERALL LEVELING OF FEES AND REIMBURSEMENTS, and this trend has generally continued in 2020 among our survey participants.

The biggest potential influence on this year’s Fees & Reimbursements Survey is undoubtedly COVID-19. When the spread of the coronavirus exploded in mid-March, we didn’t know what to expect to happen to the chiropractic industry, as so many businesses of all types were forced to shut down. Would DCs be able to practice? If so, how would practice have to change? If not ... what would happen to those millions of chiropractic patients our readers serve?

By the end of March, one of those questions was answered: Chiropractors would not have to close their doors. Christopher C. Krebs, director of the Cybersecurity and Infrastructure Security Agency (CISA) under the U.S. Department of Homeland Security, in a “Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response,” named chiropractic care as an essential service. That classified chiropractors as essential workers, one of many professions “needed to maintain the services and functions Americans depend on daily and that need to be able to operate resiliently during the COVID-19 pandemic response.”

With that, personal protective equipment (PPE) requirements changed for both medical offices and other essential businesses. You’ve probably dealt with some challenges brought on by proper use of masks, face shields, hand sanitizer and more, as well as reassuring nervous patients — and employees — that chiropractic can be practiced safely in your office.

The results from our survey show slight declines and upticks here and there, but for the most part chiropractic is holding steady as it has during the past couple of years. This comes after a slow decline up until 2019, when average fees settled at $61; this year’s average fee is $60.38. Reimbursement averages increased from $39 last year to $40 this year, for a reimbursement rate of about 67%.

According to the data collected from chiropractic school enrollments, it’s apparent that more women have started entering the industry. Over the past few years, we have seen those numbers trend positively in our survey, as more women have responded to our calls to take the survey. This year we had a high number of women respondents, 28%, a bit of a dip from last year’s all-time high of 30%. Statistics point to more women entering the chiropractic field in coming years and closing the gender gap.

As always, our survey is subject to statistical variation, and all figures herein presented should be considered as approximate. Normal fluctuations in most categories occur year over year, and we suggest that our results are best used for spotting general trends to guide strategic planning.

Below you will find several key points from this year’s Fees & Reimbursements survey:
West, South lead reimbursements again this year

The West led regional reimbursement rates in last year’s survey, and that trend continues this year; the West reported the highest reimbursement rates in 2020 at 71%. The South followed close behind at 69%.

Specialists vs. going solo

As usual in this survey, when asked what type of specialists they work with in their practice, the largest number of chiropractors said “none” (48%), indicating that going solo continues to be the arrangement for about half of our respondents. The other half reported a variety of specialists, the most popular being licensed massage therapist (34%) and acupuncturist (11%).

About this survey

During August 2020, Chiropractic Economics extended an invitation to readers to complete a web-based survey on fees and reimbursements. Additionally, we encouraged a number of state, national and alumni associations to distribute the survey to their members.

We limited survey participants to practicing chiropractors or their designated office managers or CAs to ensure accuracy.

• Number of participants: This year’s analysis is based on responses from 260 respondents.
• Regional distribution: Participants hailed from the South (35%), the Midwest (26%), the West (25%) and the East (14%).
• Averages: Unless indicated otherwise, all numbers are given as averages.
• Cash-only practices: Cash-only practices reported fees only.

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

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>MALE</td>
<td>72.09%</td>
<td>69.6%</td>
<td>73%</td>
<td>78%</td>
<td>74%</td>
<td>73.7%</td>
</tr>
<tr>
<td>FEMALE</td>
<td>27.91%</td>
<td>30.4%</td>
<td>27%</td>
<td>22%</td>
<td>26%</td>
<td>26.3%</td>
</tr>
<tr>
<td>AVERAGE AGE</td>
<td>50.68</td>
<td>50.2</td>
<td>50</td>
<td>51</td>
<td>50.3</td>
<td>49.3</td>
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<td>AGE RANGE</td>
<td>24-83</td>
<td>22-81</td>
<td>27-81</td>
<td>27-79</td>
<td>26-81</td>
<td>26-81</td>
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<td>AVERAGE YEARS IN PRACTICE</td>
<td>20.6</td>
<td>21</td>
<td>21.02</td>
<td>21.8</td>
<td>21.7</td>
<td>20.1</td>
</tr>
</tbody>
</table>

| TYPES OF PRACTICE       |            |            |            |            |            |            |
| SOLO                    | 64.71%     | 69%        | 63%        | 65%        | 70%        | 74.1%      |
| GROUP                   | 24.31%     | 21%        | 24%        | 28%        | 27%        | 23.6%      |
| ASSOCIATE               | 5.88%      | 3.8%       | 7%         | 3%         | 3.25%      | 2.3%       |
| IN A FRANCHISE OPERATION| <1%        | 4.9%       | 6%         | 4%         | 4.3%       | 3.8%       |
| INTEGRATED HEALTH CARE PRACTICE (DC+MD/DO) | <1% | N/A | 6% | 8% | 6% | 5.3% |
| CASH-ONLY PRACTICE      | 19.84%     | 16%        | 12%        | 10%        | 13%        | 15.9%      |

| FEES AND REIMBURSEMENTS |            |            |            |            |            |            |
| AVERAGE FEES            | $60.38     | $61        | $76.50     | $68        | $63.20     | $66.2      |
| AVERAGE REIMBURSEMENTS  | $40.15     | $38        | $38.20     | $44        | $44        | $43.4      |
| AVERAGE REIMBURSEMENT RATE | 66.5%    | 61.7%    | 50%        | 65%        | 63.8%      | 65.6%      |

| GEOGRAPHIC LOCATION     |            |            |            |            |            |            |
| EASTERN REGION          | 14%        | 18%        | 16%        | 19%        | 16.3%      | 20.7%      |
| SOUTHERN REGION         | 35%        | 26%        | 35%        | 37%        | 34.7%      | 33.1%      |
| MIDWEST REGION          | 26%        | 29%        | 23%        | 25%        | 26.5%      | 19.5%      |
| WESTERN REGION          | 25%        | 27%        | 22%        | 19%        | 22.5%      | 21.8%      |
| OUTSIDE U.S. / UNSPECIFIED | 0%      | 0%         | 4%         | 0%         | 0%         | 4.8%       |

| LICENSURE               |            |            |            |            |            |            |
| ONE STATE               | 83%        | 79%        | 76%        | 80%        | 78%        | 80.2%      |
| TWO STATES              | 11%        | 17%        | 17%        | 14%        | 15%        | 13.6%      |
| THREE OR MORE STATES    | 6%         | 4%         | 6%         | 6%         | 7%         | 6.2%       |
They all want straight A’s. You just need to show them how.

Everyone knows the difference between getting an F and an A. Especially when the grade is related to their health.

If you show your patients evidence that they need your care, they are more likely to follow through.

And what better evidence than your objective findings presented in an easy to understand report card?

The Wellness Score motivates your patients to both start and stay with your care plan.

In other words, it cultivates patient loyalty.

Get a sample Wellness Score Report at CashPractice.com/Wellness
Cash-only fluctuations
Cash-based practices had been on the decline, according to our yearly survey results, before making a jump in 2018. In 2016, 13% of practices were cash-only, decreasing to about 10% in 2017. In 2018, that number leapt to 19.9%, and then dropped last year to 16%. This year the percentage of cash-based practices bounced back almost all the way from that dip, coming in at 19.8%.

Payment plans
According to our 2020 data, 49% of chiropractors offer patients payment plans; pre-payment plans are offered by 29%. Discounts for cash continue to be a popular option; our survey results showed that about 28% of DCs currently offer this type of plan.

<table>
<thead>
<tr>
<th>CODES AND FEES BY REGION</th>
<th>2020</th>
<th>EAST</th>
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</thead>
<tbody>
<tr>
<td>PROFESSIONAL CARE</td>
<td>FEE</td>
<td>REIMB</td>
</tr>
<tr>
<td>99201 NEW PATIENT EVALUATION AND MANAGEMENT SERVICES</td>
<td>$75</td>
<td>$45</td>
</tr>
<tr>
<td>99202 NEW PATIENT EVALUATION AND MANAGEMENT SERVICES</td>
<td>$99</td>
<td>$67</td>
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<tr>
<td>99203 NEW PATIENT EVALUATION AND MANAGEMENT SERVICES</td>
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<tr>
<td>99204 NEW PATIENT EVALUATION AND MANAGEMENT SERVICES</td>
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<td>$102</td>
</tr>
<tr>
<td>99212 ESTABLISHED PATIENT EVALUATION AND MANAGEMENT SERVICES</td>
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<td>$39</td>
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<td>99213 ESTABLISHED PATIENT EVALUATION AND MANAGEMENT SERVICES</td>
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<tr>
<td>99214 ESTABLISHED PATIENT EVALUATION AND MANAGEMENT SERVICES</td>
<td>$100</td>
<td>$69</td>
</tr>
<tr>
<td>PROCEDURES AND MODALITIES</td>
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<tr>
<td>97012 TRACTION, MECHANICAL</td>
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<tr>
<td>97014 OR G0283 ELECTRICAL MUSCLE STIMULATION</td>
<td>$31</td>
<td>$19</td>
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<tr>
<td>97035 ULTRASOUND</td>
<td>$32</td>
<td>$19</td>
</tr>
<tr>
<td>97110 THERAPEUTIC EXERCISES</td>
<td>$48</td>
<td>$31</td>
</tr>
<tr>
<td>97112 NEUROMUSCULAR RE-EDUCATION</td>
<td>$44</td>
<td>$31</td>
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<td>97124 MASSAGE</td>
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<td>97140 MANUAL THERAPY</td>
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<tr>
<td>97530 THERAPEUTIC ACTIVITIES</td>
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<tr>
<td>95851 RANGE-OF-MOTION MEASUREMENT</td>
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<td>$23</td>
</tr>
<tr>
<td>95831 MUSCLE-TESTING, MANUAL</td>
<td>$23</td>
<td>$11</td>
</tr>
<tr>
<td>97750 PHYSICAL PERFORMANCE TEST OR MEASUREMENT</td>
<td>$31</td>
<td>$20</td>
</tr>
<tr>
<td>LASER &amp; DECOMPRESSION</td>
<td></td>
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<tr>
<td>58948, LOW-LEVEL LASER, EA. 15 MIN.</td>
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<td>$39</td>
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<tr>
<td>5909 SPINAL DECOMPRESSION THERAPY.</td>
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<tr>
<td>AVERAGES</td>
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<td>$40</td>
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REGIONAL FEE COMPARISONS

Across the nation, average fees and reimbursements among chiropractic practices continue to vary by region. Like our findings from last year, the West reported the highest reimbursement rate in 2020 at 71%. Also the same as last year, the South followed close behind at 69%, trailed by the Midwest at 64% and the East at 53%.

While overall fees ($60) decreased this year, reimbursements increased slightly from last year’s $39 to $40. The reimbursement rate is 68%, which is an increase from last year’s average reimbursement rate of 64%.

The West reported the highest average reimbursement rate at 71% (down from 73% last year) and also had the highest average fees ($75).

<table>
<thead>
<tr>
<th>WEST</th>
<th>FEE</th>
<th>REIMB</th>
<th>% REIMB</th>
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<tbody>
<tr>
<td></td>
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<td>$66</td>
<td>$77</td>
</tr>
<tr>
<td></td>
<td>$66</td>
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<td></td>
<td>$76</td>
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<td>$147</td>
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<th>% REIMB</th>
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<tr>
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<td>65%</td>
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<tr>
<td>$91</td>
<td>$59</td>
<td>65%</td>
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<table>
<thead>
<tr>
<th>MIDWEST</th>
<th>FEE</th>
<th>REIMB</th>
<th>% REIMB</th>
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<tbody>
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<td>$43</td>
<td>$30</td>
<td>70%</td>
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</tr>
<tr>
<td>$56</td>
<td>$40</td>
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<td>$64</td>
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<td>$53</td>
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<tr>
<td>$71</td>
<td>$46</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td>$73</td>
<td>$46</td>
<td>63%</td>
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</table>

<table>
<thead>
<tr>
<th>FEE</th>
<th>REIMB</th>
<th>% REIMB</th>
</tr>
</thead>
<tbody>
<tr>
<td>$46</td>
<td>$34</td>
<td>75%</td>
</tr>
<tr>
<td>$43</td>
<td>$32</td>
<td>73%</td>
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<tr>
<td>$47</td>
<td>$37</td>
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<td>$52</td>
<td>$39</td>
<td>75%</td>
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<td>$53</td>
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<td>70%</td>
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<td>$51</td>
<td>$36</td>
<td>70%</td>
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<tr>
<td>$48</td>
<td>$38</td>
<td>79%</td>
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<tr>
<td>$40</td>
<td>$16</td>
<td>40%</td>
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<tr>
<td>$30</td>
<td>$15</td>
<td>50%</td>
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<table>
<thead>
<tr>
<th>FEE</th>
<th>REIMB</th>
<th>% REIMB</th>
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</thead>
<tbody>
<tr>
<td>$60</td>
<td>$57</td>
<td>95%</td>
</tr>
<tr>
<td>$75</td>
<td>$52</td>
<td>69%</td>
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<tr>
<td>$75</td>
<td>$54</td>
<td>71%</td>
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</table>

<table>
<thead>
<tr>
<th>FEE</th>
<th>REIMB</th>
<th>% REIMB</th>
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<tr>
<td>$28</td>
<td>$28</td>
<td>100%</td>
</tr>
<tr>
<td>$88</td>
<td>$63</td>
<td>71%</td>
</tr>
<tr>
<td>$54</td>
<td>$36</td>
<td>64%</td>
</tr>
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</table>

Across the nation, average fees and reimbursements among chiropractic practices continue to vary by region. Like our findings from last year, the West reported the highest reimbursement rate in 2020 at 71%. Also the same as last year, the South followed close behind at 69%, trailing by the Midwest at 64% and the East at 53%.

While overall fees ($60) decreased this year, reimbursements increased slightly from last year’s $39 to $40. The reimbursement rate is 68%, which is an increase from last year’s average reimbursement rate of 64%.

The West reported the highest average reimbursement rate at 71% (down from 73% last year) and also had the highest average fees ($75).
From 2018 to 2019 we observed a decrease in fees and reimbursements among our survey participants. This year, fees slightly decreased while reimbursements showed a slight increase among our 2020 survey participants. Our 2019 annual survey showed that fees decreased from $72 in 2018 to $61 in 2019. Reimbursement followed a similar trend, with a $45 average in 2018 to $39 in 2019.
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The overall reimbursement rates ticked up from 63.9% last year to 67% this year. The last three years’ reimbursement rates have hovered between 64-70%; this year we saw the numbers remain among those averages. While only time will tell how major changes in health care will affect the industry, this year’s results show a consistency that indicates a fairly stable chiropractic market for the time being.

**Fees and Reimbursements 2014-2020**

**Year-by-Year Comparison**

<table>
<thead>
<tr>
<th>Year</th>
<th>Fees</th>
<th>Reimbursements</th>
</tr>
</thead>
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<tr>
<td>2014</td>
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<td>$69</td>
</tr>
<tr>
<td>2015</td>
<td>$42</td>
<td>$68.20</td>
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<td>2016</td>
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<td>2017</td>
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<td>2019</td>
<td>$43</td>
<td>$61</td>
</tr>
<tr>
<td>2020</td>
<td>$41</td>
<td>$60</td>
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</table>

**Reimbursement Rates 2014-2020**

**Year-to-Year Comparison**

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>61.8%</td>
</tr>
<tr>
<td>2015</td>
<td>65.5%</td>
</tr>
<tr>
<td>2016</td>
<td>63.8%</td>
</tr>
<tr>
<td>2017</td>
<td>68.9%</td>
</tr>
<tr>
<td>2018</td>
<td>70%</td>
</tr>
<tr>
<td>2019</td>
<td>63.9%</td>
</tr>
<tr>
<td>2020</td>
<td>67%</td>
</tr>
</tbody>
</table>

---

**Accuflex Tables and Lasers**

*Highest quality and affordable pricing*

**The ECLIPSE Electric Flexion**

*Starting at only $3,295*

Variable electric flexion speed * Front lateral flexion * The quietest table on the market * Hingedown abdominal section * Adjustable patient traction bars * Much, much more! Compare us with any electric flexion table on the market.

**The Comet**

*Introductory price of only $3,595*

Rear lateral flexion with removable guide handle * Variable flexion speed * Tilt head with adjustable face cushions * Hingedown abdominal * Ankle extension and patient traction handlebars * Whisper quiet and glass smooth flexion * Choice of heights and upholstery color * One of the best built, most versatile and affordable of any electric flexion tables on the market.

**The Nova**

*Introductory price of only $2,495*

New hinge down abdominal section * Incredible strength and construction * Tilt head with adjustable face cushions * Rear lateral flexion with removable guide-flex handle * Electric spring tension control * Ankle extension with ankle strap * Choice of upholstery colors and table heights * The best priced manual flexion table for the price anywhere.

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accuraylaser.com • medraylaser.com
TEAM PLAY

Among our survey participants this year, 24% reported operating in a group setting. This rose slightly from 2019, where 21% reported working in a group.

Solo vs. Group Reimbursement Rates

Solo vs. Group Fees and Reimbursements

We had slightly more responses from associates this year, which made up for a total of 6% of responses, and about 5% indicate they’re working as independent contractors in a practice. At 65%, a bit down from 2019’s 69%, DCs with solo practices made up the vast majority of our survey respondents.

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✔ Rehab
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Typically in this survey, group practices report higher fees, reimbursements and reimbursement rates than solo operations. This year group practices had average fees of $64 and average reimbursements of $40, while solo practices had average fees and reimbursements of $59 and $42, respectively. Reimbursement rates in group practices increased from last year’s 52% to 62% this year, and solo practices increased from 67% to 71% over the same period.

Group and solo practices reported working with several kinds of specialists. The most common specialist in both groups and solo practices is a licensed massage therapist, reported by 42% of solo practices and 27% of group practices.

Specialists Working in Solo and Group Clinics

Comparison of MD and DC Reimbursements

DCs AND MDs

The ebb and flow of reimbursements in the chiropractic field often mirrors what’s happening in the health care industry as a whole, albeit to a different or lesser extent. These parallels can be seen when evaluating the common codes shared by DCs and MDs alike, specifically code 99201 (evaluation and management for new patients) and its variations including 99202, 99203 and 99204.

In 2020, in a survey conducted by Medical Economics, a business journal for medical doctors, their data indicated that 38% of physicians thought their practice was doing “about the same” financially; in the previous year’s survey, 34% provided that response. The number of doctors reporting their practice was doing “better than five years ago” and “worse than five years ago” also remained consistent, differing by a very small number of percentage points. (Of course, it is worth noting that Medical Economics’ data was collected in early 2020, prior to the explosion of the coronavirus pandemic, so it may provide a look at the medical field through a different lens than does our survey, conducted this summer.)
In 2020, DCs (per this survey) and MDs (according to 2020 insurance company estimates, the latest figures available) reported mixed reimbursements on average for all four codes. MDs were seen to be reimbursed at a higher rate for all four codes. While both industries bill for these codes, the results consistently illustrate a cleft dividing the industries. Because the MD data we obtained applies solely to reimbursements, our comparisons will be limited to DC reimbursements as well. The breakdown of specific codes in 2020 is as follows:

For code 99201, DCs averaged reimbursements of $44, while MDs’ reimbursements were $47. For code 99202, MDs’ reimbursements were $77, and DCs reported an average of $67. For code 99203, MDs’ reimbursements averaged $109, while DCs’ reimbursements averaged $88. For code 99204, MDs reported a reimbursement average of $167, while chiropractors reported an average reimbursement of $103.

In spring 2020, our annual Salary and Expense Survey showed multidisciplinary and integrated practices achieving success, and increased salaries and reimbursement rates have followed. That said, chiropractors who have been in the industry longer have seen the larger paychecks that come with more experience.

Those salary survey participants with specialists working within their practice reported average total compensation of more than $164,000, compared to the $105,000 reported by strictly solo operations.

In addition, multidisciplinary practices participating in this survey reported higher fees, but slightly lower reimbursements than those without specialists.

Specifically, practices with specialists reported average fees and reimbursements of $64 and $40, while non-specialist practices reported average fees and reimbursements of $59 and $42, respectively.

Licensed massage therapists (LMT) remained the most popular practice add-on, with 77% having one on board. LMT was followed by acupuncturist (24%); fitness trainer (17%); physical therapist (16%); and nurse or nurse practitioner (16%). Rounding out the total were nutritionist (15%); MD or DO (13%); physician’s assistant (9%); and naturopath (8%).

In 2020, DCs (per this survey) and MDs (according to 2020 insurance company estimates, the latest figures available) reported mixed reimbursements on average for all four codes. MDs were seen to be reimbursed at a higher rate for all four codes. While both industries bill for these codes, the results consistently illustrate a cleft dividing the industries. Because the MD data we obtained applies solely to reimbursements, our comparisons will be limited to DC reimbursements as well. The
Although we saw an increase in survey participants reporting as franchises over the three years prior, we saw the percentage drop slightly in 2018 and again in 2019 to about 5%. This year, less than 1% of survey respondents identified their business as a franchise.

The very small number of responses for this category may suggest that the popularity of franchise ownership is waning, but it is impossible to tell without a larger survey sample. For this reason, we are unable to draw any conclusions about chiropractic franchising from the results of this year’s survey.

However, in our 2019 survey, the average franchise owner was a 50-year-old male in practice for about 20 years, owning one practice and licensed in one state. For the last two years, 80% of franchise-owning chiropractors were men, indicating a male-female ratio similar to that of the chiropractic profession at large.

**CASH, PLEASE**

Although the percentage of cash-only practice survey participants decreased from 19.9% in 2018 to 16% in 2019, the percentage of cash-only practices rose back to 19.9% this year. Those DCs who did report operating a cash-based practice fared well in their collections.

For cash-based practices, average fees were reported at $60, the same amount as overall average fees. In 2018, cash fees came in at $74, then decreased to $61 in 2019, so this year’s data serves as an indication that cash collections are about the same as last year.

By strict definition, a cash-based practice would have no reimbursements. So fees in a cash-only practice are equivalent to reimbursements (collections). The average cash-only practice fees of $60 are up compared to...
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This year we asked what percentage of your collections is cash-based to dig deeper into this type of practice. About 37% answered that their practice had less than 25% cash income. Twenty-five percent had 26–50% cash, 17% had 51–75% cash, and 21% had 76–99% cash collections.

Your typical cash-only practice respondent is male (72%), with women making up 28% of this group. Of cash-based survey participants:

- 38% offer homeopathy;
- 24% offer acupuncture;
- 21% offer nutrition;
- 20% offer kinesiology taping;
- 20% offer instrument assisted soft tissue mobilization;
- 17% offer instrument adjusting;
- 15% offer physical therapy;
- 13% offer electrotherapy;
- 13% offer exercise programs;
- 13% offer massage therapy;
- 13% offer laser therapy; and
- 11% offer ultrasound.

Over the past few years the number of female survey respondents has hovered around one-quarter of all participants. In 2019, we saw an all-time high of 30%. In 2020, that number dipped slightly to 28%.

Female chiropractors reported slightly higher average fees than male DCs ($64 compared to $59), along with higher reimbursement averages ($42 to $40). However, female practitioners reported slightly lower reimbursement rates than male DCs (66% to nearly 68%).

The 68% reimbursement rate for men is up from 56% last year, and reimbursement rates for women are up to 66%, compared to 63% last year.

Women respondents reported an average younger age (47), compared to men (52), which is the same as last year for both. In addition, female DCs reported being in practice for fewer years (16), compared to men (21).
The reimbursement rate for men is up to nearly 68%, and up to 66% for women.

while male respondents have been in practice for an average of 22 years.

Interestingly, when asked about which additional modalities they offer, both men and women reported the same top three modalities: instrument adjusting (56%), ultrasound (52%) and electrotherapy (48%) were the most popular. Rounding out the top five were flexion distraction (44%) and kinesiology taping (43%).
Every year, we ask doctors of chiropractic to report on three additional 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, not including the regional comparison chart.

Average fees for range-of-motion testing were $32, while average reimbursements were $23 — a reimbursement rate of 72%.

Average fees for muscle testing were $23, with an average reimbursement of $11 — a reimbursement rate of 48%.

Average fees for physical-performance evaluation were $31, with an average reimbursement of $20, and a reimbursement rate of 65%.

A significant number of chiropractors also offer discounts when patients pay in cash. Last year, DCs saw 30% offering discounts for cash, and this year 28% of DCs have this type of plan in place.

The remaining responses were “prepay” (29%), “down payment” (15%), “patient financing” (10%), “discount medical plan organization” (6%) and “other” (12%).

A final response choice, “negotiation per case,” came in at less than 1%.
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First try this formula to find your cost of doing business

BY RAY FOXWORTH, DC, FICC, MCS-P
TIME TO READ: 7-9 MIN.

THE TAKEAWAY
Are you shortchanging yourself and your practice by not paying enough attention to your fees? Try this five-step formula to see if you are holding up your practice growth and revenue.

ONE OF THE MOST CONFUSING, AND YET IMPORTANT, DECISIONS WE MAKE as business owners is what to charge our patients. I’m often surprised by the methods many of my colleagues use to arrive at that decision. How do we know if we even made the right decision? Did we set the fees too high, or worse, too low? It’s a tough balancing act when we want to be profitable and yet provide a fair price to the patients we serve.

I have heard of doctors who ask colleagues what they charge and some who just plug in the fees already in place at the practice they just purchased. I can tell you that neither one of these options is smart if you plan to stay in business very long. So, how do we all know what to charge in our offices?
Know your cost
First and foremost, you need to know your cost of doing business. According to a national survey a few years back, overhead in a typical chiropractic practice averages 50%. I would be surprised if that average hasn’t increased in light of increased costs and lower reimbursement models. Not to mention the added expenses related to COVID-19.

Many of the doctors we work with daily can’t tell you their actual cost of doing business. Without this number, how can any of us know if we are profitable? The formula is straightforward:

1. List monthly fixed expenses (rent, business loan payments, equipment leases, etc.) and a 12-month average of variable and non-monthly expenses (utilities, payroll, taxes, etc.);
2. Determine your average number of office visits per month for the past 12 months;
3. Determine your average actual reimbursement per visit (total income divided by total visits for the year);
4. Divide the average overhead expense by the average number of office visits to get your average cost per visit;
5. Divide the average cost per visit by the average income per visit to determine your average overhead percentage.

Here’s how your worksheet should look:

As you can see in this example, the average cost to deliver care is $27.27 per visit. This number helps us understand the minimum amount the clinic must collect per visit to break even. The goal is to be profitable, so that means earning more per visit.

Fee research
The next step for determining your fees is to gather research on each code’s market value in your ZIP code. I love the website fairhealthconsumer.org. It is a great way to collect this information quickly.

You are limited to a maximum number of searches per week (10), so start with your most commonly-used codes. It would be best if you also pulled all of the published fee schedules for your state, such as Workers Comp., PI, etc. An evaluation of provider fee schedules from one state showed that 80% of the providers were not charging as much as Workers Comp. allowed. Many state associations are fighting to prevent Workers Comp. from lowering reimbursement rates for chiropractic services. You can see where the problem is.

Why would Workers Comp. pay you $100 when you insist on charging $80? Your fees should not be so far below your market averages that you are undervaluing the services you provide and leaving revenue on the table.

Regular reviews will help ensure that you are not devaluing your services and losing money.
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Insurance and cost of care
Speaking of insurance, are you signing contracts for less than your cost to deliver care ($27.27)? You must read your provider’s agreements and understand every stipulation you are agreeing to before signing.

Far too often, doctors find out that a procedure regularly performed in the practice isn’t covered, or it’s bundled under the terms of the contract. Additionally, providers may choose to add a new service or product, such as spinal pelvic stabilizers, only to find that their provider agreement allows for reimbursement in the fee schedule at a rate lower than the cost of the product or service.

It is crucial to stay on top of changes from insurance companies so that you can make an informed decision about whether to participate in a particular health plan.

Fee-scheduling options
If it has been a few years and it looks like a major overhaul is needed to bring your fee schedule into the 21st century, don’t worry. You are not alone.

Consider getting the help of a consultant. Consultants can evaluate your current fees, and the contracted rates and published fee schedules, for your area. They can also make recommendations on when and how to implement fee changes in your office. If one of your primary reasons for not evaluating or increasing your fees over the years is a desire to keep care affordable for your cash and underinsured patients, consider using a discount medical plan organization (DMPO). DMPOs allow you to offer legal and compliant discounts to your patients, helping keep care affordable for non-covered services. If you are already using a DMPO, make sure you evaluate your levels of discounts, too.

Minor adjustments and big impacts
Now that you have cleaned up your fee schedule, you need to commit to reviewing it at least annually. Reviewing your fees each year does not mean you will make changes to your fee schedule every year, but regular reviews will help ensure that you are not devaluing your services and losing money.

When I gathered this information and considered raising my fees, I experienced a sense of dread. I felt that any increase, big or small, would turn patients away from my practice. I didn’t realize that minor adjustments to my fees could have a significant impact on my practice’s financial health without burdening my patients with rising health care costs. For example, I discovered that by increasing my fees $5 per visit (less than the price of a cup of coffee), my practice would generate an additional month’s worth of revenue each year.

Practice growth starts by taking small steps in the right direction. Evaluating your fees is a great first step to ensure a successful business.

RAY FOXWORTH, DC, FICC, MCS-P, is a certified Medical Compliance Specialist and president of ChiroHealthUSA. A practicing chiropractor, he remains “in the trenches” facing challenges with billing, coding, documentation and compliance. He has served as president of the Mississippi Chiropractic Association, is a former staff chiropractor at the G.V. Sonny Montgomery VA Medical Center and is a Fellow of the International College of Chiropractic.
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Don't wait, another COVID wave is imminent!

www.sciencebasednutrition.com
Many offices are not communicating regularly with the patient base. Use these tips to start regular communications with patients or to refine your current efforts with industry best practices.

Despite what we may be hearing, email is not dead. Email open rates were dipping slightly prior to COVID-19, but have since risen.

For the chiropractic practice we average an over 20% open rate, and for the consulting business it’s near 30%. With some smart moves we can increase our open rate and make the emails more effective.

It’s not enough just to have someone open the email — we want them to take some sort of action. Here are five tips to increase your email open rate and have patients and potential patients take the appropriate action.

The email provider
This is so important and often overlooked. Google, Yahoo!, Bing, etc., have different filters in which emails go through. If
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someone, anyone, is using the same provider as you and sends a lot of spam, Google may flag that provider and lower the number of patients who see that email.

Let's say a "Nigerian Prince" is spamming people using Aweber. (The major email senders are Aweber, Mailchimp, Constant Contact, Infusionsoft and a few others.) If a lot of Gmail users are reporting the prince's email as spam, Gmail will flag not only the prince, but all Aweber users. This means that due to the Nigerian Prince spamming people, the emails sent to your patients may end up in spam. Fair? No, but it's the system. There is no way to know which provider is best at this moment and testing may be your best bet.

**Subject line**

This is the headline of your email. When studying all direct marketing legends — Dan Kennedy, Gary Halbert, David Ogilvy, etc. — they all say the same thing: that the headline is the most important piece of any marketing that goes out. We have to get recipients to open the email without fooling them. The headline should be relevant but also interesting. Tricking people doesn't work long-term. A headline such as "Hey!" may have nice open rates, but do that every week and people will get turned off.

Here are some example headlines:

- What never to ______
- It's the ______, stupid
- 7 ways to feel better
- Why ______ doesn't work
- 5 ways to ruin your health
- Thanking pain and suffering
- 3 hidden lessons
- Confessions of a ______
- They laughed when I ______, but when I started to ______
- Who else wants to ______

These are just some examples. Make the headline interesting and make them want to finish reading.

**Frequency**

Many offices are not communicating regularly with their patient base. This can be a big problem for many clinics, because if patients don’t hear the message regularly, they stop opening emails and stop interacting. Frequency of messages is important, particularly with email.

What is the right frequency? Some of the top email experts — Ben Settle, Dave Dee, DoberMan Dan — recommend daily emails. They are probably right and if you can do it, do it. In our clinic and for our many clients, this is too much. Once a week is a frequency most of us can handle.

Doing the weekly email makes it regular for the patient and for you. Doing it the same day and time every week makes it a habit you can stick to. Schedule your email on a day you have more free time, typically a Tuesday or a Thursday for a chiropractic clinic. There are dozens of books and articles about when to send email, but the short answer is that you have to test times and days and watch the open rates. Every area is a little different and you have to experiment with when to send. Find a time and day when people are getting less email and send then — when they won't just be mass-deleting the email.
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Call to action
The biggest problem with almost all marketing chiropractors do is the lack of a call to action. Every postcard, post on Facebook and email should have a call to action.

OPEN RATE OF MANY CHIROPRACTOR E-NEWSLETTERS

What do you want them to do? Forward this email to a friend, like us on Facebook, come to our patient appreciation day? What is the point of the communication? Every email should have a call to action with what you want them to do next. People don’t know what the next step is, so tell them. “Please leave us a review on Google; here is the link” or “Come to our patient appreciation day, Saturday at 10 a.m.” Have a direct call to action so they know the next step.

Email marketing is not dead, but remains one of the steadiest of marketing tools. Following these five tips can increase not only your open rate but your response. Don’t forget: Banks still don’t accept “likes” and email opens for deposit. Patients need a call to action to ensure they follow through. Employ these tactics and don’t give up on email yet.

JAMES R. FEDICH, DC, owns a large multidisciplinary practice in northern New Jersey. He is also the author of “Secrets of a Million Dollar Practice” and host of a popular chiropractic podcast, Dr. J’s Path to Success. To find out more or to contact Dr. J, visit drjamesfedich.com.
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ACA BRINGING MEDICARE REIMBURSEMENT FIGHT INTO 2021

The push continues to support the Chiropractic Medicare Coverage Modernization Act of 2019

BY CHIROPRACTIC ECONOMICS STAFF

THE AMERICAN CHIROPRACTIC ASSOCIATION (ACA) RELEASED A STATEMENT in September regarding its intent to continue the fight to stop Medicare reimbursement cuts for chiropractors moving into 2021.

“A critical component of ACA’s government relations work is safeguarding and advancing public trust in chiropractic — and this is at the forefront of our work with policymakers,” wrote Meghan O’Brien, the ACA’s associate director of federal government relations in a blog on Wednesday.

The Chiropractic Medicare Coverage Modernization Act of 2019 (H.R. 3654) is legislation championed by the ACA to increase Medicare coverage of chiropractic services, introduced in the U.S. House of Representatives last year. It would allow Medicare beneficiaries access to the chiropractic profession’s broad-based, non-drug approach to pain management, which includes manual manipulation of the spine and extremities, evaluation and management services, diagnostic imaging and utilization of other non-drug approaches that have become an important strategy in national efforts to stem the epidemic of prescription opioid overuse and abuse.

H.R. 3654:
• Appropriately defines a doctor of chiropractic (DC) as a “physician” in the Medicare program.
• Provides patient access to all Medicare-covered benefits allowable under a chiropractor’s state licensure.
• Requires that DCs complete a documentation webinar.
• Is bipartisan legislation, introduced by Reps. Brian Higgins (D-N.Y.) and Tom Reed (R-N.Y.).

Reimbursement to the fullest extent
To best serve their senior patients, the ACA says, chiropractic physicians must be allowed to practice and be reimbursed to the fullest extent of their licensure, training and competencies.

“Since the chiropractic profession was first included in Medicare in 1972, doctors of chiropractic (DC) and their patients have been burdened by arbitrary limitations that lack any scientific or sound policy justification,” the ACA states on its website. “Research demonstrating positive patient outcomes and cost effectiveness resulting from chiropractic care have advanced private coverage and state licensures to meet patient needs ... Chiropractic inclusion in the Medicare program was established in 1972 and has seen little change since then, other than elimination of the X-ray requirement in 1992.”

In late 2019 the Centers for Medicare and Medicaid Services (CMS) released the final Physician Fee Schedule (PFS) Rule, which increased Medicare payment for office/outpatient evaluation and management (E/M) and CPT codes, while subjecting certain providers — including doctors of chiropractic — to significant and unjustifiable decreases in Medicare reimbursement.

“As with any federal budget change, we were not the only ones concerned by the harm these reductions would do to Medicare beneficiaries,” wrote the ACA’s O’Brien. “Thankfully, ACA — as the only widely recognized chiropractic association on capitol hill and in the federal agencies — maintains collaborative and professional relationships with our colleagues who represent other physician and provider groups in Washington, D.C. Since the release of the final rule, ACA has partnered with nearly 50 other organizations and has taken steps to stop the implementation of these reimbursement reductions. We helped to form a powerful, diverse coalition of providers (which is an important part of government relations work) and met with CMS officials in Baltimore and Washington, D.C. The group brainstormed and collaborated on potential regulatory fixes and is now urging Congress to utilize its power to waive the budget neutrality requirements in the final rule before its implementation on Jan. 1, 2021.”

To read the full blog on the ACA’s battle to stop Medicare reimbursement cuts for chiropractors go to acatoday.org.

— CHIROPRACTIC ECONOMICS STAFF
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Chiropractic Economics’ Point-Counterpoint is where doctors of chiropractic and health care industry professionals debate the industry’s hottest topics.

This issue:

PAYING OFF OUTSTANDING CHIROPRACTIC DEBT

This past February, the Ohio House of Representatives signed off on a bill that would repay outstanding chiropractic school debt for doctors of chiropractic who agree to serve in regions of the state where there is a chiropractic shortage. With an impending DC shortage across the U.S., should all states or the U.S. Government offer loan repayment programs for service?

“Yes — if we are meeting a need in underserved areas this is a great thing — long overdue, not to mention our profession has an extreme problem with the amount of debt we graduate with — with little guidance and/or help from any of our associations on a national or state level.”
— M. Preneta, DC

“I think service to the country or state or in some way helping society in some organized way should be recognized by reducing and possibly eliminating student loans.”
— South Florida Medical and Wellness Clinic

“Government debt repayment programs for DCs working in underserved areas would help to increase the number of clinics in those communities, but there still would be the issue of preparing chiropractors to start work quickly upon graduating. Oftentimes, new DCs find themselves in limbo after graduating because they still have to study for boards in addition to finding the money to complete them while making a living as well.”
— M. Edwards, DC

“We all know that our profession has a problem. We cannot afford the tremendous debt that follows new doctors into practice. Our educational institutions have an insatiable thirst for tuition dollars. Classroom seats must be filled, and salaries paid to instructors and administrators. And yet we also have a responsibility to those coming into colleges who are choosing to believe that any amount of debt will be worth it in the end.”
— P. Chinn, DC

“I believe that professional organizations and chiropractic education programs should establish task forces, steering committees or subcommittees to address the school debt and the industry. Legislation to further advance chiropractic and provide equity of service reimbursement, i.e. the Chiropractic Medicare Modernization Act of 2019 (HR3654) can also play a role in reducing debt-to-income ratio for chiropractic graduates. Further, in addition to legislation, I believe that increased reimbursement for chiropractors that have undergone specialized training, such as a diplomate or residency, can reduce debt-to-income ratio.”
— C. Rogers, DC

“If you work for a nonprofit or a government agency, consider the 10-Year Public Service Loan Forgiveness (PSLF) program, which offers many advantages. Sponsored by the federal government, it can cover virtually any field of practice — including chiropractic. Here’s how it works: While you are employed full-time for a public-service organization, you must make 120 on-time, full monthly payments. Qualifying employment is any job with a federal, state or local government agency, or a nonprofit that has 501(c)(3) status, as well as certain nonprofits that are not 501(c)(3)s. The federal government forgives your balance at the end of the 10-year program.

As part of this process, you will have to choose a payback program based on your earnings. You want to enroll as soon as possible once your education is complete because you pay on the earnings reported on your tax return. If school ends in June, this means you’ll bank nine or 10 months of low payments until you’ve filed your taxes. There are increasing rumblings that ‘alternative medicine’ is becoming more mainstream, so many chiropractors are now being employed at hospitals and other nonprofit entities. This is a great program for them.”
— D. Denniston, CFA

Weigh in with your opinion! — see the latest topic, write a 300-word or less response and possibly have your opinion appear in the next issue of Chiropractic Economics (submissions may be edited for length) — go to facebook.com/ChiroEcoMag.
BE THE STORM

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THE TAKEAWAY
From helping your website ranking and “find-a-ility” to bringing in new patients who did not realize the conditions a chiropractor can address, video is the future of marketing in more ways than one.

COMMUNICATION IS BECOMING MORE DIGITAL, and more visual, every day. Video is rapidly becoming the preferred way for practices to increase online visibility, convey expertise, and engage and educate new and existing patients.

With the increase in simple high-definition cameras, as well as easy-to-use video editing and distribution options, video has become a highly affordable option for promoting your chiropractic practice. Online video consumption is one of the most popular internet activities worldwide. Improvements in mobile technology and broadband networks have helped make watching videos become a significant part of users’ online experience.
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According to Statista.com:

- The number of U.S. digital video viewers in 2020 is 232 million.¹
- If you link to a video in an email, the recipient is 96% more likely to click through than to ignore or delete it.
- And if someone looks you up online, they’re more likely to click on a video than a text result.

**Video and web rankings**

Video can also improve your search engine optimization (SEO) and rankings if you take the time to plan a solid strategy for your online video content. Websites containing video consistently show a lower bounce rate and increased time-on-site versus sites without video content.

Video also helps with search engine optimization efforts as sites with this type of content, according to the National Research Corporation, are 50 times more likely to appear on Google’s first page results than sites without video content.²

**Get started**

Chiropractic practices can use video in a variety of ways. Here are seven ideas and examples to get you started.

1. **Educational Videos**

Providing patient education videos on your website can help educate current and prospective patients about common conditions and procedures, from explaining the benefits of chiropractic care for back and neck pain to showing how chiropractic care enhances performance in sports and other activities. You will probably want to create a separate page on your site for these videos, titled something like “Video Library” or “Chiropractic Care Videos.” You can also host the videos on your YouTube or Vimeo channel.

For the best SEO results, use a specific title for your video and include keywords in the title and description. For example, “Chiropractic Care During Pregnancy” is better than “Chiropractic Care.”

2. **Pre- and Post-visit Instructions**

Instead of giving patients a paper handout with instructions—or worse, only verbal instructions—provide video that includes this information along with frequently asked questions about their visit. You can make the video available on your website or patient portal, or email or text a link directly to patients.

Create a pre-first visit video that includes a brief (2-3 minutes) welcome and introduction of the doctor, along with a link to the map of your location, and a link to your new patient paperwork for completion before the visit. This video greatly decreases no-shows.

Another great video is the post-first adjustment video. Include a brief video congratulating the patient on their decision to try chiropractic, how they should expect to feel after their first adjustment (better, worse, the same), along with any instructions for home care.

3. **A Facility Tour**

Consider filming short videos showcasing your facility and amenities to let patients know what they can expect. This is especially important for chiropractic practices that offer ancillary procedures, such as active care exercises, massage therapy, laser, decompression therapy and other services.

Patient testimonials are also some of the most highly-viewed content on chiropractic practice websites.
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AFTER MONTHS OF UNCERTAINTY, WE ARE COMING TO YOU IN PERSON AND VIRTUALLY

Hotel venues are in PHASE 2! Positive cases have GONE DOWN!

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Naples, FL

November 5-8, 2020
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Orlando, FL

November 19-22, 2020
World Golf Village Renaissance
St. Augustine Resort
St. Augustine, FL

SAFETY PROTOCOLS & GUIDELINES:
YOUR SAFETY IS OUR PRIORITY! Please visit TheNationalChiro.com for the latest updates and protocols we will be implementing to keep you safe.

- Temperature checks will be conducted before entering the event.
- Masks will be provided for attendees or vendors who want one. Compliments of our sponsor ScripHessco. Hotels currently require every person to wear a face covering in any place that is public.
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- Hand sanitizer stations will be available throughout the event.
- We are expanding Exhibit Hall aisle ways to 11’ one-way guided paths and highly accessed areas will be widened, eliminating close contact as much as possible.
- Sparse seating in Educational Sessions currently at 50% of normal occupancy, will be set for classrooms.
- F&B will be provided in a no-contact way.
- Outdoor spaces will be used during break times.

Please note that these safety measures will be updated based on current CDC recommendations and government, state and federal mandates.

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MARKETING MATTERS

A view of patients exercising with brightly colored stability balls and tubing in your “Rehab Suite” can provide hope to patients who are in the early stages of acute care. A preview of your facility also decreases the “fear of the unknown” factor. Many patients are surprised at how attractive and professional chiropractic offices look when compared to the offices of some of the other health care providers they have visited in the past.

4. New Patient Workshops and Wellness Seminars
In the past, chiropractors would deliver new patient workshops and wellness seminars in their practice. You’ll find that you can reach more potential new patients, including your patients’ friends and family members, by emailing or texting them a link to videos of your workshops rather than requiring them to attend one in person.

You can produce video on the most common conditions that you care for, along with benefits that may not be commonly associated with chiropractic care. Create a series of “Chiropractic Health Tips.” You can link to them on Facebook, Instagram and Twitter, and include them in status updates on LinkedIn. If you have a practice Facebook page, there is a videos tab where you can store these videos permanently.

5. Patient Testimonials
Personal stories from satisfied patients are one of the best ways to promote your practice. Patient testimonials provide social proof that chiropractic works. Patients also love sharing their personal chiropractic success story when they know it might inspire someone else to give chiropractic a try.

For best results, keep patient testimonial videos short (two minutes or less). Be sure to obtain and keep on file a HIPAA Authorization from patients granting their permission to share their testimonial prior to making them public. Patient testimonials are also some of the most highly viewed content on chiropractic practice websites.

6. Enhance Social Media Pages
You can leverage the same video content you use on your practice’s website for use on your social media channels. For example, headache, neck pain and low-back pain patients are often amazed that chiropractic care can help conditions involving the extremities. Their significant other may be left at home suffering with TMJ or knee pain if you don’t let them know you can help. Video is the absolute best way to do this.

Remember to keep your videos short, as attention spans, especially on the web, are not what they used to be. The optimal length should be under two minutes, but attention must be grabbed in the first 10 seconds or you’ll risk users clicking away. Take action to engage your patients and build your brand with video.

MARK SANNA, DC, ACRB Level II, FICC, is a member of the Chiropractic Summit and a board member of the Foundation for Chiropractic Progress. He is the president and CEO of Breakthrough Coaching. For more information go to mybreakthrough.com or call 800-723-8423.

References can be found online at chiroeco.com

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YOU DID WHAT?
Horror stories of creative coding causing confusion

BY KATHY (KMC) WEIDNER, MCS-P, CCPC, CCCA

THE TAKEAWAY
Here are four “workaround” accounts of what you want to avoid in “creative coding” to keep your practice safe and compliant.

WE LIKE TO QUOTE THE FAMOUS FARMERS INSURANCE COMMERCIAL that says, “We know a thing or two ... because we’ve seen a thing or two.” Having been at it for as long as we have, we think we have seen it all. But inevitably, some new twist shows up on a consultation and we add it to our list.

Sometimes, we must step back and say, “Things that make you go ... hmmm!” Here is a collection of creative coding that helps you see what not to do.

The old ‘dual accounts’ workaround
We all know that Medicare only covers spinal adjustments when medically necessary. However, all the statutorily-excluded services can be billed to Medicare, along with the adjustments, to generate an appropriate denial. Why send them if we know they are not covered? Many reasons, not the least of which is that the patient may have a secondary payer that will cover those services.
Elevate Your Patients’ Health and Wellness

Your patients need you now more than ever before. The COVID-19 pandemic has further solidified your role as an essential healthcare professional and the demand for optimal wellness is higher than ever.

Let the Foundation for Chiropractic Progress (F4CP) do the heavy lifting when it comes to marketing your practice. For a monthly donation of $100 or less, F4CP membership provides you with elite-level promotional resources to help inspire your patients, grow your practice and support your profession.

The best part? All of our marketing resources have been designed to be easily implemented by your office staff so that you can focus on what you do best: care for your patients.

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> White Papers & eBooks
> Posters
> Brochures
> Advertisements
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For more information or to enroll as an F4CP member today, visit: www.f4cp.org/CE
Often, practices do not know they may be covered because they make the grave error of not verifying all Medicare coverage, both primary and secondary. To “work around” this issue, we encountered a practice that set up two accounts: one for Medicare-covered adjustments, and one for everything else. Unfortunately, the other services are sometimes incorrectly discounted, but the offices felt it was OK because it was not on the Medicare patient’s official ledger.

Either way, this is bad business. Computer software can control what does and does not get billed out to a payer within the program, so there is no reason to make these different accounts. In fact, like the term “cooking the books,” it smacks of something unsavory being done to.game the system.

The old ‘unbundle the bundled’ workaround

Sometimes providers join an insurance network without all the information they should have — such as what they are going to be paid for their services. More and more payers are moving to a flat-fee-per-visit payment system, regardless of what services are performed.

On a recent baseline audit, we encountered a practice that had two ledgers in exactly this circumstance. The patient was insured, and the benefit was to cover only one adjustment and one modality per visit. We found that this office ran a second ledger for any modality and procedure beyond the first one and charged the patient for these additional services in another account.

When agreeing to a fee schedule, even one that includes all-inclusive or bundled services, you get what you get. That is an agreement by contract and charging for additional services is a violation. It should be noted, though, this is a great time to be familiar with the Medical Review Policy of such a plan. Perhaps certain mainstream services you perform fall into the “experimental, investigational and unproven” definition by the payer. For example, kinesiotaping, hydrobed massagers, and even roller table traction can fall into this category. Check to see if the payer allows the patient to pay for these items separately, with a signed waiver of advance notice.

The old ‘pile it on’ protocol

I stand for providers being paid every single dollar they deserve for the work performed. We have encountered providers along the way that seem to think that if two services are good, then seven must be much better. A recent example was an office visit uncovered in a baseline audit in which 23 straight visits looked like this:

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic Manipulation, 3-4 Spinal Regions</td>
<td>98941</td>
</tr>
<tr>
<td>Chiropractic Manipulation, Extra-Spinal Regions</td>
<td>98943</td>
</tr>
<tr>
<td>Mechanical Traction</td>
<td>97012</td>
</tr>
<tr>
<td>Manual Therapy</td>
<td>97140-59</td>
</tr>
<tr>
<td>Neuromuscular Re-Education</td>
<td>97112-59</td>
</tr>
</tbody>
</table>

It is not the place of a non-DC like me to judge whether a provider chose the appropriate treatment protocols for a patient. But what I can do is comment on whether the documentation establishes the medical necessity of all these services, every visit, for 23 visits.

In this case, the documentation was sorely lacking, and 2-3 of the service codes were disallowed on audit for each visit. One thing that will raise the hair on the back of the neck of an auditor is seeing 97140 billed when 3-4 spinal regions are also being billed. And in this case, even more discouraging was that extra-spinal manipulation was also included.

One must ask, “Where could the manual therapy have possibly been performed that was not a contiguous area to the spinal adjustment?” And in this case, the documentation clearly showed that it was being performed in the same spinal region as the adjustment, and therefore, disallowed every visit.

The old ‘call It S8990 and we can charge cash’ workaround

The Healthcare Common Procedure Coding System (HCPCS) code S8990 is defined as: “Physical or manipulative therapy performed for maintenance rather than restoration.” Generally, this is an all-encompassing code that includes the adjustment and whatever other modalities are deemed appropriate for that visit.
Typically, this code is used in a fee system to denote true maintenance visits for non-Medicare patients. Medicare maintenance visits should be coded with the appropriate CMT code, removal of the AT modifier in favor of the GA modifier, along with a properly executed ABN form. Unfortunately, we have seen practices incorporate all cash-paying visits as S8990, whether for maintenance or active treatment. The motivation for this is usually because they want to offer a cash discounted price for those uninsured, under-insured, or partially insured patients with this workaround.

It is completely inappropriate to employ this coding practice to affect a fee issue. Use of a Discount Medical Plan is an easy solution for a practice wishing to legally discount for these categories of patients.

Coding must always be driven by documentation. Proper coding compliance dictates that the most appropriate code is used to describe the service. Workarounds and coding sleight-of-hand scenarios have no place in the compliant health care office. For every situation, there is usually a clean, legal and efficient option that keeps the practice safe and protected.

KATHY WEIDNER, MCS-P, CCPC, CCCA, known as KMC, is a Certified Medical Compliance Specialist (MCS-P), Certified Chiropractic Professional Coder (CCPC), and Certified Clinical Chiropractic Assistant (CCCA). Since 1983, she has been providing chiropractors with reimbursement and compliance training, advice and tools to improve the financial performance of their practices. She leads the largest team of certified specialists in the profession at KMC University and is known as one of our profession's foremost experts on compliance, Medicare, documentation and CA development.
NEW PRESIDENT, NEW ENERGY
Opening doors that remain closed to Black DCs and potential patients

BY RICK VACH
TIME TO READ: 8-10 MIN

THE TAKEAWAY
In 2020 there remain chiropractic campuses that do not recognize Black student groups. New American Black Chiropractic Association President Micheala Edwards is ready to bring change to membership, recruitment of DC students, and a host of other initiatives.

IN JULY THE AMERICAN BLACK CHIROPRACTIC ASSOCIATION (ABCA) NOMINATED Micheala Edwards, DC, president of the organization to further its mission of “Integrating and improving outcomes for persons of color entering the profession of Doctor of Chiropractic.”

The ABCA was founded in 1981 by Bobby Westbrooks, DC, from St. Louis, who recognized that many African Americans were unfamiliar with the benefits of chiropractic care, and that chiropractic colleges struggled to attract minority students into their programs. Approaching 40 years later, the chiropractic industry comprises less than 5% Black chiropractors, which Edwards estimates is closer to 1-2%.

The 2009 graduate of Logan University says the focus during her term will be on membership, scholarship, and diversity and inclusion, and that the ABCA membership of late is seeing a surge of non-Black members in support of the ABCA’s mission and inclusion efforts.

“Revamping membership and strengthening partnerships
Edwards says the ABCA “has a lot of work to do” to fulfill her vision during her term in regard to strengthening membership, membership benefits and partnerships.

“We are focused on revamping our membership options to better provide benefits to our students and newly-graduated DCs,” she says. “We’ve added some key affiliates to our arsenal of resources for board reviews, hands-on training and mentoring of our younger member groups. We will also be focusing on plans to fully fund an endowment for our Harvey Lillard Scholarship Fund. This will be an ongoing effort until our goal is reached and we can add additional awards to our applicant pool.”

The partnerships will include research endeavors showing the benefit of diversity in chiropractic care in serving minority populations to higher education within the industry.

“The ABCA is currently in talks with other affiliates to partner and assist with a future research project that has the goal of providing information to the education sector that is vital to ensuring that the profession’s educational curricula include data that best ensures future DCs are also trained to provide top-notch chiropractic care in our diverse and ever-evolving multicultural world,” she says. “This study will likely spark future studies in the profession relating to diverse communities.”

A ‘Call to Action’ for 2020
The ABCA will also be following up on a “Call to Action” that was sent to each chiropractic college and university in the nation to encourage a review of their internal controls for diversity and inclusion.
“Our goal is to find that all of our schools at least has someone — staff, committee or department — committed to the topic, or that the school uses the ABCA in an advisory role for such,” Edwards says. “We seek to promote qualified minority DCs throughout the nation for consideration in roles such as teachers, speakers, faculty or staff, and board members at our schools, all while maintaining a positive experience for our student members currently enrolled in DC programs. In short, the next two years will be all about membership, scholarship, diversity and inclusion, and research.”

Transforming a profession
Approximately 92% of chiropractors are white, and around 70-75% of practicing DCs are male, although the male-female ratio in schools has approached close to 50-50 over the last few years. The answer for more chiropractors of color to serve constituents of color across the U.S. is better recruitment programs that communicate the benefits of chiropractic care.

“In order to transform the profession into one where doctors more resemble patient populations, recruitment for DC programs nationwide would become an area of focus,” Edwards says. “Recruitment in the urban core that includes programs which inform the community about chiropractic and its benefits are crucial. The ABCA looks to working with the schools to aid in such programs through our Community Outreach Initiative that is incorporated into our ABCA National Conventions each year. The long-term goal of the initiative is to link urban populations, through various local organizations and charities, to chiropractic schools in their area. Often, these programs are the very first exposure to the profession that participants get. Interaction with the ABCA and its leaders, both students and doctors, within these events is helpful when one considers chiropractic to be a field of interest.”

‘People search for a familiar face’
Various research studies have shown that patients of color will not only seek care more often if they have access to a doctor of color, but that they will also receive more effective care.

“From the urban view, there is definitely a need for Black chiropractic within the community,” Edwards says. “In the nation’s current state of civil unrest, more and more people are searching for a trusted source when it comes to their family’s health and wellness. A stigma still exists in our communities surrounding the validity and acceptance of the holistic approach to things. Typically, people search for a familiar face when seeking help from a trusted source and would be more willing to give chiropractic a try with a Black doctor. But without exposure to one in their area, they simply miss out on all of the benefits that chiropractic care offers.”

Along those lines of trusted care in the Black community, a stunning research report out of George Mason University earlier this year found that Black newborns are three times more likely to die when looked after by white doctors. “The findings suggest that Black physicians outperform their white colleagues when caring for Black newborns,” the authors wrote.

Edwards says that expanding doctor availability in communities is essential, and “Although the ABCA currently has a ‘Find a Doc’ directory linked to our website that anyone can use to search for our registered members, we’ve experienced an influx of requests for referrals that have come in through our social media pages and by email.”

A lack of higher education support
Astoundingly in this age, among the Black Lives Matter protests of 2020, Edwards points out that not every chiropractic school recognizes the ABCA as a national organization. The new president looks to break down some of the last barriers to students of color on chiropractic campuses by partnering to allow all students to join an ABCA student chapter who so desire.

“The ABCA’s goal is to have an active student chapter at each chiropractic school in the nation,” she says. “There are currently schools that do not have a chapter, but not because there are not any students interested in joining, but because their school does not openly support all national or unaffiliated organizations within the profession. While students at these schools can still join the ABCA on their own and apply for our scholarships, they are unable to learn leadership skills in managing a chapter; conduct meetings where doctors in the area are brought in as guest speakers and hosts for shadowing; or host our annual regional conferences. This prevents students from enjoying all of the benefits that our memberships offer.

Included in our previously referenced Call to Action, the ABCA plans to pick up the advisory role on campuses by means of either members from our leadership board or through local students who are members of the ABCA or SABCA. In this manner, Black students will have representation.
ABCA Constitution Purpose

To recruit, encourage and support black persons to study chiropractic.

To encourage camaraderie and leadership amongst black chiropractic doctors, instructors, technicians and students.

To assist chiropractic colleges in recruiting qualified black students and faculty members.

To teach and perform research in chiropractic.

To facilitate the exchange of knowledge, experience, and research among doctors of chiropractic.

To help advance the science, philosophy, and art of chiropractic, and to improve the standards in chiropractic professional knowledge.

To donate time and services to neighborhood health clinics.

To perform community education.

To establish the Harvey Lillard scholarship fund for members of the Student American Black Chiropractic Association.

“...because their school does not openly support all national or unaffiliated organizations within the profession.”

on each campus to ensure that their concerns surrounding diversity and inclusion are addressed.”

Bringing a healing energy

As a certified energy healer, Edwards is a big believer in energy channeling and healing as part of the holistic arts. Like the partnership between chiropractic and massage, she believes patients benefit from becoming more in touch with their bodies, function and the energy of healing.

“Either through Reiki, Qigong, or Chakra meditation work, patients become more fine-tuned with their bodies, leaving them with heightened positive effects of an adjustment,” she says. “Just as you commonly see massage therapy being offered at chiropractic clinics, there is a growing number of DCs that offer or implement a form of energy healing within their practice. While I see the focus in the profession staying with the chiropractic adjustment, there may be a growing future need for alternative modalities.”

And while the ABCA’s Board of Directors and Executive Board have traditionally comprised a gender mix, this year for the first time the ABCA Executive Board is made up solely of women.

“While this was not intentional, the feminine energy is definitely welcomed!” Edwards says.

For more information on the ABCA and its current and future initiatives, visit ABCAchiro.com.

RICK VACH is editor-in-chief of Chiropractic Economics and can be reached at editorial@chiroeco.com.
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HOW PAYROLL FRAUD SCHEMES WORK
Understand how this type of theft typically occurs at practices

BY TIFFANY COUCH, CPA/CFF, CFE
TIME TO READ: 6-8 MIN.

THE TAKEAWAY
Payroll fraud has a number of avenues into any practice — detect fraud by applying these seven safeguards to your business.

“JOYCE” WAS “DR. QUINCY’S” LONG-TIME TRUSTED OFFICE MANAGER, and had been with his practice for more than 15 years. Dr. Quincy regarded Joyce as his “second in command.” Not only did she handle all of the administrative and bookkeeping duties in the office, but she had more institutional knowledge than anyone else. And most importantly, his patients loved her. He sometimes worried what he might do if she no longer worked for him. The office ran in tip-top shape and Dr. Quincy could focus on his passion: helping and healing his patients.

Joyce wore many hats for Dr. Quincy. She processed the office’s payroll and handled the accounts payable; she also posted patient payments and took the practice’s cash and checks to the bank. Unfortunately, because she had such unfettered access to the company funds, it was only too easy for her to begin stealing from her employer and hiding her misdeeds. The fraud started when she issued herself payroll advances every week but did not report all of those advances on her paycheck. On the back end, she manipulated the digital accounting so it appeared those extra checks were going to legitimate vendors.

Dr. Quincy never noticed these anomalies. He was alerted to a problem when he noticed unfamiliar bill payments were made with the practice’s debit card. By the time the forensic investigation concluded, Joyce had stolen more than $20,000 from Dr. Quincy in payroll theft and unauthorized debit card charges.
Payroll fraud and detection

Payroll fraud is theft of a company’s money using the payroll system. Payroll fraud schemes are some of the most financially devastating because they tend to take place over an extended period — on average, this form of asset misappropriation goes undetected for two and a half years. Like most frauds, the perpetrator is often the company’s most trusted, loyal and likable employee, making the loss both financial and emotional.

Four of the most common examples of payroll fraud schemes include:

• **Timesheet fraud.** An employee logs time for hours not spent on the job. In a larger organization, a fraudster may ask a coworker to “punch the clock” for him in his absence or to hide tardiness or skipping out early. Employees with access to the payroll system can alter check amounts or issue themselves unauthorized checks, as Joyce did in the case example.

• **Ghosts on the payroll.** Ghost employee schemes occur when a payroll employee enters a fake employee into the accounting system or continues to issue checks to an employee who no longer works for the company. The extra checks are then pocketed for personal use.

• **Commission fraud.** This fraud is most often perpetrated by sales employees who take advantage of weak controls in commission policies. For example, an employee who inflates his sales numbers in the CRM system to receive higher-than-earned commissions.

• **Lack of deductions.** An employee with access to the payroll system can alter their checks to avoid paying mandated deductions, such as federal and state (if applicable) withholding taxes and Social Security, effectively leaving the employer to pay for them.

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Seven safeguards

The upside of payroll fraud is that it is easy to prevent by implementing simple internal controls that even microbusinesses can do. Here are seven safeguards that can help detect payroll fraud before it snowballs, and reduce the likelihood of it happening at all.

1. **Review payroll reports each pay period, after payroll is processed (whether in-house or by a payroll service).** Many employers approve the payroll before it’s processed without comparing it to what was actually paid. Businesses should recognize and verify employee names, rates of pay, hours worked, any deductions and to ensure overtime is justified and approved.

2. **Require employees to take mandatory time off.** A common red flag of fraud is an employee who hoards her work duties and never takes PTO. This type of behavior could mean an unwillingness to leave for fear the fraud will be discovered by someone who is covering for her.

3. **Cross train and rotate job responsibilities** to ensure continuity of your practice.

4. **Require supervisor approval** on timesheets and overtime requests.

5. **Review paper bank statements and cancelled check images** every month. It’s not enough to look at an online statement of account activity. Look at every check and verify the payee and the amount.

6. **Ensure payroll tax deposits** are made to state and federal regulatory agencies on the same day payroll checks are processed.

7. **Establish a zero-tolerance policy** against employee theft of any kind and prosecute fraudsters when they commit a crime.

Understand your payroll

Payroll fraud happens when business owners leave this delicate and important function to a trusted individual, without making sure there are proper safeguards in place. To reduce the likelihood of payroll fraud, employers should make sure they understand that payroll is being paid on time and to appropriate employees at their appropriate rates of pay and hours worked.

What’s more, it is critical to ensure that your payroll taxes have been deposited with regulatory agencies on time. Lastly, make your employees aware that payroll is being scrutinized at each pay period. One of the most important parts of protecting a business’s financial assets is to vigilantly monitor cash in and cash out to disrupt fraud before it happens. 

Tiffany Couch is CEO and founder of Acuity Forensics, a nationally-recognized forensic accounting firm. She is also the author of “The Thief in Your Company,” a book that explores the financial and emotional impact of fraud on organizations of all sizes. She can be reached at tcouch@acuityforensics.com or 360-573-5158.

References can be found online at chiroeco.com
ARE YOU LIMITING YOUR CLINICAL CARE RECOMMENDATIONS?

You didn’t sign up for care limited by medical coverage or insurance whims

BY RAY FOXWORTH, DC, FICC, MCS-P
TIME TO READ: 8-10 MIN.

THE TAKEAWAY
Are your patients receiving the best chiropractic care for healing and wellness, or are you selectively providing care for patients based on their insurance coverage?

WHILE WORKING AS THE STAFF CHIROPRACTOR at the G.V. Sonny Montgomery VA Medical Center in Jackson, Miss., I learned a few things that opened my eyes when it came to my private practice. At the VA, there were no concerns about costs or insurance coverage, and I had the freedom to recommend care that my patients needed, not what they could afford. It made me realize that at some point in my career, I had begun to buy into the narrative, “if it isn’t covered, it isn’t medically necessary.”

Cutting costs or care?
Increasingly insurance companies are overruling physicians’ recommended treatment plans in the name of cutting costs. This dynamic is problematic because in chiropractic, as trained and educated professionals, we base our decisions on the best available data, and apply what we know to be most useful to each clinical setting and patient. Insurance companies, on the other hand, are most concerned with risk and cost estimates (Campbell, 2016).

Is your practice missing an opportunity to grow? Mine certainly was. How often are providers around the country selectively providing care for patients based on their insurance coverage? But more importantly, how many patients are not...
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receiving beneficial treatments that would help them to heal more quickly and efficiently because insurance does not cover a service or product?

Orthotics are a great example. There are significant benefits for many of our patients to wear custom orthotics. When covered by insurance, it’s easy for us to make the recommendation. When it’s not, we don’t even bring them up. I’ve heard so many of my colleagues say that they’re too expensive, and patients won’t pay for them out-of-pocket. In my experience, that is far from the truth. The problem isn’t insurance or our patients. The problem is us.

When it comes to what patients want, money is rarely an issue. In 2018, patients spent more than $16.5 billion on elective plastic surgery (American Society of Plastic Surgeons, 2019). In 2020, consumers will spend $11.9 billion on orthodontia (IBIS World, 2020). Orthodontists have mastered the art of getting patients to pay for recommended care that has little to no insurance coverage.

The reality is that we are neglecting to conduct the two most important conversations that take place in any chiropractic office: the clinical report of findings and the financial report of findings. This is where orthodontists have excelled in their practices.

Clinical report of findings
The clinical report of findings is your opportunity to establish clear communication between you and your patient and set appropriate expectations of care. I am not talking about a sales pitch.

This is your opportunity to address the very problem that brought them to your office, state how chiropractic care can help, establish a plan to resolve their problem, and help them understand the healing process and factors affecting the speed of their recovery.

Financial report of findings
The financial report of findings, in my opinion, is the most overlooked and underutilized conversation in chiropractic offices. One of the biggest concerns for patients today is the cost of health care. We are failing our patients, and our practices, by not addressing these concerns and eliminating confusion head-on.

I strongly recommend that chiropractors conduct the clinical reports of findings with patients and then turn them over to a trusted staff member to conduct the financial reports of findings. During the financial report of findings, your staff will review the care you recommended, what the patient’s insurance will cover, and what the patient’s out-of-pocket responsibility will be. This is also an excellent opportunity to discuss payment options such as auto-debit, financing, and a Discount Medical Plan for non-covered services.

The power of patient reporting
In one 30-minute visit to the orthodontist with my boys I signed up for $7,000 in orthodontia and didn’t think twice about it. They showed me a picture of their teeth, explained what would happen if we didn’t address the problem, then made it affordable by providing me with the options of a pre-payment plan or auto-debit. We never missed an appointment and never considered not getting them braces.

The process for new patient visits in orthodontic offices is similar all across the country: exam, clinical report of findings, financial report of findings, payment options, and you’re out the door. That level of consistency is what works.

When offering orthotics, you need to have every patient scanned and make the recommendation regardless of what insurance will cover. It is that simple. What other product or service are you able to provide at a 100% margin and still be very affordable to the patient? How much are you losing by not recommending orthotics to your patients regardless of what insurance will cover? My guess is that it’s a lot.

We have one patient in our office who was referred to us for stability issues and was told about our three-arch supporting custom orthotics by a friend. She ordered five pairs in four months, and her insurance didn't cover a single pair! We even received a call from our representative, Wayne, who was concerned there might be a problem with the ones that she had received. He thought we were ordering more to find the right fit or comfort level. We had to assure him that she was
We are failing our patients, and our practices, by not addressing [financial] concerns and eliminating confusion head-on.

their biggest fan and loved them so much she had ordered multiple styles and colors. She has since sent three new patients to the clinic to have their feet scanned.

**Review your evaluations**
For me, the realization that I was making clinical recommendations for my patients based on what they could afford and not on physiology, was a tough pill to swallow. I challenge you to review your last five new insurance patients and evaluate your treatment recommendations. Would you have done something different had there been no insurance limitations? For me, the solution was clear. As a doctor, there is no reason for me to know the payer source for any patient in my office. Why should I care who is paying the bill? By not identifying the payer and simply treating the patient, my team and I can make recommendations based on what a patient needs and not what their insurance deems medically necessary.

Kevin R. Campbell, MD, author of “Losing Our Way in Healthcare,” said it best: “When we involve for-profit entities, such as insurers, in clinical decision making, we cloud the picture and create the opportunity for bias — and, ultimately, patients suffer the consequences physically.”

RAY FOXWORTH, DC, FICC, MCS-P, is a certified Medical Compliance Specialist and president of ChiroHealthUSA. A practicing chiropractor, he remains “in the trenches” facing challenges with billing, coding, documentation and compliance. He has served as president of the Mississippi Chiropractic Association, former staff chiropractor at the G.V. Sonny Montgomery VA Medical Center and Fellow of the International College of Chiropractic. He can be contacted at 888-719-9990, info@chirohealthusa.com or the ChiroHealthUSA website, chirohealthusa.com. Join us for a free webinar that will give you all the details about how a DMPO can help you practice with more peace of mind. Go to chirohealthusa.com to register today.

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<thead>
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<th>Phone Number</th>
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</tr>
</thead>
<tbody>
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<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
<th>Sponsor</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>NOV. 13</td>
<td>ACTIVATOR METHODS INTERNATIONAL</td>
<td>Aurora, CO</td>
<td>Activator Methods International</td>
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<td>NOV. 14-15</td>
<td>TREATMENT OF FUNCTIONAL MOVEMENT DISORDERS</td>
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<td>Foot Levelers</td>
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<td>NOV. 21-22</td>
<td>BASIC ACUPUNCTURE SESSION 2</td>
<td>Chesterfield, MO</td>
<td>Logan University</td>
<td>800-842-3234, LOGAN.EDU</td>
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### DECEMBER

<table>
<thead>
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<tr>
<td>DEC. 5-6</td>
<td>THE OVERTRAINED YOUTH ATHLETE</td>
<td>Charleston, SC</td>
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</tr>
<tr>
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</tr>
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<td>DEC. 5-6</td>
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</tr>
<tr>
<td>DEC. 5-6</td>
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<td>Phoenix</td>
<td>Southeast Sports Seminars</td>
<td>877-489-4949, SPORTS-SEMINARS.COM</td>
</tr>
<tr>
<td>DEC. 12-13</td>
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<td>Logan University</td>
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</tr>
<tr>
<td>DEC. 12-13</td>
<td>FAKTR REHAB SYMPOSIUM</td>
<td>San Juan, PR</td>
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- Current research on the correlation between trunk stability and low back pain
- Current spinal bracing biomechanical research and outcome studies

**SPEAKER:**

BRANTLEY STRICKER, PT, DPT

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Accuflex Tables & Lasers ................................................................. 24
Aspen Green ................................................................................. 41
Aspen Medical .............................................................................. 76
Bintz Company ............................................................................ 65
Biotone ....................................................................................... 33, 78
Breakthrough Coaching ............................................................... 59
Cash Practice ................................................................................ 19
CBD CLINIC .................................................................................. 47
ChiroHealthUSA .......................................................................... 29, 63
ChiroPlanet ................................................................................... 55
Chiropractic Economics ............................................................... 78, 79
Concierge Coaches — The Chiro Event ...................................... 15
Dee Cee Labs .............................................................................. 9
Designs for Health ..................................................................... 69
Eclipse Software .......................................................................... 43
Erchonia ...................................................................................... 82-83
Ergo-Flex Technologies ............................................................... 37
Florida Chiropractic Association ................................................. 53
Foot Levelers ............................................................................. 11, 25, 84
Foundation For Chiropractic Progress ...................................... 57
GW Heel Lift .............................................................................. 78
Health Atlast ............................................................................... 71
Hill Laboratories .......................................................................... 7
HydroMassage ........................................................................... 44
KDT Decompression Systems & Technique .................................. 28
KT TAPE ....................................................................................... 23
Leander Health Technologies ....................................................... 78
Massage Magazine Insurance Plus ............................................. 81
MD Referral Program ................................................................... 62
NCMIC ....................................................................................... 66
New Patients with Dr. J. ................................................................ 78
Parker Seminars .......................................................................... 49
PracticeStudio ............................................................................ 22
Science Based Nutrition .............................................................. 39
Sombra Professional Therapy Products ....................................... 51
Sovereign Laboratories ................................................................. 45
Standard Process ........................................................................ 2-3
Stopain Clinical ............................................................................ 42, 67, 75
Synergy Therapeutic Systems ...................................................... 80
Thomas Tables ............................................................................ 77
Worldwide Chiropractic Repairs ................................................ 5, Covertip
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