C O D I N G & B I L L I N G
HORROR STORIES
When Compliance Goes Sideways

New Research: Increased Visits, Better Outcomes
Coding for Consistent Cash Flow
When a Cash-Only Conversion Makes Sense
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Give them everyday support with SP Children’s™ Immune

As a health care professional, you know the importance of the immune system when it comes to children. It helps them stand up to seasonal and environmental challenges, which can impact their growing bodies in a number of ways.

SP Children’s™ Immune delivers key nutrients for proper immune system functioning and development,* and can help protect their wellness to keep them on the path to optimal health.

*These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.
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**Contains prebiotic 2’-FL**

**Is an excellent source of vitamin D, zinc, and antioxidant vitamin C**

**Contains organic, whole food-based ingredients: beet root, elderberry, and strawberry**

**Chewable supplement**

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Fight Inflammation—Improve Digestion*

- Nutritionally supports the body’s natural response to inflammation and supports the digestive system and intestinal health.*

- A healthy gastrointestinal tract can lead to a better quality digestive health from stomach pains and other issues such as the effects from an irritable bowel.*

- Proteo-Zyme is a digestive enzyme supplement that provides synergistic proteolytic enzymes. These enzymes help digest food, break down food, and break down proteins leading to a smoother running digestive tract.*

To register your wholesale account, scan the QR code.

Our formula contains

Proteolytic Enzymes

**PROTEO-ZYME** is a daily enzyme supplement that ensures a smoother operating digestive tract. The optimal breakdown of proteins and food help your body’s natural response to inflammation.*

*These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease.
THE CODING ISSUE

CODING HORROR STORIES are scary, like the auto accident that slows down traffic because everyone needs to crane their neck — but it’s far scarier when your clinic or office is facing potential compliance issues.

In this issue author Ray Foxworth looks at health care providers that went off the rails in terms of coding and compliance, what they paid, and how you can avoid their fate. Coding guru Kathy (KMC) Weidner also looks at tightening-up coding for consistent cash flow, and Gary Boring compares coding to converting to a cash-only practice. Also this issue: Mark Studin highlights new research on how increased visit frequency renders better outcomes; applying informed consent in your practice; A.I. gut testing; fighting compliance issues.

New study shows snapshot of unchecked U.S. health care

As DCs who holistically care for their patients know, chiropractic supports cardiovascular health — and a new study reveals Americans, due to a combination of poor lifestyle trends and neglectful health policies, are going to need all the help they can get in the coming years.

This summer a new study published in the Journal of the American College of Cardiology, based on data from the 2020 U.S. Census Bureau combined with heart disease and risk factors data from the U.S. National Health and Nutrition Examination Survey, found that by 2060:

- Americans with diabetes, now roughly 11%, will double
- Rates of stroke and heart failure will increase 33%
- Obesity in U.S. adults, which has currently topped 40% of the population for the first time, on the current trend could approach 75% by 2060 if unchecked

Under our current health care system, the study predicts the greatest harm will come to minority groups, with cardiovascular risks flattening or even decreasing for whites, suggesting a vastly changing patient demographic.

Where will chiropractic be in 2060?

“We are at a crossroads,” wrote Micheala Edwards, DC, president of the American Black Chiropractic Association, in Chiropractic Economics’ most recent Diversity Issue. “Either chiropractic shows up or just fizzles out … think on what we need to grow this thing and become the gold standard of health and wellness in America. If that doesn’t happen, nothing will change. It will not grow.”

CE announced as magazine contest finalist

The finalists were announced for the Folio: 2022 Eddie & Ozzie Awards, the most prestigious awards program celebrating excellence in editorial and design in the publishing industry, and Chiropractic Economics (CE) for the second straight year was the lone chiropractic magazine named as a finalist.

CE was named a finalist for its Diversity Issue, “Connecting with Diverse Communities,” in the B2B Healthcare category for a full issue.

The Diversity Issue was conceived by CE Publisher and Area President at Gallagher Nick Doyle with the objective of shining a light on an industry working to raise its level of diversity and inclusion at both the chiropractic education and practice levels.

“I could not be more excited for our teams,” said Doyle, also the publisher of Massage Magazine, which also garnered an award as an Eddie & Ozzie Awards finalist. “The teams have worked so hard to bring the best issues possible to the markets, and this recognition is proof they have done just that!”

The winners will be announced this month during the Eddie & Ozzie Awards Gala at the City Winery in New York City.

To your practice’s success,

Richard Vach
EDITOR-IN-CHIEF
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SOME DISCOUNTS ARE BAD.
SOME DISCOUNTS ARE...

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"WE TOOK THE CHALLENGE... AND WE'RE GOOD!"

TEST YOUR KNOWLEDGE. HAVE SOME FUN.

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One lucky person WILL WIN $15,024

Why that amount? Accept the challenge to find out!

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NBCE Part I Test Development meeting and workshop held

Thirty-five academic and state board representatives participated in the annual Part I Test Development Committee and Standard Setting Workshop in Greeley, Colo., July 21-23. The committee approved items for future exams according to National Board of Chiropractic Examiners (NBCE) guidelines. To ensure content validity, committees are composed of faculty from various chiropractic colleges, selected based on their expertise. The NBCE Part I Examination assesses knowledge of six basic areas, including General Anatomy, Spinal Anatomy, Physiology, Chemistry, Pathology and Microbiology. The exam, first administered in 1965, continues to be administered three times yearly. ChiroEco.com/nbce-exam1

CUKC offers $100,000 in scholarships to celebrate 100th anniversary

In the coming academic year, Cleveland University-Kansas City will make $100,000 in scholarships available to its students in line with CUKC celebrating 100 years of continuous operations. In 2021, 52 students received scholarships for the 2022 academic year, a 20% increase over 2020. “Students should check out all of the scholarship opportunities,” said Jessica Ramirez, vice president of university advancement. “There’s a list of the scholarships and who they’re for on the Scholarships and Memorials website.”

The application window opens Aug. 1 and closes Oct. 15. The direct website link is cleveland.edu/alumni/foundation-scholarship-application. ChiroEco.com/cukc-scholar

Northeast instructor chosen to provide care at World Games

Northeast College of Health Sciences instructor Jose Balseca, DC (above), served as part of the chiropractic care team at the 2022 World Games held July 7-17 in Birmingham, Ala. A 2014 graduate of Northeast College (then known as NYCC), Balseca was selected as one of 46 sports chiropractors to provide care to 3,600 top athletes from over 30 countries. Among athletes he treated were an Italian inline hockey player, wheelchair rugby players and the Singapore Women’s Canoe Polo team. “The athletes... had such positive energy, which boosted us all up,” Balseca said. “They encompassed what the World Games are about: camaraderie, unity and fun.” ChiroEco.com/balseca

Email Courses

Try one of our eCourses and get up to speed with lessons on business and chiropractic sent straight to your inbox. ChiroEco.com/chiropractic-ecourses

Podcasts

We’ve interviewed some of the best minds in chiropractic. Listen on the go. ChiroEco.com/podcast

What’s your audio content strategy?

Audio content is a fast-growing marketing tool that can be repurposed across a digital platform. Here are a few ideas:

Create a podcast — Create short podcasts based on trends or topics relevant to your practice. Engage your listeners by answering frequently asked questions, share breakthrough research information, and offer stories that will connect you to your audience. If you are not quite ready to jump into the world of podcast creation, offer your services as a podcast guest, and return the favor by inviting podcasters to share when you are ready to launch your own podcast.

Add audiobooks — Do you have a book for sale? Do you still own audiobook rights? Add value by offering an audiobook version. You can narrate your book or e-book or hire a voiceover actor.

Add audio-narration to blog posts — This not only offers ease of use for hearing-impaired clients, but also increases listeners and page views.

Curate audio content — Compile lists of podcasts, music or audiobooks relevant to your industry. Do radio — Many radio stations have livestream programs on their websites. Or contribute 30-second branded content on a local station.

Streaming audio’s ability to be highly personalized and dynamic has Pandora reporting that 43% of listeners say that audio ads are more relevant to them. Consider the benefits of delivering more personalized content to your patients, and prospective patients, with digital audio content. — Michele Kopeczowith

Use the hashtag #CE for the chance to be featured on our Twitter @ChiroEcoMag
What’s the difference?

**Propulsion with MPAX PRO™**
130% more propulsion than the original InMotion

**FAR INFRARED TOP COVER**
Far Infrared Rays (FIR) redirect energy back to the body to enhance performance and relieve fatigue

**DURABILITY**
Proprietary innovative fabric for enhanced durability

**TEMPERATURE CONTROL**
State-of-the-art materials regulate temperature to keep feet comfortable and fight odors

**Shock Absorption with MPAX™**
47% more shock absorption than the original InMotion

**Propulsion with Propacel™**
Increased response at toe-off

**Top Cover**
Moisture-wicking top cover keeps feet comfortable

**Shock Absorption with Zorbacel®**
Protection from heel strike impact

The best got better.
TOP INSTAGRAM POSTS
Tag #ChiroEcoMag for your chance to be featured

**drmooose**
Appreciate you, @unclefunch for trusting us to get you right. Good luck this season to you and the @detroitlionsnfl.

**ueschiropractic**
Want to keep feeling great? Regular chiropractic care is designed to help your body stay aligned and balanced, which means you can keep doing what you love without pain or interference.

**ashtonchiro**
Take care of yourself and what you put in your body.

**vitalitychirowellness**
Looking for ways to improve your mental health? Here are nine different ideas to try.

**championfamilychiro**
Come see us!

**corerichmond**
Check out my little cutie getting his first adjustment! Dr. Katie helped work out some subluxations and tightness! He had torticollis at birth and still has some left arm weakness. It's pretty obvious he's a fan!

**apexzanesville**
Removing the interference will help you feel like a brand-new person.

**desertvalleychiropractic**
Make sure to get adjusted today!

**zenspacepdx**
It's so important to start introducing little wellness practices to your kids — it's even more important to make them enjoyable so that they continue them as they grow up!
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POWERFUL PAIN RELIEF
FOR YOUR PATIENTS

FAST ACTING
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“THE PATTERN WE MOST COMMONLY FIND IS THAT THE PAYER’S SUBMISSION RULES, OR OTHER REQUIREMENTS, HAVE CHANGED DUE TO AN UPDATE.”

— KATHY (KMC) WEIDNER, IN THIS ISSUE

INDUSTRY NEWS

NCMIC launches chiropractic charity program for DC referrals

NCMIC has announced an initiative that’s giving back to the chiropractic profession by way of customer referrals. The Charitable Referral Program, launched this summer, rewards customer loyalty with a donation to charity.

When a customer refers a DC to NCMIC — whether it’s for business, personal, long-term disability, group term life or malpractice insurance — NCMIC will make a $25 donation to a chiropractic charity of their choice.

Donations from the Charitable Referral Program are funneled to four participating chiropractic charities:

• The Foundation for Chiropractic Progress (F4CP) that informs and educates the general public about the value of chiropractic care delivered by doctors of chiropractic and its role in drug-free pain management.

• The Harvey Lillard Scholarship Endowment Fund, established by the American Black Chiropractic Association (ABCA), that provides financial assistance to well-deserving, aspiring and current chiropractic students of color.

• The Patriot Project, which provides chiropractic care to active military, their families, wounded warriors, and Gold Star Dependents, as well as helping make full benefits available to all active-duty military, retirees and veterans.

• The NCMIC Foundation, which invests in the advanced education of chiropractic research experts and funds ongoing research projects that demonstrate the cost effectiveness, safety and cost efficiency of chiropractic and alternative health care.

“There’s really no better compliment in my eyes, than a customer referral,” said A.J. Simpson, vice president agency operations, NCMIC. “We can’t think of a better way to show our appreciation to customers new and old, than to give back to the profession with a charitable gift. It’s a small way we can say thanks for putting their trust in NCMIC.”

For more information, visit ncmic.com.

INDUSTRY NEWS

National Chiropractic Health Month 2022 theme announced

The American Chiropractic Association (ACA) and doctors of chiropractic nationwide will celebrate National Chiropractic Health Month (NCHM) 2022 in October with the theme “Chiropractic: On the Frontline for Pain.” The campaign will highlight how research and guidelines today support chiropractic and other non-drug approaches as a first line of defense against musculoskeletal pain.

Research shows chiropractic services are effective in treating many common musculoskeletal conditions such as low-back pain, and — if used first during episodes of pain — may help some patients avoid or reduce the need for a prescription pain medication down the line. “Doctors of chiropractic not only help patients manage their musculoskeletal pain without drugs but also offer advice on nutrition, ergonomics, injury prevention and physical fitness,” said ACA President Michele Maiers, DC, MPH, PhD. “This whole-person approach enhances patient outcomes and encourages better overall health and wellness moving forward.”

For more information, visit acatoday.org/NCHM.

DON’T MISS

CONFERENCES AND WEBINARS

11th WFC ACC Global Education Conference
November 2-5 • Chesterfield, MO
Logan University presents the biennial conference that is the leading international educational event for the chiropractic profession. Featuring outstanding plenary speakers, groundbreaking research and innovative workshops, this conference is a must for chiropractic educators, academics and scholars.

SW Regional Convention and Expo by Florida Chiropractic Association
November 18-20 • Naples, FL
The FCA provides DCs with the tools to propel your practice to new heights at the Southwest Regional Convention & Expo. DCs and CCPAs alike will learn from international experts in this intimate educational setting. Join your colleagues and internationally-known speakers, virtually or in person.

FEATURED WEBINAR

Medicare Compliance: Coding and Documentation
On Demand
This webinar will prepare you to better understand the coding and documentation needed to meet or exceed Medicare requirements for the chiropractic profession.

Learn more at chiroeco.com/events.
The NCMIC Foundation named Paul G. Shekelle, MD, PhD, as the 2022 winner of the Jerome F. McAndrews, DC, Memorial Research Fund Pioneer Award. Shekelle was presented the award at the Association of Chiropractic Colleges Educational and Research Agenda Conference in July.

The Jerome F. McAndrews, DC, Memorial Research Fund was created by the NCMIC Foundation to honor McAndrews’ longtime support of the scientific and practical advancement of the study of chiropractic. It provides an award to a worthy research recipient who has demonstrated ability to:

- Advance research and the exchange of scientific information;
- Promote high ethical standards in research and/or practice;
- Contribute to practical applications to chiropractic practice;
- Interact professionally with other individuals and groups involved in relevant research and application.

Shekelle is a physician policy researcher at the RAND Corporation and has served as co-director of the Southern California Evidence-based Practice Center (EPC) from 1997-2018. He is a staff physician at the West Los Angeles Veterans Affairs Medical Center and a professor of medicine at the University of California, Los Angeles School of Medicine.

Wayne Wolfson, DC, president of NCMIC, said Shekelle was a natural choice for the McAndrews Award due to his analysis and exploration of complementary and integrative health care approaches to illness prevention and treatment.

“Dr. Shekelle’s research is reaching a broad audience, one that requires sound evidence that chiropractic is worthy of integration into a patient’s overall health care plan,” Wolfson said.

For more information, visit ncmicfoundation.org.

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**AWARDS NEWS**

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**CODING BY THE NUMBERS**

**W55.41XA**

- ICD-10 code for “Bitten by pig, initial encounter,” as listed by the WHO under the range, “Other external causes of accidental injury.”

**87%**

Medical coders who are women.

**1800s**

The first medical coding system, introduced by French physician and statistician Jacques Bertillon in the late 1800s, was known as Bertillon Classification of Causes of Death (now known as ICD).

**Source: New York Times**

**24-48 hrs.**

Additional time for a DC's CMS entry after a patient visit for delayed entries due to errors or unusual circumstances.

**Source: KMC University**

**$53K**

High end of medical coder salaries (with master’s degree).

**Source: AAPC**

**A.I. coding**

Current artificial intelligence coding assistants “can reduce human time spent on medical coding by as much as 90%.”

**Source: NVIDIA**

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STAFF PICK
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Why we love it
PulStar instruments add the power of computer-precision multiple impulse therapy (MIT) to your healing hands. Clinically proven, pain-free analysis and treatment of back pain, and gentle but precise treatment of pain in soft tissue, neck and extremities. PulStar instruments are the only systems that show the DC and patients the full spine on one screen. Patient-friendly graphics make it easy to communicate what’s happening and how treatment is helping the patient.

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The PulStar system can do both osseous and soft tissue adjustments on the same system. Everything about the PulStar, from changing spinal section, adjusting mode, and even force levels can be controlled directly from the impulse head. At only 65 decibels, PulStar is no louder than background music, so patient communication is not interrupted during treatment.

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HEALTH NEWS

Physical pain and mental health: F4CP releases new poll

Nearly half of U.S. adults (44%) report they have experienced physical pain they believe was worsened due to mental or emotional pain, according to a Harris Poll on physical pain and mental health conducted on behalf of the Foundation for Chiropractic Progress (F4CP), a nonprofit dedicated to informing and educating the public about chiropractic care.

Mental health was thrust into the spotlight during the COVID-19 pandemic as people, faced with a new virus, became isolated in their homes away from friends, family and support networks, leading to:
- A 25% growth in the prevalence of anxiety and depression, according to the World Health Organization;
- During the 2020 peak of the pandemic, mental health visits represented 40% of telehealth visits, according to Kaiser Health News;
- That same year, the Journal of Psychiatric Research reported that from 1990-2017, worldwide cases of depression grew from 172 million to 258 million, representing an increase of 50%.

Even before the pandemic, though, the U.S. faced another nationwide health crisis of physical pain and mental health. A study released in 2021 showed that pain prevalence had grown 10% from 2002-18 across adults ages 25-84. Chronic pain has a strong association with opioid and substance use disorder — another public health crisis that worsened during the COVID-19 pandemic.

“The link between physical pain and mental health is well-established in the health care community, but COVID-19 broadened the public’s understanding of this association and how managing one condition without treating the other is counterproductive,” said Sherry McAllister, DC, president of F4CP. “Doctors of chiropractic (DCs) have always recognized this connection and strive to manage every neuromusculoskeletal condition effectively. If they determine a patient needs care outside their scope, DCs are happy to refer and collaborate with other health care providers to help their patients achieve all of their physical and mental health goals.”

Concerningly, this link between worsened physical pain and mental health is more common among younger poll participants.

For more info download the eBook, “Depression, Dopamine and Drug-Free Interventions: How Chiropractic Care Supports Mental Health,” at f4cp.org.

NACC ICD-10 Online Study Program

The National Academy of Chiropractic Coders (NACC) was created as the first program of its kind for coding education and certification.

The NACC was developed exclusively for chiropractors and their insurance CAs and office managers to provide education, training and certification to individuals who want to obtain the designation of Certified Chiropractic Coder via seminars or online programs. The NACC ICD-10 online study program provides comprehensive training you can view from your office or home, broken down into 10 models that are updated regularly.

Features:
- 8 CEUs available where authorized
- Learn how to meticulously follow guidelines for reimbursement
- Specialized educational program leading to a certification as a chiropractic coder
- One fee per office

To learn more, go to linkedin.com/company/national-academy-of-chiropractic-coders.

PROFITABLE PRACTICE

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To learn more, go to linkedin.com/company/national-academy-of-chiropractic-coders.
Sombra® PLUS CBD Pain Relief are exactly as they read; everything you love about our original formulas PLUS something more – CBD!

- Ultimate CBD Purity, Consistency and Predictability
- Third-Party lab test to ensure 100% purity
- Simple and reliable dosing
- THC-FREE
- Non-habit forming or mind altering
- Available in both WARM and COOL Therapy
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CODING FOR CASH FLOW

Staying up-to-date with your reimbursement rate

BY KATHY (KMC) WEIDNER, MCS-P, CPCO, CCPC, CCCA
TIME TO READ: 8-10 MIN.

THE TAKEAWAY
Tips for staying ahead of code changes, dealing with early or late implementation by payers, and staying informed regarding annual ICD-10 updates and coming changes from payers.

SUDDEN AND RANDOM DENIALS OF SERVICES make up many of the questions we get from providers and teams that were “not an issue before.” As we attempt to debug the situation, we run through standard troubleshooting questions that generally lead us to the issue.

The pattern we most commonly find is that the payer’s submission rules, or other requirements, have changed due to an update. And unfortunately, the practice missed the announcement and didn’t make the correction. This led to unnecessary denials, followed by sleuthing to find the problem and extra work to resubmit the claim.

All of this is costly ... in both time and cash flow delays. Most of these concerns can be resolved by simply keeping up-to-date on billing and coding requirements. Here are some recent issues that affect coding and what you can do to avoid them in the future.
ICD-10 updates vs. implementation
What are ICD-10 instructional notes? These helpful notes in the ICD-10 coding book, or online coding service, guide the coder through proper usage of the code. They are often directing when one diagnosis is contained within another.

A recent glut of claim denials hit our help desk, and we noticed a pattern, even though the providers were spread across the country. The remark codes on the denials indicated there was an issue with the diagnosis code. In each case, we noticed the provider had the cervicalgia diagnosis code (M54.2) billed along with a cervical disc disorder code. According to the “Excludes 1” instructional note in the ICD-10 coding book, cervicalgia and the intervertebral cervical disc disorder represented by the M50 codes can't be billed at the same time.

So why all of the sudden? This “Excludes 1” note has been there for quite some time! Payers use millions of claim edits, and they vary based on the claims processing platform or the clinical edit policy of the payer. These are often implemented over time, which can cause a claim to “pass” one month and then fail the next. The payers involved in this issue with cervicalgia codes likely updated their system to process this code correctly, even though it wasn't at the exact time the new ICD-10 code came into play.

The solution: Stay informed as annual ICD-10 updates are published each July, for implementation Oct. 1. Run a report on the most common codes used in your software and scan the updated for changes with those codes found in the addendum section. You can review the 2022-23 changes at cms.gov/medicare/icd-10-2022-icd-10-cm.

Modifier updates: Not all are created equal
Billing and coding can be frustrating and confusing. What makes it worse is when each payer makes its own rules, to be implemented on its own time schedule.

Dealing with third-party payers means devoting time and energy to each one to stay up-to-date. Over the past year, many changes have been implemented around therapy codes. Some payers applied the rules two years ago, while others have been putting changes into practice since Jan. 1, 2022. The biggest culprits seem to be the GP (always therapy) and the 96 and 97 (habilitative and rehabilitative) modifiers.

These modifiers were introduced in 2018, and in many cases updated in payer reimbursement policies over two years ago, but many providers have yet to review the requirements. Most payers have been notifying providers since 2020 of the requirements to append the GP modifier on all therapy codes. Other payers started notifying providers of the need to append modifiers 96 or 97 to therapy codes since midyear 2020.

The 97 modifier is the most likely to be used in chiropractic practice as it describes “rehabilitative treatment.” It's defined as “all treatments that help a patient to return to a level of functioning prior to an injury or regain a skill, movement, or function that was lost due to injury or illness.” United Healthcare (UHC) initiated a code edit to deny all claims as of Jan. 1, 2022, that do not append the correct modifier.

For example, here is a recent help desk question we got, and how the member could have already known this if they’d only signed up for updates:

Q: We got a rejection in our clearinghouse for code 97110. We have only used 59 and GP modifiers to date — do I need to use a different modifier when billing 97110?

A: It appears you missed a recent HUMANA policy update. Humana releases their code edits the first Friday of every month. In February, they released training on appending modifiers 96 and 97. You can access those resources at: humana.com/provider/medical-resources/claims-payments/making-it-easier.

The Solution: Enroll with each payer through their portal to receive updates at a unique email address, such as...
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billing@youroffice.com. That way, the system remains even if an employee leaves. Also, set a reminder to check payer portals and “Blue Reviews” quarterly as part of your office’s compliance program.

Managing code edit denials
The National Correct Coding Initiative (NCCI) edits have been around for a long time. Most major payers have adopted these edits and created dedicated site pages to manage updates, notices and reimbursement policies.

Even better, they usually provide a practice with 90-day notice before implementing a change. As frustrating as these types of denials can be, they are preventable. We often hear, “We have always been paid for that code before.” A deeper look reveals that the practice didn’t have a system for staying up-to-date with the extensive resources available online.

The Solution: Appeal or resubmit for reconsideration.

Follow these easy steps:
1. Log in to the payer portal and locate the reimbursement policies.
2. Search newsletters and other updates for the keywords “modifier 96” or “spinal manipulation.” Look for a code edit simulator or claim editing tool on the payer portal and assess the procedure code with and without a modifier.
3. Review the claim after you have confirmed the payer’s coding requirements. Was the claim billed correctly? Be sure to confirm that a clean claim was submitted. That means all fields are filled out correctly, including diagnosis codes, diagnosis pointers, other modifiers and Box 14, date of onset.

Once these issues are corrected, if your claim was coded and modified correctly, always follow up with an appeal. If the updated rules were not followed, resubmit according to the payer’s corrected claim process.

Be prepared
This is not just a great motto for the Boy Scouts, but also for every practice looking to stay ahead of changes in this very highly regulated profession of health care. Simple initiative-taking steps help meet the requirements of proper billing and coding and keep your cash flow… flowing!

KATHY (KMC) WEIDNER, MCS-P, CCPC, CCCA, better known professionally as Kathy Mills Chang, is a Certified Medical Compliance Specialist (MCS-P), a Certified Professional Compliance Officer (CPCO), and a Certified Chiropractic Professional Coder. Since 1983 she has been providing chiropractors with reimbursement and compliance training, advice, and tools to improve the financial performance of their practices. Nearing her benchmark of serving this profession for 40 years, she leads the largest team of certified specialists under one roof in the profession, at KMC University, and is known as one of our profession’s foremost experts on Medicare and documentation. She or any of her team members can be reached at 855-TEAM-KMC or info@KMCUniversity.com.
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Why should DC’s think about providing Occupational services?

James Raker, DC, lists several reasons why DC’s should provide OccMed services in their practices:

1. Many of the services are mandated by the federal government for businesses to buy and pay CASH to DCs. There is no insurance to deal with.

2. There are about 26 services and 13 are mandated, such as DOT physicals, drug and alcohol tests, hearing testing, lung testing, and respirator fit testing.

3. Only physical exams require the doctors time (3-10 Minutes), all the rest are done entirely by staff.

4. Because staff does 90% of the work, you can double or triple or quadruple your income. Example: I have a company that needs 10% of their workforce drug and alcohol tested once a month. That means my staff member goes to the plant for 1 morning (about 6 hours) and does 70 drug and alcohol tests so 70 x $45 drug and $25 alcohol = $4900 in one day, once a month every month, so 12 months x $4900 = $58,800 a year with no time by doctor.

5. Physical exams require the DC to evaluate the person, usually range of motion of neck and back are part of an exam, and I talk to each patient as I am doing the exam when I see limited range or pain. I ask if they have ever been to a chiropractor and many say “no” but after explaining why that would be a good idea, many ask, “Can you see me as a patient?” and I say of course, go talk to the secretary about setting up an appointment. So I get paid to do spinal screenings and get new patients every day, instead of spending money on advertising for new patients.

6. The services can be done in all 50 states with only a couple of restrictions. DC’s can not do DOT exams in WA, MI, and NY, but can do many of the other 26 services with no problems.

7. It costs very little to start doing some of the OccMed services. A day of training can get you doing 6 or more services at minimal costs of a few hundred bucks. Some of the other services require a certification which takes 1-2 days of training, and maybe a piece of equipment at $2000 for 1 or 2 services. In reality, to do all 26 services it would take less than 2 weeks of training, and less than $8000, but you can start slow and do all the easy free stuff to make money to later buy more training and equipment as you grow.

8. You can make more income with OccMed than with chiropractic, especially if you get disabled or retire from active chiropractic. OccMed requires only one eye, one ear, one hand to write and you can be in a wheelchair and still make six figures a year easily.

9. Who needs these services? School districts, cities, counties, state and federal agencies, private businesses like banks, grocery stores, FedEx, UPS, Budweiser, FritoLay, Lowe’s, Walmart, electric/cable/gas utilities — about 90% of all businesses use some OccMed services.

10. The entire Medicare budget for chiropractic is less than $800 Million per year, but there is $33 BILLION spent every year on OccMed in the US. Don’t you think you should play in the bigger arena to get more money?

Check out what these DC’s have to say about OccMed:

Dr. Corbin AR—2 Min.
Dr. Geiser
Dr. Taylor
Dr. Bud
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New research and functional MRI show brain changes after adjustments

BY MARK STUDIN, DC
TIME TO READ: 5-7 MIN.

THE TAKEAWAY
Verified through functional MRI, new research is showing immediate changes in the brain after chiropractic adjustments.

IT HAS BEEN WELL-ESTABLISHED that chiropractic renders positive outcomes for mechanical spine pain.

DeVochet, et al. (2005), reported that 87% of chiropractic patients reported improvement. Leeman, et al. (2014), reported that 95% of chronic pain patients reported improvement. Shokri, et al. (2018), reported that 95% of sacroiliac joints, a primary pain generator in low-back pain, improved with manipulation (chiropractic spinal adjustments or CSA).

Outcomes verified via fMRI
But new in 2022, Yang, et al., verified through functional MRI (fMRI) that immediate changes in the brain involving pain and emotional and cognitive changes were achieved using CSA, reporting further diminishing chronic low-back pain in all patients.

The above outcomes are all related to pain and do not consider the biomechanical changes in the spine that are necessary to “normalize” the pain generators.

These pain generators make up the mechanoreceptors and nociceptors. They are comprised of Pacinian corpuscles, Ruffini corpuscles, Golgi ligament organs, and the nociceptors found in the joint capsule and on the facets. The fMRI changes reported by Yang, et al. (2022), are a direct result of a CSA causing afferent innervation, as reported by Coronado, et al. (2012), from the mechanoreceptors and nociceptors into the lateral horn. According to Montero, et al. (2021), these evoke central sensitization with both primary and secondary hypoalgesia.
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Chronic pain mechanisms
The pain mechanisms are a result of biomechanical failures and neurological compromise as described herein, which are a result of joint capsule (ligamentous) subfailures.

Holsgrove, et al. (2016), reported, “Any disruption to the various hard and soft tissue structures of the facet joint has the capacity to elicit pain. The facet capsule and synovial folds are innervated by nociceptive and mechanoreceptive afferents. Pain can result from direct damage of nociceptors but can also be produced indirectly through damage to the mechanoreceptors, which alters feedback and increases neck instability, leading to pain in muscles and/or from muscular contractions” (pg. 1).

Chronic pain indicates a persistent biomechanical failure and a constant firing of the nociceptors and mechanoreceptors to the central nervous system. Chronic neck and low-back pain as reported by Herman, et al. (2021), “usually cannot be cured, but it can be managed” (pg. E62).

Medicine for too long has tried to apply a pharmacological solution to a mechanical problem, with poor outcomes. Cifuentes, et al. (2011), reported that medical management of mechanical spine pain had a 250% increase in disability duration vs. chiropractic care. Herman, et al. (2021), reported that if patients didn’t receive chiropractic care, their pain would have been double.

It was reported by Herman, et al., that 30-60% of patients in the United States with chronic low-back pain have seen a chiropractor, creating an easy “pool” of people to study. These results of studying 2,024 patients indicate that more frequent visits (greater than once weekly) over a three-month period rendered better outcomes. The study also found that adding complementary therapy (i.e., massage, etc.) rendered
better functional improvement. It was also found that the more significant the pain initially, the more frequent chiropractic care per week rendered better outcomes.

The fMRI changes reported by Yang, et al. (2022), are a direct result of chiropractic causing afferent innervation ...

Chiropractic 444K times safer than surgery
According to Shokri, et al. (2018), “compared to common treatments for lumbar disc herniation, chiropractic care is 37,000 to 148,000 times safer than non-steroidal anti-inflammatory drugs and 55,000 to 444,000 times safer than surgery.”

Whedon, Mackenzie, Phillips and Lurie (2015) reported on the safety in general of chiropractic patients and based their study on 6,669,603 subjects after the unqualified subjects had been removed from the study, with the total patient number accounting for 24,068,808 office visits. They concluded, “No mechanism by which SM [spinal manipulation] induces injury into normal healthy tissues has been identified” (Whedon, et al., 2015, p. 5). This study supersedes all the rhetoric about chiropractic and stroke and renders an outcome assessment to help guide the triage pattern of mechanical spine patients.

The only ‘first choice’ for spine pain
Chiropractic is safe, creates a mechanical solution for biomechanical pathology, and renders better outcomes when used as clinically indicated.

Should the medical community and insurers read the evidence in the literature, chiropractic isn’t the best “first choice” for mechanical spine pain, it should be the only first choice. There are tools in the industry (i.e., X-ray digitization) that render demonstrative guidance to DCs on where and when to adjust, and when MMI has been attained. These demonstrative tools also give evidence of the biomechanical changes made with a CSA. It is tools like this and others that will help “bridge the knowledge gap” to bring chiropractic to the forefront as a Primary Spine Care Provider.
I LOVE A GOOD SCARY STORY, which is only natural since I grew up in the small southern town of Yazoo City, Miss., which is home to the Witch of Yazoo, a legendary character made famous by the author (and Yazoo City native) Willie Morris in his book, “Good Old Boy.”

Scary stories allow us to safely experience fear while learning from the characters’ mistakes in the story.

Avoid being a main character
We’ve all heard scary stories from consultants, colleagues and local media, and know too well what could happen if we find ourselves on the wrong side of an audit or investigation.

Unfortunately, the size of your clinic doesn’t make staying compliant much easier. The smaller your operation, the fewer employees there are to keep on top of things. The larger your practice, the more moving parts you must monitor.
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Despite the challenges of maintaining a compliant office, individuals involved in financial and health care fraud schemes face civil liability and criminal penalties — including prison time.

The tale of: billing for DC services not provided
One type of fraud frequently seen in health care is billing for services not provided.

Last year a suburban Chicago chiropractor was sentenced to more than a year and a half in federal prison for fraudulently submitting reimbursement claims to private insurers and Medicare for nonexistent treatment. From 2010-17, John Kosloski, DC, billed the private insurers for services he purportedly provided to Amtrak employees and their family members, knowing he was not actively treating them or had never seen them as patients.

He paid cash to the Amtrak employees in exchange for the ability to falsely bill using the employees' and their family members' personal information. During his scheme, Kosloski submitted more than 18,000 claims to insurers for services he knew he did not provide, and he received more than $500,000 in reimbursements for the false claims.

Kosloski, 57, of Beecher, Ill., pleaded guilty to one count of health care fraud. U.S. District Chief Judge Rebecca R. Pallmeyer imposed a 20-month prison term and ordered Kosloski to pay a $25,000 fine and more than $500,000 restitution to the insurers (DOJ, 2021).

Although this is hardly an example of human error and accidentally billing for services not provided, the truth is that in offices across the country, services that were not provided are billed daily. Therefore, your compliance program needs a system to catch and correct these errors before they are submitted for payment. Having each provider review and initial the day sheets at the end of the day is a great way to double-check for billing mistakes.

The tale of: dumping patient files
Not every case is a blatant attempt to defraud a third party.

For example, earlier this year, two Arkansas chiropractic clinics were required to pay $321,000 after state officials said they dumped patient files in a park. The lawsuit stemmed from an incident in November 2020 when Mayflower city employees alerted local police that a white truck was parked in a wooded area in Palarm Park, where someone left approximately 271 medical files.

The court found that the defendants violated the Personal Information Privacy Act and the Arkansas Deceptive Trade Practices Act for failing to protect their patients' personal information and failing to dispose of patient information as required by law (Ringo, 2022). For the record, it costs significantly less than $321,000 to have a mobile shredding company visit your practice and dispose of your patient files legally and compliantly.

The tale of: HIPAA violations for looking up old girlfriends
Since we are on the topic of HIPAA, did you know that a pharmacist cost Walgreens $1.4 million for allegedly reviewing the prescription records of a woman who had once dated her husband?

The case is significant because the order is the first published appellate court decision where a health care provider has been held liable for HIPAA violations committed by an employee (Ross, 2014). As part of your compliance program, you and your team are required to complete regular HIPAA training. A good rule of thumb is to provide HIPAA training on the first day of employment, refresher training annually, and security-awareness training throughout the year.

The tale of: employing ‘excluded’ individuals
Another often-overlooked part of a compliance program is that you should run your list of employees against the exclusions list monthly if your practice treats federally insured patients.

Unfortunately, one practice learned that lesson the hard way when they were required to pay $192,000 for employing an “excluded” individual. The employee worked as its practice administrator between February 2010-May 2021. He was
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previously convicted in the District of Jersey for health care fraud. As a result of his conviction, he was excluded from all federal health care programs.

While he served as the practice administrator for Windham Eye Group, the practice and its owners billed and sought reimbursements from federal health care programs, including Medicare, Medicaid and TRICARE. A portion of the reimbursements Windham Eye Group and its owners received were used to pay his salary and benefits (DOJ, 2022).

The tale of: billing for procedures learned via YouTube
A good rule of thumb when implementing a new procedure, product or service in your practice is to obtain billing and coding advice from a reputable source before taking someone's word for it.

For example, a chiropractor was charged with falsely billing for a procedure he learned about on YouTube. The civil complaint, filed on March 10, 2021, alleges the chiropractor fraudulently obtained over $3.9 million from the Medicare and TRICARE programs by billing for the implantation of neurostimulator electrodes. These surgical procedures usually require an operating room, and Medicare pays thousands of dollars for this procedure, according to the complaint.

In addition, the lawsuit alleges nurse practitioners working for the chiropractic office learned how to implant the devices by watching YouTube videos and participating in training with sales representatives (DOJ, 2021).

Make the time for practice compliance
Being a doctor of chiropractic is a privilege. But it also comes with a lot of responsibility and yes, risk.

However, all these risks in your practice can be managed and even eliminated if you carve out time to work on your practice instead of just in your practice. Compliance is not a game of just doing, but also of acting fast and adapting to an ever-changing regulatory environment. With all the rules and regulations around health care today, it can be difficult to see where your risks may lie. As we learn from the mistakes of others, remember to focus on one task at a time and don’t forget to ask for help.

RAY FOXWORTH, DC, FICC, is founder and CEO of ChiroHealthUSA. For over 35 years he worked “in the trenches” facing challenges with billing, coding, documentation and compliance in his practice. He is a former medical compliance specialist and currently serves as chairman of The Chiropractic Summit, an at-large board member of the Chiropractic Future Strategic Plan Committee, a board member of the Cleveland College Foundation, and an executive board member of the Foundation for Chiropractic Progress. He is a former staff chiropractor at the G.V. Sonny Montgomery VA Medical Center and past chairman of the Mississippi Department of Health. Request a third-party Gap Analysis of your practices to see where you are hitting the mark or falling short with compliance at chiroarmor.com/gap.

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THE TAKEAWAY
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Assessing risks and benefits
Risk management must be based on sound principles. In the legal realm, our actions are guided based on the “Standard of Care” in particular situations.

Standard of care is defined as “that which a minimally competent physician in the same field would do under similar circumstances.”¹ As chiropractic physicians, we must rely on scientific evidence and best-case practices to guide us in our decision. Assessing the risk and benefits of treatment and acting in the best interest of our patients is a daily occurrence. Our patients look to us to make sound decisions based on fact and not opinion.
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Patient-informed consent is a method to document a patient’s acknowledgment of their understanding of the risks, alternatives and possible benefits of any treatment they receive. Informed consent in healthcare is the law, codified by the 1914 Schloendorff vs. The Society of the New York Hospital case. The evolution of the informed consent has occurred throughout Common Rule, but also in requirements from state to state. Informed consent is also an important ethical consideration for doctors and healthcare providers.

In an informed consent, the patient jointly participates in the accepted risks and benefits of the recommended treatment. All treatment comes with certain benefits and risks. We must weigh those benefits and risks against other alternative care and the benefits and risks presented in those alternatives. Patients can then make an educated decision about their treatment. Once the patient is aware of the facts, they give their consent to proceed.

In most cases, chiropractic treatment poses little risk to the patient. In other cases, unforeseen issues may be at hand, thus, unforeseen circumstances may occur. In an informed consent, we must provide inherent or foreseeable risks of treatment and alternative treatment options. Patients must be given enough time to weigh these intrinsic risks, consider their options and seek a second opinion, if appropriate. In addition, patients also must consider what may occur if no treatment is rendered.

**Elements of informed consent**

The Joint Commission requires documentation of all the elements of informed consent “in a form, progress notes or elsewhere in the record.” The following are the elements needed for documentation of the informed consent discussion:

1. the nature of the procedure;
2. the risks and benefits of the procedure;
3. reasonable alternatives;
4. risks and benefits of alternatives; and
5. assessment of the patient’s understanding of elements 1 through 4.

It is the obligation of the provider to make it clear the patient is participating in the decision-making process and avoid making the patient feel forced to agree with the provider. Merely stating that you discussed the inherent risks does not prove it was actually done. The informed consent document must provide information. The amount and content of the information is typically controlled by state statute. The provider must make a recommendation and provide their reasoning for said recommendation.

Minors (typically under 18 years old) cannot provide informed consent. Therefore, the parent or legal guardian must give informed consent for most medical decisions on behalf of the child. In this case, it is not “informed consent” but rather “informed permission.”

An exception to this rule is a legally emancipated child who may provide informed consent for themselves. The laws vary from state to state, but the general approach to defining examples of an emancipated minor includes minors who are:
1. under 18 and married;
2. serving in the military;
3. able to prove financial independence; or
4. mothers of children (married or not).

One should be aware of their state’s requirements, if any, for informed consent. Sources would be the Board of Chiropractic Examiners’ websites, state associations, or information provided by your malpractice carrier. When guidance is unclear, document your good-faith effort to achieve compliance. In general, the informed consent utilized should include:

1. describing the proposed treatment;
2. emphasizing the patient’s role in decision-making;
3. discussing alternatives to the proposed treatment;
4. discussing the risks of the proposed intervention; and
5. eliciting the patient’s preference (usually by signature).
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Frank discussion of the inherent risks between the provider and the patient is crucial. Documentation should indicate that there was a discussion, what risks were discussed, if the patient asked questions and the answers given, and the permission to proceed. Additionally, many consent forms express that there are no guarantees that the proposed procedure will provide a cure to the problem being addressed.

**Chiropractic risks of treatment**

Thankfully, risks associated with chiropractic treatment are relatively low and minor. The most common side effect of manipulation is muscle soreness. However, the manipulation is still a medical procedure that carries a certain amount of risk, although uncommon. Patient safety is a significant focus in patient care, and an effective informed consent is considered a patient safety issue.

It is the physician’s responsibility to assess the particular risks of treatment to the patient, the patient’s ability to comprehend the information presented, and whether the patient can make an independent, voluntary decision. Some consent forms may contain language that is at a reading level too advanced for many patients to comprehend. In this case, the use of visual communication tools should be considered. Patients should be actively engaged in the discussion to enhance communication and ensure patient safety and understanding.

**Do not leave yourself open to legal challenges**

The patient’s signature is proof of an indication of this understanding and decision. The patient’s name or legal representative’s name, signature, date and time are recommended as part of the minimum elements. Merely having a paragraph in your intake forms bearing no signature or just initials may not survive the test of a legal challenge.

Including risk management, compliance and ethics in your policies and procedures makes good business sense. Ask the appropriate questions and follow federal and state guidelines in your informed consent. Following the government and state guidelines on risk management will further protect you from financial losses, increased stress and adverse legal decisions.

**References**

MARIO FUCINARI, DC, CPCO, CPPM, CIC, is a Certified Professional Compliance Officer, Certified Physician Practice Manager, Certified Insurance Consultant, and a Medicare Carrier Advisory Committee member. As a member of the Foot Levels Speaker’s Bureau, he travels throughout the year to share his expertise with audiences across the country. Contact him for classes such as Medicare, documentation, coding, examination or rehabilitation training. For further information, you may email him at Doc@Askmario.com or check his website at Askmario.com.

**References** can be found online at chiroeco.com
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NATURAL TREATMENTS FOR INFLAMMATION SYNDROMES — PART II
Targeting patients with chronic fatigue and other inflammatory syndromes

BY JEFFREY TUCKER, DC
TIME TO READ: 6-8 MIN.

THE TAKEAWAY
Protocols for biohacking inflammation syndromes and bringing awareness to patients about subjects ranging from posture to removing food sensitivities to sleep; identifying modalities to address chronic fatigue syndrome.

THE TREATMENT OF CONDITIONS RELATED TO LOW-GRADE ONGOING INFLAMMATION like neuropathy syndrome is challenging. Viruses such as Epstein-Barr or herpes, or bacterial infections including Lyme disease, can either trigger or contribute to inflammation syndromes such as ME/CFS, fibromyalgia and neuropathy. Combination therapy has consistently been more efficacious than monotherapy. My multi-modal approach is to decrease inflammation and increase oxygen to the tissues.

Blood vessel health is as important to the body as nerve health. A few simple noninvasive tests to help you monitor vessel and neuronal progress include:

- The Barnes temperature test for the thyroid gland;
- The Ragland blood pressure test for the adrenal/kidney system; and
- The saliva test-strip check for deficiencies in nitric oxide (NO) levels

The thyroid, adrenals and endothelia (NO) have a relationship to blood vessel health, cardiovascular disease prevention and neuropathy. The inter-relationship of the neuro-vascular-gut-immune systems is increasingly being looked at to help resolve chronic inflammatory disease. Persistent neuropathy and ME/CFS-type symptoms (even months or years later) can’t always be evaluated or correlate with known tests. Conventional thyroid tests like TSH miss many cases of hypothyroidism. I prefer to look at a full thyroid panel, including reverse T3.

A host of symptoms are associated with ME/CFS and neuropathy. Most common are: not just tiredness but profound, persistent fatigue (“I’m exhausted all the time”); cognitive dysfunction (“brain fog”); dizziness; sleep abnormalities (poor total sleep, excessive movement and restlessness, poor REM and deep sleep); autonomic manifestations (digestion, hormone production, cardio symptoms, etc.); headaches; pain (usually widespread); and other symptoms that are made worse by exertion of any sort.
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A multi-modal biohacking approach
Ongoing fatigue deserves a proper diagnosis.

I take the “biohacking approach” to resolve symptoms. I attempt to implement as many of the biohacks as my patient will do for overall health optimization.

Here’s a sample list of my biohacks:

Exercise — I start with gentle movement to increase the blood supply and oxygen content to tissues. That could be as simple as “marching in place” for two minutes multiple times a day. The most important exercise for neuropathy patients is sensorimotor exercise. Months later we may begin to introduce light exercise with long-term goals of moderate intensity and high-intensity interval training (HIIT).

Blood sugar management — I like to keep tabs on this with off-the-shelf test kits that can provide A1C (glucose) levels. Everyone now has easy access to devices for finger-stick blood glucose/ketone monitors and continuous glucose monitors. As we age, we typically lose muscle mass, lung capacity, bone mineral density and other certain body processes, i.e., hormones decrease/slow down. After age 40 our risk of diabetes goes up and in general the older we are the higher our blood sugar rises.

Blood vessels — I use therapies such as Winback TECAR, shockwave, cupping and laser to help reduce enlarged and distended vessels and veins, to stimulate angiogenesis, and to improve stiff vessels and veins. I monitor the nitric oxide levels in the saliva during office sessions.

Manipulation — This is very individual and gets evaluated on a case-by-case basis. One thing for sure is that hands-on therapy with some techniques between high-low velocity treatments and the experience of joint mobilization and manipulation is helpful. Your skilled hands and the patient preference are what will guide this.

Weight management — I monitor body composition (e.g., fat mass and lean muscle mass) on each patient. The relationship to even just 5% more fat cells than your optimal body fat level is well-established to increased inflammation (cytokines) throughout the body.

Nutrition — There are so many ways to go here. Think about ruling out gluten, wheat and pasteurized dairy sensitivity. I start with recommending the removal of processed foods and talking about portion size and meal timing (no food three hours before bedtime). Based on body composition analysis done in my office, I’m able to offer macronutrient (fat, protein and carbohydrate) portions. The micronutrients I recommend most often include vitamin D, niacin, magnesium and chromium.

Other supplements — It helps to upregulate NAD and the B complex because this will improve mitochondria capacity.

Sleep — I need to see sleep data to help hack poor sleep and the associated fatigue. Wearable devices to monitor sleep are easy to implement. Certain herbs like lion’s mane can help improve REM sleep if that’s what a person needs. Getting patients into a nightly bedtime routine and eliminating electronics (i.e., light) that disturb hormones is important.

Stress — Patients need to talk about and release emotional stress — having a trusted listener about family problems, the illness itself and other physical stressors is helpful. To help reduce stress I encourage patients to nasal breathe only (not through the mouth) and meditate. Of late I am experimenting with vagal nerve tone stimulator devices. When you have loss of vagal tone you have imbalance in sympathetic and parasympathetic nervous systems. These devices hopefully help balance out the parasympathetic or the cholinergic tone to counterbalance the sympathetic dominance and the inflammatory response that’s going on with these patients. Think adrenal deficiency. Early reports from my patients on these devices are still out.

Hormones — Evaluating and optimizing testosterone and other hormone levels (i.e., thyroid disorders) helps things fall into place.
Environmental factors — Understanding exposure to pollution, toxins, molds, vitamin D via sunlight, altitude and ambient temperatures needs to be looked at.

Medications — Keep an eye on what patients are taking and the duration, e.g., steroids, antipsychotics, etc. Often, I need to look up various side effects of these medications. I am no longer surprised at the correlation between medications and side effects. On the other hand, there are times I'll suggest intravenous vitamins to help patients overcome chronic fatigue.

Substances — Smoking, alcohol, excess caffeine — these are common contributors that you must see through your cells' lens, as they contribute to poor health.

Allergies and allergic reactions — By the time I see a patient they usually have had allergy testing or know their specific allergies. I am more interested in food sensitivities than overt allergies. I am seeing positive results with the low-oxalate diets in reducing muscle and joint pain.

Be the doctor you want to be
I am very comfortable bringing awareness to patients about posture and positioning, proper belly versus chest breathing, nasal breathing, sleep hygiene, fat loss, movement and exercise. If we add even a few healthy practices for at home, i.e., establish better eating times, take out a possible food sensitivity, add some very gentle movement, patients may feel better.

I use modalities in the office that help "charge" the mitochondria and this allows some wonderful changes in these people's lives. Since ME/CFS is rarely identified at onset, unfortunately a diagnosis of ME/CFS can take years to receive and even more time following for it be recognized by the medical community.

JEFFREY TUCKER, DC, practices in West Los Angeles, Calif. He is a prominent and successful chiropractic doctor who specializes in treating conditions related to ongoing inflammation and chronic musculoskeletal diseases, including neuropathy, fibromyalgia and chronic fatigue syndrome. Tucker has over 40 years of specialized experience, has written over 100 articles for chiropractors and has lectured in the U.S. and abroad. He is the past president of the American Chiropractic Association Rehabilitation Council. Sign up for his newsletter on his website at DrJeffreyTucker.com.
LIFE IS FRAGILE AND FLEETING; that is the universal connector for everyone. We all want to be healthy, to celebrate, love and live life to the fullest.

This outlook is no different running a successful cash practice than it was with the stress encountered during the Great Depression, World War II, the ups and downs of the stock market, or COVID-19 today. Mankind can only tolerate so much pain or discomfort until it cries out for help.

When we were hurt as children, we called out for our parents to aid us, to stop the pain and give comfort. We soon came to appreciate and expect that kind of care from them. As adults, sometimes I think we cry out for help louder than we did when we were children. Now, as in the past, we will not settle for any health care that doesn’t deliver a consistent positive response to our immediate health needs, and we are willing to pay and sacrifice for that kind of care.
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Best Regards,
Steve Shanks.

Steve Shanks
President of Erchonia

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We’ve all heard statistics about how troubling life can be in these times. In 2019, Eric Rosenbaum of CNBC stated that millions of Americans were only $400 away from financial hardship, and now multiple years into the pandemic, long-term financial impact still weighs heavily on many Americans. Another report by CNBC states that many people we know (and those of us under 30) have lost jobs or are taking pay cuts since the pandemic outbreak began in February 2020. Another 2021 survey by CNBC maintains that Americans are spending $765 more a month dining out and traveling than they did in 2020. Many have come to that tipping point that requires us to change our financial priorities, especially when we realize we are nothing without our physical or mental health.

I was fortunate to have worked for 53 years in a cash-only, family chiropractic practice which served our community for 87 years. My father charged $1 for a chiropractic adjustment in 1934 during the Great Depression. People still found a way to come up with a dollar. Chiropractic adjustments were the only trusted affordable care that gave those patients the relief they needed so they could continue to provide for their families’ welfare. They might not have understood what chiropractic was back then, but they knew it worked, and they were willing to sacrifice financially to feel better.

Cash chiropractic as a lifestyle choice

For 52 years, C. Rustici, DC, of Independence, Mo., made a lifestyle choice and chose to run a cash chiropractic practice. He witnessed his fellow doctors, who were insurance-based, constantly having to argue with insurance companies. He told me clinics were always being shortchanged by insurance companies. The charges for treatment were often compromised; additional fees were added for work not performed. Services were jumbled and costs inflated, leaving patients with a bitter and negative attitude toward their whole health care experience.

The doctor runs a mostly referral-based practice. His existing patients share with their friends what to expect from Rustici, how much it will cost, and how long it will take to see results. There are no surprises for them.

“When patients pay with cash, they willingly become invested in their care and are more likely to follow my advice and health care suggestions,” he says.

When deciding on going to a cash-only practice, you are not only making a business decision; you are making a “lifestyle choice” for you and for the way your patients participate in their care.

With an insurance-based practice you shoulder the burden of declining payer reimbursement rates and increased administrative burdens. With documentation and regulatory requirements, perhaps you have realized that higher patient volumes are counterproductive. Perhaps you have been forced to spend less time with each patient to keep abreast of outside demands on your practice by ever-changing regulations. Let us not be consumed by the tasks that are forced upon us from outside our office, lest we forget that life is about people and the relationships that surround us.

If the above sounds familiar, you might want to make a change. The Peloton company notes in its television advertisement, “If your workout is a joy, it’s a joy to work out.” The same can be said for your practice. Do you find joy each day in your practice? This quote from C. Groeschel may ring true for you as it did for me: “The worst enemy to the life you want to live may be the life you’re living now!” You have probably heard this adage as well: “If you are not happy with your life, only you can change it.”
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Patient and practice responsibilities
With the change to a full-fee cash practice your fee is paid by your patient, and your staff is available (and well-trained) to fill out their insurance forms for them. It then becomes the responsibility of the patient to resolve payment from the insurance companies, helping to keep your overhead and fees down.

This type of practice requires a positive response to care with each treatment. Now you have the time to give your patients a detailed understanding of their condition. They become more motivated to follow their treatment plan. They soon see and appreciate your passion for others and direct their loved ones, friends and acquaintances to you so colleagues can share the same feeling of health and wellness. Your focus shifts from trying to see more new patients to taking better care of the ones you have.

Studies in insurance reliance
D.G. Hof, MD, a pulmonary surgeon and internal specialist of Kansas City, Mo., practiced from the '70s thru the '90s when insurance companies were the gatekeepers of the almighty dollar. Hof had no voice in choosing his lifestyle, for he was bound to the contract with the insurance companies. He shared with me how depressing it was having to rely on the insurance companies and Medicare for payment. He told me:

“The insurance companies come to you and tell you they will send you all these patients, but they expect a discount of your fees. As time goes by, they want a higher percentage of reduction of fees. Your rent on your office space continues to escalate and your staff salaries also escalate. The longer you practice in this type of ‘pressure cooker,’ the less chance you have of maintaining your freedom of clinical practice. The stress becomes too great, your health suffers and you must retire to save yourself.”

Hof fought the system working with Attorney General Ashcroft of Missouri to put pressure on Medicare to make payments within a more reasonable time frame.

M. Strehlow, MD, of Kansas, comes from a medical family practice of 70 years. His father started practicing medicine in 1953. He joined his father in 1988. At that time, insurance companies were the only means of receiving payment for care. By 2002, one of the largest insurance companies in his area was responsible for paying 60% of all the income of their practice. His clinic of six doctors was responsible for 8,000 patients. It was nearly impossible. They were booked six months out. Each doctor had to see at least 28-35 patients a day. Strehlow did not take a vacation for 11 years. He didn’t have dinner with his family for over 20 years. Sometimes he would spend all day and night at the clinic.

“The insurance company became the acting doctor in my clinic, and I was nothing more than an administrator,” he said.

The insurance company ruled with a firm hand and stated that the doctors must stay in line and hit their numbers, or they would be financially penalized. He felt as though all he provided for his patients was “stomping out fires” and, due to the scant time allowed, not treating causes of illness.
He woke up one morning in 2002 with a blood pressure of 190/100. He and his wife decided something had to change. There is a good ending to his story. For a long time, his patients had been asking more and more questions about “wellness care” and about more “personal care” in his clinic. He dropped all insurance coverage and strictly went to cash. He and his patients finally found the contentment and peace they both wanted. It’s now this personal care that fuels his passion. He goes on family vacations with his children and has dinner every night at home. Unlike some, he had the courage to change his life.

Live your desired lifestyle of care
Doctors must be true to their own natural abilities, desires, motivations, and capabilities about how to practice and live life. There are pros and cons to both cash and insurance practices. Just be true to yourself so you can practice in a manner that fuels your life’s passion. CE

GARY BORING, DC, BCAO (Board Certified Atlas Orthogonal), LCP (HON.), FICA, graduated from Cleveland Chiropractic K.C. in 1968. His father graduated in 1934 from CCC K.C., and his brother in 1966. Boring Chiropractic has served patients for 86 years.
THE A.I.-DRIVEN MICROBIOME DIET

The ideal personalized diet plan for chiropractic patients

BY ADAM KILLPARTRICK, DC, CNS, DACBN

TIME TO READ: 12-14 MIN.

THE TAKEAWAY

A microbiome diet that is designed using state-of-the-art technology, including the world’s only Microorganism Nutrient Interaction Database, and is clinically proven, provides chiropractic patients with the most personalized diet plan.

WE’RE LARGELY FLYING BLIND when it comes to recommending diets to our patients. There are a great many approaches that have helped a lot of people, but what about food sensitivity tests that provide key immune information as to how the body is responding to foods, or all of the data supporting a ketogenic diet? What about the FODMAP diet (the acronym for fermentable short-chain carbohydrates, which are more difficult for people to digest)?

All of these are effective approaches under certain circumstances. But surely an anti-inflammatory diet, or Mediterranean diet, is ideal for most, if not all patients, anytime, right? Maybe, but both of those diets do lack critical information, which, it turns out, is easily attainable.

A personalized baseline diet plan

There is a plethora of other diets that really smart people have developed, written books about, and researched extensively. All of them are great, but they all lack something I think is key to personalization and being able to effectively apply “food as medicine.” They lack the insight into a person’s microbiome biochemical individuality and the needs specific to that person. I’m not saying in any way that I wouldn’t recommend any of the diets that I just mentioned — in fact, there is a time and a place for each. But the fact is, with the technology we now have access to, we can provide a truly personalized baseline diet plan designed to nourish the body and modulate the microbiome, and has been clinically proven to reduce a
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While some microbiome companies have put together nice marketing materials, none have conducted the full-scale clinical trials that are now being released ...

The patient’s symptoms — and that other diets, if needed, can be layered on top of.

After seeing what is possible clinically and how far we’ve come in terms of artificial intelligence, the future of dietary recommendations resides in the microbiome.

The vast impact of the microbiome
The importance of the microbiome is well-established, as is its connection to every other vital system in the human body. Microbiome imbalance, as defined by initiatives devoted to microbiome research such as the American Gut Project, the Human Microbiome Project, and the Flemish Gut Flora Project, have been contributing factors to major chronic diseases outside of the gut including heart disease, stroke and diabetes, as well as neurological diseases such as Parkinson’s and Alzheimer’s.

Obviously, there is direct involvement in conditions such as IBS, Crohn’s, chronic constipation and inflammatory bowel disease. As a result of this intensive and expansive involvement in physiology, the microbiome is an area that should be used as a blueprint to achieving better health.

Now we have technology that provides insight we’ve not previously had access to in clinical practice that not only reveals a person’s microbiome blueprint, but also deciphers the blueprint’s information and translates it into actionable steps for modulation, symptom relief and long-term wellness.

Microbiome and joint dysfunction and pain
Before we explore the technology, let’s quickly go through the connection between the microbiome and joint health, and why using the microbiome to determine a personalized diet plan could very well be the answer to every chiropractic patient’s question as to what type of diet they should be on.

As we know, the gut is seen as the second brain, lending to the concept of the gut-brain axis. This axis includes cross talk between the intestines and central and enteric nervous system. These bidirectional pathways influence the neural, endocrine and immune activities as well as joints themselves.

Many studies have drawn a direct link between imbalance in the gut microbiome and arthritis and joint pain. Data pulled from the Rotterdam Study found that out of a cohort of 1,427, a total of 124 individuals had radiographic knee osteoarthritis (OA), while 285 participants reported knee OA pain (WOMAC pain score >0). Incidentally, the majority of participants reporting knee pain were female (n=206) as the average WOMAC pain score was also significantly higher in females compared to males. To gain as much insight as possible, correction for a variety of possible confounders was implemented (smoking and alcohol consumption); adjusting for age, sex and technical covariates, there were four microbiome abundancies, all from the streptococcus genus.1

Consistently it is found in many studies that anti-inflammatory bacterial groups, such as *Bifidobacterium*, *Lactobacillus*, *Clostridium* and *Enterococcus faecium* are lacking in people suffering from joint dysfunction and/or pain.2

While the data is robust on this topic and worth looking into further for a greater understanding, however, the idea that there is gut imbalance and subsequent joint involvement leads to the conclusion that a microbiome-based diet could be an ideal fit for any chiropractic patient.

The A.I.-driven microbiome diet
So how do we gain access to such information? New companies have taken the testing that you see in the market to the next level. They’ve done so with 16S DNA sequencing on a simple stool sample and the application of microbiome bioinformatics (the application of tools of computation and analysis to the capture and interpretation of biological data).
With this combination we now have access to exactly what a person needs in terms of foods to nourish and balance their gut bacteria. Companies have developed microbiome specific bioinformatics, or artificial intelligence, using the open source microbiome data as well as microbiome data of more than 45,000 people, including a Microorganism Nutrient Interaction Database. This database is based on an extensive meta-analysis of 3,000+ scientific publications, with priority given to in-vivo trials, and datasets determining the food components modulating the gut microbiome at specific bacteria resolution.

This groundbreaking meta-analysis was conducted to evaluate the studies examining the effects of macronutrients, vitamins, minerals and phytonutrients on the microbiota. This combination of DNA sequencing and A.I. application lays out exactly which foods a patient should eat. Those foods are broken down into three categories:

- Foods that should be consumed in greater quantities
- Foods that should be moderately included in your diet
- Foods that should be eaten minimally

This diet makes no assumptions; the foods included are not inherently good or bad, and there are no foods that are always recommended. If a microbiome profile indicates that a certain bacteria is abundantly present and it is negatively impacting the *balance in the gut*, and apples feed that...
bacteria, it will be recommended that apples not be consumed daily or even every other day.

**A baseline that avoids blanket recommendations**

When you look at any of the diets mentioned at the outset, you see that they routinely make blanket food recommendations.

The keto diet recommendations always include fats such as coconut oil, proteins like eggs, and carbs in the form of spinach. However, if a person’s microbiome profile indicates that a specific bacteria is found in abundance and it happens to thrive on coconut oil, eggs and spinach, it’s possible that the keto diet recommendations alone, without the microbiome data, could be contributing to an imbalance and making the inflammatory response worse throughout the body.

And I know, I’ll get all sorts of grief from the keto community for what I’m about to say … I’m not downing keto; I’m simply citing data that indicates that layering a microbiome-based diet with keto is more ideal. In sticking with the keto example, it’s well-established that only applying a keto diet long-term decreases the anti-inflammatory bifidobacterium, increases inflammatory E. coli, and decreases bacterial abundance overall and diversity. Now, it’s not to say that a patient won’t lose weight, regulate their blood sugar and have more energy. But long-term, because of the impact on the microbiome, it may be more beneficial to use the microbiome diet as a baseline so as to retain that gut balance and achieve all of those outcomes.

**Clinically proven for IBS and constipation**

Obviously, you can see how this level of personalization hasn’t really been achieved using other dietary approaches; if food sensitivity tests come to mind, they measure the immune response to certain foods and ultimately reveal what foods should be avoided. They lack the insight to inform which foods should be eaten for nourishment.

Regardless, this idea of an A.I.-driven microbiome diet is great in theory. In fact, when I explain to doctors what it is, they all say, “That’s great, but does it actually work?” The answer to that is, yes, it actually does. While some microbiome companies have put together nice marketing materials, none have conducted the full-scale clinical trials that are now being released, and certainly not on the application in circumstances of disease states or clinical conditions. Two of these trials have been completed to date, one on IBS patients and the other on chronic constipation. Both yielded unprecedented results. The IBS trial not only demonstrated a statistically significant increase in anti-inflammatory bacteria, but also resulted in the change (delta) values in IBS-SSS scores (before-after) being significantly higher in the 82% of intervention group than the control. In this 82%, there was a marked shift from severe symptoms to moderate to low. And anyone who struggles with IBS or treats patients with IBS will understand that is a life-changing shift. Additionally, participants also reported a 42% decrease in their sleep disorders, a 63% increase in their energy levels, and there was an overall average of 15.6-lb weight loss. Again, the reach of the microbiome is vast and implications of balance reflect that.

As for the 50-cohort randomized constipation study, results revealed the customized diet developed for subjects on the study arm resulted in a 2.5-fold increase in CBMpW (complete bowel movements per week) after six weeks (1.7 vs. 4.3). The proportion of the study group patients with CBMpW>3 was 83% at the end of the study and the satisfaction score was increased four-fold from the baseline (3.1 to 10.7 points). More
than 50% improvement in PAC-QoL scores was observed in 88% of the study cohort compared to 40% in the control group (p < 0.001). These two studies are in the process of being published and this data has fueled additional studies that are currently underway. But the bottom line is, the A.I.-driven microbiome is clinically proven.

Don’t fly blind with dietary recommendations
Comfort and confidence in anything you give to your patients is key. The knowledge that you have access to a food plan based on a patient’s own microbiome blueprint using the latest technology and artificial intelligence, and has been proven to work, lends itself to instilling the highest levels of both comfort and confidence, and keeps you from flying blind when it comes to dietary recommendations.

ADAM KILLPARTRICK, DC, CNS, DACBN, graduated from Palmer College of Chiropractic in 2005. In addition to maintaining a private functional medicine practice for the majority of time since graduating, he has also attained multiple nutritional certifications and has served for over a decade as an executive and key figure in R&D and product development within the dietary supplement industry. Most recently, he has focused his career on fields of nutritional genomics, epigenetics and microbiome assessment. He can be reached at akillpartrick@enbiosis.com, or learn more at enbiosis.com.

References can be found online at chiroeco.com
THE TAKEAWAY
According to surveys, we’ve almost reached a point where every new patient will have already checked your online offerings, patient reviews and other “social proof” before visiting your practice.

MARKETING MATTERS

REFERRALS REMAIN AN IMPORTANT SOURCE of new patients for any chiropractic clinic, and some of your best new patients likely came from referrals.

For a current patient to refer you to a friend or family member, they need to have a high level of satisfaction with your practice. It follows that if you want referrals, you need to provide high-quality services, but referrals are also a result of chiropractic marketing.

Referrals can result from:

- Asking patients directly to refer others;
- Providing patient incentives for referrals;
- Having a card or other materials patients can give to friends and family members;
- And referrals resulting from your social media efforts.

IS YOUR SOCIAL MEDIA REFERRING PATIENTS?
How to turn positive social media reviews into referrals

BY CHRISTINA DEBUSK

TIME TO READ: 9-11 MIN.

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How to INCREASE collections

Everywhere you look, there is someone telling you how to do _______ with your practice! Marketing 'gurus', the guaranteed X amount of New Patients guy, modalities, etc. Ultimately the most valuable time, is YOUR time. Time is the most valuable currency, so how do you get more of it?? As you already know, the truth is, you don't more time. But, by hiring and training the right pieces for your office, you can delegate tasks and such and free up your time.

If you are reading this then you likely own your own business already and understand the struggle that come with even the best of employees. They get sick, their kids get sick, car troubles, etc. I have an incredible staff and these things still happen. These things can be managed in order for this office to stay functioning, but the thing that can't slack, is your billing. It's how we get paid! Yes, I know cash collections are also how we get paid and I am 65% cash collection in my office, but those are the easy collections.

Insurance is where things get difficult. All of the different errors and things that can be missed when billing in your office, can set you back on collections, cost you more money or risk even collecting that money. The money must never be affected. Not to mention the ever-coming scare that comes with insurance, audits. The biggest issue I see with that is Doctors saying that they 'didn't know.' I feel that with Physician Services I do not have to worry because of their knowledge.

So, how do you collect more money? By hiring a billing service that is top of the line. You cannot grow, until you are ready to grow. You want to see more and collect more, but you are behind on billing……good luck. You cannot collect more money, until the errors in your practice are fixed. It is tough to sit back and be honest with ourselves and admit that we could have an error somewhere in our office and have to make the change to fix it. But, to improve, it must be done.

This is why I love using Physician Services. I have used them for almost 4 years now and I have friends that have used them for 10+ years. I hired them six months after opening and wouldn't hire anyone else to do the job. They have teams of billers that are extremely knowledgeable about chiropractic billing specifically. Shelly and her team have been our billers since the day we started and it makes practicing and running a business much easier. I have seen other billing companies that are not chiro specific and it can be a disaster.

My billing never gets missed. If someone is out of town or sick, my billing still gets done. They handle the EOBs, posting, appeals, even helping with credentialing. The billers always have insight into certain insurance policies that help save money and speed up billing.

They never miss any modifiers. They catch any mistakes that slip through the cracks with accidental SALTed charges. We have a weekly call with Shelly and her team to review any small issues, but normally there aren't more than 2-3 small things to even touch on because they are always on the ball.

Customer service is a big part of business and in today's world, in my opinion, it is falling off. Physician Services is the gold standard when it comes to customer service. If you ever have any questions or issues, they are always a quick email or call away.

In my second full year of opening Limitless Chiropractic, we collected upwards of $1 million. I was the only Doctor in the office seeing 400-450 per week, and no not a lot of therapies either. One of the main reasons that we were able to grow at such a rapid rate, was because we were able to hand off all billing to Physician Services and strictly focus on customer service, patient care, and employee training and growth.

If you bill insurance in your office, then you need to give Physician Services a shot. You will NOT regret it!!

Jason O'Rear, D.C.

Call me to hear more about my experience with Physicians Services! Jason O'Rear, D.C. 985.888.6200

Call Greg Barnes at 1-800-208-1009 or 954-495-6845 to increase collections today.
Social media referrals

Social media, used properly, can be your most effective way to garner referrals. When a patient mentions you on their social media page or shares a post from your page, some or all of their friends and/or colleagues will see it, depending on the algorithms used.

Your patients spend an average of more than 2-1/2 hours per day on social media networks and messaging, according to WeAreSocial.com. And one thing many patients like to do is respond to a problem posted by a friend by recommending a product or service that has worked for them.

You can encourage your patients to share information about your practice online by posting interesting information on your social media channels to get them started. You could also offer contests or giveaways that ask entrants to share the post to their personal social media pages.

All of this amounts to potentially hundreds of people seeing each recommendation for your practice. And the best part? Much of it happens passively (with no effort from you or your staff).

The role of reviews on social media

As social media has grown from a simple interface to encourage interaction to a way to promote products and services, reviews have become a large part of the process. Today, more than 93% of consumers say online reviews influenced their purchasing decisions, and more than 87% of consumers say that they read online reviews for local businesses.

What's more, 72% of consumers have written a review for a local business.

Social media reviews represent a rich opportunity to raise brand awareness and build trust, but that's not all. Before a potential patient contacts your practice, odds are they've looked at online reviews first, not only to satisfy their quality criteria, but often to find answers to specific questions. Information that reviews can provide includes whether you accept insurance, offer evening hours or are available for emergencies.

Paid social ads

Both video and written content can be created with little to no financial investment, depending on how much you do yourself versus outsourcing, but it is crucial to have a paid advertising strategy to go along with your organic strategy to help amplify reach.

Facebook remains the king of the hill for paid ads, but LinkedIn, Twitter and Instagram are among the other larger options. The key is to remember that each requires a different strategy because each is unique in regard to its usage, best practices and audience.

For instance, if you're purchasing an ad on Facebook, Sprout Social suggests you:

- Choose the right target audience by providing details related to their location, age, gender and more;
- Test different ad types; options include carousel, video and lead ads;
- Use remarketing, which involves catering to those who've interacted with your practice before; and
- Carefully plan your budget by setting a daily advertising amount.

Increasing your online reviews is key, as “social proof is the number-one differentiator between practices,” says Matt...
Prados, founder of Review Wave. “You can run the same online campaigns, the same website, the same ads, the same offers, et cetera, and the office with the most reviews will get the most new patients from the same exact online campaign.”

This is confirmed by consumer surveys.

For instance, according to a 2022 Local Consumer Review Survey conducted by brightlocal:

- In 2021, 77% “always” or “regularly” read reviews when browsing for local businesses (up from 60% in 2020).
- 89% of consumers are “highly” or “fairly” likely to use a business that responds to all of its online reviews.
- More consumers use Google to evaluate local businesses than ever before. In 2021, 81% did, but the year before that, just 63% did.
- 99% of consumers have used the internet to find information about a local business in the last year.
- Consumer use of Google to evaluate local businesses has leapt from 63% in 2020 to 81% in 2021.
- Consumer use of Yelp to evaluate local businesses has climbed from 32% in 2020 to 53% in 2021.
- Consumer use of Facebook to evaluate local businesses has dropped from 54% in 2020 to 48% in 2021.
- The percentage of people “never” reading reviews when browsing local businesses has fallen from 13% in 2020 to just 2% in 2021.

It is crucial to have a paid advertising strategy to go along with your organic strategy to help amplify reach.

While many online review platforms exist today, Prados says chiropractors should focus on having the most reviews on Google, Yelp and Facebook. Target a rough number of reviews, or more, than your competitors have, and assess those reviews at least monthly.

“Business reviews can be an incredibly useful tool for attracting new customers, not only through the psychological effect they have on the reader, but by boosting local rankings [your website SEO] so that businesses are more likely to show up for searching consumers," writes Jamie Pitman of brightlocal.

The positive and the negative
People will look at both positive and negative reviews, so it’s important to respond to negative reviews with an offer to talk personally and resolve the issue. If you are able to resolve it, the issue becomes an opportunity to position your practice as caring and responsive to the needs of your patients.

Social media reviews also improve your site’s search rankings on Google, which increasingly values external and third-party reviews as being more authentic. There are social media plug-ins available for your site that will show a compilation of reviews from your various pages, which will help with your site’s SEO. This means more people will find your site, and after reading positive reviews, will be more likely to become patients.

There is much to gain and little to lose from social media marketing, including the use of reviews. Creating and maintaining social media pages takes some time and effort, but it is time and effort well-spent for your internal or external marketing team in the referrals it will generate for your practice. CE

CHRISTINA DEBUSK is a staff writer for Chiropractic Economics magazine. She specializes in content related to natural health and wellness, personal development and small-business marketing. She can be contacted through ChristinaMDeBusk.com.
HOW TO SET UP A CHIROPRACTIC CLINIC FOR NEW OWNERS OR PRACTITIONERS

YOU'RE OPENING A NEW (OR NEW TO YOU) CHIROPRACTIC OFFICE. Once you’ve secured the location, the next step is to set up the inside of the clinic. How to set up a chiropractic clinic involves thinking about the equipment you need, deciding what you want your office’s interior to look like, and figuring out your budget so you know how much cash (or financing) you have to work with.

Chiropractic furniture and equipment sourcing
When opening a new office, certain furniture and equipment will be needed from day one. This includes: a treatment table for adjustments; diagnostic equipment and devices; desk for the reception area; computer, printer, and copier; phone system; chairs and end tables for the waiting room; and more.

Depending on the services you plan to offer, you may need additional or specialized equipment. You might want a drop table or flexion table for more specific adjustments, for instance. Or you may need a TENS machine or low-level laser therapy device to assist with treatments. If you will sell supplements and other products, you’ll also need some type of shelving system to display these items and another for product storage.

You can purchase furniture and chiropractic equipment direct from the distributor. If you have a pre-existing relationship with a distributor, ask for a loyalty discount. You can also ask for a discount if you plan to purchase several items at once. Some will extend lower pricing, but only if you ask.

Another option when considering how to set up a chiropractic clinic is if a local chiropractor is closing their office or remodeling, you may be able to buy some of these items from them. Ask around your network to see if anyone has the things you need. This will typically lower your upfront expenses while enabling you to outfit your practice until you can afford newer or more updated items.

Interior design
In addition to securing the necessary equipment and furniture, it’s also important to think about how you’re going to design your interior space. Consider how color will impact your patients, such as using warm colors to create a more tranquil environment. Pictures on the walls, art displayed in the corner, and other details can help you create a space that elicits the emotions you want your patients to feel while also strengthening your chiropractic brand.

If you’re not sure about the best design for your new practice, an interior decorator can help. This professional knows how to maximize your space and make it more appealing to the eye. Taking this route may even save you money in the long run by keeping you from purchasing items you don’t need, don’t have room for, or that you buy only to later realize that they aren’t going to work.

The decorator may also have resources for how to set up a chiropractic clinic with items you need at a lower cost. Or they can find unique items to give your office a feel that patients won’t get when visiting another chiropractic practice.

To find the best decorator for you, Nerd Wallet recommends first assessing the scope of your project and gathering ideas of what you want your practice to look like. This helps the decorator know if it’s a suitable project for them.

Calculating your budget
The amount of money you have available to outfit your practice will determine how much you can do. If you have a limited budget, you may have to start with the bare necessities, then buy other items as you become more profitable.

Remember also that finding a good deal involves more than price. It may be worth it to pay more for a quality chiropractic table that will last you for several years, for instance, than to skimp on price and wind up with one that you have to replace in half the time. Consider your patients’ needs as well, such as having oversized chairs in the waiting room for larger patients or having a treatment table that you can lift and lower electronically for patients who may struggle to do this on their own.

There is no one-size-fits-all solution to outfitting a new chiropractic practice. But as long as you consider these things, you will be in a better position to create a practice suitable for you and your patients.

About Dee Cee Labs
Founded by Dr. Harry Hester in 1962, Dee Cee Labs has a company culture focused on helping folks discover a healthier quality of life through good, sound nutritional products. Their FDA-inspected and approved products are manufactured in-house and contain no harmful chemicals or preservatives. The belief in quality as a tradition, innovation as an ambition and service as a commitment is what drives them.

For more info on superior nutritional supplements, please visit dclabs.com.

For more content like this, visit chiroeco.com/new-practitioners.
DEAR DOCTOR OF CHIROPRACTIC,

You are essential to the health care of America. Your patients count on you to help them through this difficult time, as do your family and friends. If you’re a business owner your employees are counting on you also.

In pre-pandemic times there was less to worry about and it was easier to find mental escapes and downtime. Now we’re trying to create that new normal as a society, trying to make it look as close to the old normal we can, for both doctors of chiropractic and their patients.

WE’re IN IT TOGETHER

Last year we told the story of the two young chiropractors who 30 years ago attained their DC degrees, both near the top of the same graduating class and full of enthusiasm to enter chiropractic care. When they returned for their 30-year reunion, both were married with family and had stayed in touch over the years. But while one worked in a multi-doctor practice, the other had founded his own multi-location practice and as CEO was contemplating an early retirement.

THE DIFFERENCE?

How and why did the two DC’s paths diverge? Both sought success. Both were near the top of their class in school. Both entered the field with enthusiasm. The difference-maker was the business of chiropractic – learning the economics of the industry. The eventual CEO subscribed to Chiropractic Economics and gained the knowledge to take his practice to the next level.

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Sincerely,

Richard Vach
Editor-in-Chief
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MARKETING

Chiropractic Economics is pleased to present the profession’s most comprehensive Marketing list. The information below was obtained from questionnaires completed by the listed companies. Companies highlighted in RED have an advertisement in this issue.

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3dconsultation.com

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ASSISTANTS FOR CHIROPRACTIC EXCELLENCE (A.C.E.) 734-320-5058
chiropracticassistants.com

BACK TALK SYSTEMS INC. 800-937-3113
backtalksystems.com

BACKPROJECT CORPORATION 888-470-8100
backproject.com

BAX-U 866-866-2225
bax-u.com

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beyondtransformations.com

BIOFREEZE 800-246-3733
biofreeze.com

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BODYSITE.COM 561-247-3839
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BODYZONE.COM 770-922-0700
bodyzone.com

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mybreakthrough.com

BREAKTHROUGH MARKETING
877-903-8616
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bihint.com

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bryanne.com

BSTRONG4LIFE 866-515-4907
bstrong4life.com

BUSINESSWORKS.US 931-854-0474
halalpia.com

CASH PRACTICE INC. 877-343-8950
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Chad Madden, PT, MSPT, is the Founder of Madden Physical Therapy and the CoFounder of Breakthrough. Since opening his practice in 2003, Chad has scaled it across 6 clinic locations and recently sold 70% of his practice for $11.5 million. Through Breakthrough, Chad helps hundreds of chiropractors and physical therapists scale and grow their practice value. Chad is the author of 3 Books: Pain Free Motion™ for Your Lower Back: Relief without Medications, Injections and Surgery; Killer Marketing Secrets; Back to Normal. He is the host of the Grow Your Practice Podcast.

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Chad Madden is the Co-Founder of Breakthrough and Owner of Madden & Gilbert PT. Since opening his private practice in 2003, Chad has scaled it across 6 clinic locations and recently received a valuation of $16.5 Million. Through Breakthrough, Chad helps hundreds of chiropractors and physical therapists get consistent patient visits. Chad is the author of 3 Books: Pain Free Motion™ for Your Lower Back: Relief without Medications, Injections and Surgery; Killer Marketing Secrets; Back to Normal.

Most chiropractors I talk to fall into one of two categories. 1) You wish you could do more marketing but you feel time-starved and not sure where to begin or 2) You do some marketing, but you want to get more consistent — if only you had the time. No matter which group you fall into, time is the major obstacle. Yet marketing is vital to your success. That's why I want to share a time-saving 12-month marketing calendar that generates consistent, predictable patient visits. Over the last 5 years, I 4X’ed the value of my practice with the strategies included in this tool.

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