

JMCA Journal



ACA Update

By Bill Lauretti, DC

ACA Maryland Delegate

Are Your Medicare Patients Signing an Advance Beneficiary Notice?

IMPORTANT REMINDER: All doctors who treat Medicare patients should be aware of the new rules for billing patients for non-covered services. Effective October 1, 2002 the Centers for Medicare and Medicaid Services (CMS) has issued a new Advance Beneficiary Notice (ABN) form that all Medicare patients must sign before they can be charged for non-covered services.

Your old ABN forms (also known as "waivers") are no longer acceptable and do not protect you from liability. CMS has designed the new form to be more beneficiary-friendly, more readable and understandable, and more clearly defined in regard to patient options.

On the new form there are only three places that may be "customized." Providers are permitted to customize the header, the "Items or Services" box and the "Because" box. Otherwise, absolutely NO CHANGES may be made to the form.

It is imperative that every doctor of chiropractic read the new instructions carefully and download the new form. Both the instructions (found in PM AB-02-114) and the new form (in PDF format) may be obtained at <http://cms.gov/medlearn/refabn.asp>.

ACA has received a number of questions concerning whether the ABN should be routinely used prior to each visit by a Medicare patient. The answer, according to Medicare, is no. Medicare instructions on ABN use make it clear that "giving

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Emergency Workers Getting Crash Course

John Thomas was ready to go home. Caught up in stop-and-go rush hour traffic on the Baltimore Beltway, he was crawling along at 6 mph when his 1999 Honda Accord was suddenly hit unexpectedly from the rear.

Upon arrival shortly thereafter, emergency personnel saw very little property damage (less than \$500) and determined that both cars were traveling below 10 mph. Based upon this initial information the emergency personnel assumed there would be no injuries.

The scene described above contains two falsities. The first is that this scene didn't actually occur; it was just a fictional account. The second falsity was the assumption made by the fictional emergency workers. Unfortunately, this false assumption is made far too often.

When emergency personnel arrive at such an accident, they usually see very little, if any, property damage at all and most often intuitively, though erroneously, interpret that there are no bodily injuries involved.

However, often this is a false interpretation as there is no correlation between bodily damage and property damage. As a matter of fact, low-speed rear-end collisions represent the greatest change in acceleration. This change in acceleration is the determining factor behind how violently a motorist's neck is jerked back as the body is catapulted forward. This probably best describes why roughly 75% of cases of whiplash result from accidents in which the speed was less than 12.4 miles.



Dr. Brian Lerman (far right) speaks with emergency medical service personnel from Baltimore after his latest course about collision reconstruction on Oct. 1.

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President's Update

Audie Klingler, DC

Keep Up the Great Work

We just had a great HIPAA seminar in Baltimore at the BWI Marriot. We had 225 registrants which included doctors and staff members. It was great to see that many people attend one of our seminars. Please remember that your continued support helps the Maryland Chiropractic Association deal with many problems that affect chiropractors all over the state. Your continued support would be appreciated. We are planning a future HIPAA seminar as well as a workshop to make sure that our offices are compliant.

Mark Cohen Esq., was the featured speaker and did a fantastic job as he always does. Mark has been involved with chiropractors all over the state in terms of defending them as well as doing business contracts, partnership contracts, or any type of business related law that is needed. Our thanks go to Mark for giving up his time to help the Maryland chiropractors with this confusing law.

The legislative arena is all fired up at this time. Many of you have been asked to give donations to particular delegates and also governor prospects. I would like to thank you for taking the time to do this. We need people in our camp and I know many of you dislike the political process, but sometimes we have to become very involved. Again, I would like to thank you, particularly Dr. Don Hirsh, Dr. Paul Henry, Dr. Howard Lewis, Dr. Jim Levan, Dr. Dan Weiss, for either attending a fundraiser or having a particular fundraiser for a particular candidate. I know this takes time out of your office but our association thanks you very much.

Along with the HIPAA seminar, we also had a short seminar on workmans compensation and personal injury brought to us by Dr. Bill Lauretti who is working with the commission to develop a better fee schedule. Bill is doing a great job. He is very instrumental in setting up an RVRVS system and hopefully it will be

included with our next fee schedule that hopefully will be coming out the next year or two with the workmans comp commission.

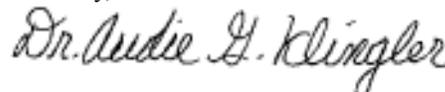
Our association is starting to grow and many thanks go to Dr. Schmidt for taking the bull by the horns and instrumenting a great new member drive. He is doing a fantastic job and I know that we are getting many new members into our association now and hopefully we can revive some of the members that have not renewed into being part of our association.

Our association only works and we are only as good as the members who supports us. So please become involved by becoming a member and also contributing to one of our committees.

The future always holds uncertainties and again we are always living on the edge with the thought of the PTs trying to circumvent our law. We will be keeping close watch on this and since this is an election year there are no pre-filed bills, so we really don't know what is going to happen until we get into the next session. Our lobbyist and attorney Joel Kruh Esq., is keeping a very close eye on any new developments that might occur and is keeping us all apprized. Joel and I also attended a meeting with the Maryland Board of Chiropractic Examiners. We are attempting to go over the CA regs and make particular changes that might be confusing or need to be adjusted. We will be working with the Board of Chiropractic Examiners over the next few months to make these changes and hopefully they will work out better for the membership of the Maryland Chiropractic Association.

Keep up the great work and I look forward to another fantastic year for our group. Please don't hesitate to give me a call with any questions that you might have.

Sincerely,



Dr. Audie G. Klingler

Eye on Annapolis **Legal News You Can Use & 2003 General Assembly Approaching**

*Joel Kruh
MCA Legislative Liaison*

Chiropractic Board to Amend Chiropractic Assistant Regulations

The State Board of Chiropractic Examiners held an organizational meeting to discuss Amendments to the Chiropractic Assistant Regulations. In attendance at the meeting on MCA's behalf were President Audie G. Klingler and myself. The portions of the CA Regulations under discussion were:

- * requiring CAs to notify the Board of any changes of address
- * requiring the supervising chiropractor to notify the Board of changes in CA status
- * establishing an inactive status for CAs
- * requiring laws and regulations to be included in CAs' continuing education under risk management
- * clarifying the requirement that a supervising chiropractor must notify the Board of a CA trainee hire prior to commencement of training
- * clarifying Board approval of CA courses, including course content and instruction
- * amending the ratio of the supervising chiropractor's supervision of applicants (trainees)

MCA will keep membership informed of proposed changes to the CA regulations. We anticipate that any proposed regulation change will take about six months in the ordinary course of the regulation process. Additionally, we encourage the Board of Examiners to fully notify the chiropractic profession of changes to the regulations in a timely fashion.

Keep an Eye Out for ER Instructions Discriminating Against Chiropractic

Several Washington suburban hospitals' emergency room discharge instructions discourage spinal manipulation. It has come to the attention of MCA General Counsel that Washington Adventist Hospital Emergency Department in Takoma Park, MD provides ER patients with back complaints

instructions stating “**spinal manipulation is not recommended because it can increase the degree of disc protrusion.**” Suburban Hospital in Bethesda, MD states in their discharge instructions to ER patients that “**spinal manipulation or adjustment is usually not recommended for disc herniation.**”

MCA will be coordinating our efforts to force both hospitals to eliminate this language. MCA's Legislative Committee will develop strategy at our next committee meeting in December. It is extremely important that MCA members explore if any hospitals in your treatment area provides emergency room patients with discriminatory instructions against spinal manipulation. MCA suggests that you closely monitor your patients seen at area hospitals and request that the patient bring their hospital discharge instructions for your review.

If you receive negative information regarding spinal manipulation from hospital ER discharge instructions, please forward same to Joel R. Kruh, Esq., 200 E. Lexington Street,

Suite 805, Baltimore, MD 21202.

Counsel Recommends Health Reimbursement Arrangements

Health Reimbursement Arrangements (HRAs) are employer-funded, employee-controlled defined contribution plans that permit employers to accumulate money for employees' present and future health care needs. The Employers Council on Flexible Compensation (ECFC) recommends HRAs for the following reasons:

- * With HRAs, employers can provide greater choice for

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Access MCA's Online Legislative Center

The MCA Legislative Center (<http://marylandchiro.com/legcenter>) offers many opportunities for chiropractors to learn about legislative issues that could affect their profession.

The Center also provides many avenues for chiropractors to get involved in the legislative process. Find and contact your local congressman or join our action E-list. You can also find out the latest legislative news affecting chiropractic whether it is happening in Annapolis or on Capitol Hill.



Crash Course

(Continued from page 1)

A General Motors study found that “whiplash” injuries, the soft tissue damage commonly suffered in these low-speed collisions, now account for more than half (53 percent) of all motor vehicle crash-related injuries. The injuries often lead to permanent disability. A New England Journal of Medicine editorial noted in 1994 that 20 to 40 percent of people with whiplash have symptoms that last for years, and some never recover.

Chiropractic is leading a nationwide charge in educating emergency workers about the risks of low speed collisions and correcting the faulty correlation between bodily injury and bumper damage. Locally, Dr. Brian J. Lerman, a chiropractor and qualified expert in Human Occupant Dynamics, has spent the past two years teaching paramedics and police officers what really occurs to occupants during low speed collisions. A member of MCA since 1990, he is in private practice in Owings Mills. His class, “The Biomechanical Reality of Low Speed Collisions” has become an important component of the continuing education requirement for first responders to the scenes of motor vehicle crashes. This past year alone he has taught 12 courses, including nearly 500 emergency medical service personnel and police officers at the Baltimore City Police Academy, Baltimore County Police Academy, Baltimore City Fire Academy, and the Anne Arundel County Emergency Medical Service Training Academy.

“I teach them that the amount of injury an occupant sustains in a collinear rear impact crash is related to the acceleration of the vehicle. The acceleration is not simply the change in velocity, but the change in velocity with relation to time,” said Dr. Lerman. “It is this acceleration that determines how violently a motorist’s neck is pulled rearward by his head as the torso pulls the neck in the opposite direction.”

Having been involved in full-scale human subject crash test research projects at Texas A & M University and The Spine Research Institute in San Diego in cooperation with General Motors Corporation, he explains the greatest acceleration occurs at speeds below 9.3 mph because cars don’t yet begin to crush and absorb impact. It doesn’t take much acceleration for bodily injury to occur in low speed



This subject was struck from the rear by a 1991 Honda Civic at 9.9 mph closing velocity. As you can see, at such low speeds the neck is violently snapped back when a motorist is hit from the rear.

Courtesy of Center for Research into Automotive Safety & Health

collisions. If a mid-sized automobile driving at a speed of 5 mph is rear-ended by another mid-sized automobile going 7.5 mph there is 2.5 mph change in velocity (delta V).

This 2.5 mph delta V represents the threshold in which bodily injuries occur in a tightly controlled laboratory environment using young, healthy individuals. In the real world population, the risk of injury is greater owing to a number of human variables such as being caught by surprise, not being perfectly positioned,

body’s mid-cervical vertebrae undergo tremendous shearing force.”

On the other hand today’s passenger vehicles will not sustain visible damage until they are impacted at speeds of 8-12 mph. Many Japanese imports do not sustain damage below speeds of 17 mph.

That there can be so much bodily injury in an accident which may only result in a scratch to a bumper can be attributed to the difference between static and

age, sex, and the position of head restraints. During such a change in velocity the car is accelerated beneath the occupants. The head and torso move into the seat back. Injuries occur when the torso can no longer move into the seat back and begins to accelerate forward, while the head continues accelerating forward.

Dr. Lerman said, “In this tenth of a second, the top of the neck stretches, the bottom of the neck compresses, the middle part of the neck flattens and the

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Chiropractic News & Notes

Foot Levelers Expands Popular Seminar Series

ROANOKE, VA - Foot Levelers, Inc., has expanded its ever-popular seminar series to include four of applied kinesiology's foremost experts: George Goodheart, DC, DIBAK; Robert Blauch, DC, DIBAK; David Leaf, DC, DIBAK; and Evan Mladenoff, DC, DIBAK. Plan to attend these informative lectures and take advantage of this opportunity to learn about functional assessment of neuromusculoskeletal conditions.

Incorporating research and techniques from chiropractic, osteopathy, and other health-care fields, these seminars specifically address the diagnosis of neurological disturbances of the lumbar and cervical spine. For information, contact Foot Levelers at 800-553-4860 or www.footlevelers.com.

Manitoba Reverses Policy on Care for Children

WASHINGTON, DC – The International Chiropractors Association (ICA) reports the provincial government of Manitoba, Canada, has reversed an earlier decision that denied payment for chiropractic services to anyone under the age of 19.

The reversal of the controversial Canadian policy signals an important victory for chiropractic. The across-the-board cuts in chiropractic reimbursements, however, still stand, and new efforts are under way to seek a responsible solution to government concerns over health spending, including spending for chiropractic care.

Retroactive to July 1, Manitoba Health will specifically provide coverage for Manitobans under 19 and will provide a benefit of \$8 per visit to a maximum of 12 visits during the current fiscal year.

Effective April 1, the rate will increase to \$9 per chiropractic visit. The former rate was \$11.56 per visit.

Doctors of chiropractic in Canada remain concerned over the reductions of

reimbursement levels.

“The battle for full inclusion and full compensation in Manitoba is far from over and the need to be proactive and determined will continue,” said Dr. Daniel Schaeffer.

Thousands of chiropractors and patients in Manitoba mounted a campaign to restore the chiropractic cuts since the announcement of the new policy several months ago.

Kick the Ritalin: JACA Cites Positive Results for Non-drug Treatments

ARLINGTON, VA - Just say no to easy drug solutions for attention deficit hyperactivity disorder.

In the past decade, prescriptions for Ritalin, a stimulant medication commonly used for attention deficit hyperactivity disorder (ADHD), increased five-fold, with 90 percent of all prescriptions worldwide consumed in the United States. As many parents grow leery of the traditional medical approach to ADHD, doctors of chiropractic are offering promising results with non-drug treatments according to a recent series of articles in the *Journal of the American Chiropractic Association*.

Alternative treatments focus on postural muscles, nutrition and lifestyle changes that affect brain activity. Chiropractic neurologists identify the underfunctioning part of the brain and find treatments - from smelling certain things several times a day to performing balancing exercises - that develop the problematic brain area. Other types of treatments include dietary changes, such as removing most sugars from the diet, and lifestyle choices, for example, not spraying pesticides in the house.

Non-drug treatments target the underlying problems and not just the symptoms of ADHD, ACA states. By getting at these problems, the specialists hope to see better long-term results in comparison to what research on drug-treatments currently concludes. To read more about this visit ACA's Web site:

<http://www.acatoday.com/media/releases/adhd.shtml>.

Chiropractic Patients More Satisfied With Care

LOS ANGELES - Low back pain patients under chiropractic care report higher satisfaction scores than those receiving medical care at a managed care organization, a recent study shows.

Published in the October issue of the *American Journal of Public Health*, the UCLA study found that for the 672 patients studied, the mean satisfaction score for lower back pain after four weeks of follow up, was greater for chiropractic patients than medical patients, a roughly 5.5 point difference on a 10-50 point scale.

Results also showed that self-care advice and explanation of treatment predicted satisfaction and reduced the estimated differences between satisfaction levels for chiropractic and medical patients. The study concludes that the communication of advice and information to patients will increase patient satisfaction with providers.

NFL & MLB Dodge HIPAA

NEW YORK - Some professional sports teams may just have hit a home run with the Health Insurance Portability and Accountability Act. Since the final privacy rule was issued Aug. 9, some professional sports teams - including some in the National Football League and in Major League Baseball - were worried that if the regulation were strictly applied to them, then players' medical information would create a blitz of unwanted bureaucracy.

That fear has dissipated lately as teams have come to realize that the rule provides them with a way out. As it turns out, “professional sports teams are unlikely to be covered entities” according to the final rule published in the Aug. 14 Federal Register.

That means that professional teams could add clauses to their contracts specifically prohibiting the release of medical information, according to an Aug. 13 article by *The New York Times*.

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Michael C. Wright, D.C.
Dabbs Chiropractic & Rehab
6955 Oakland Mill Rd. Ste. N
Columbia, MD 21045
410-720-5555
Fax: 410-381-4653

Helen Lorraine Young
2402 Poplar Rd.
Essex, MD 21221
410-686-3200
Fax: 410-768-0777

Crash Course

(Continued from page 4)

dynamic property damage. He compares static damage to throwing a rubber ball against a wall in a room and having it bounce back to you. There is no damage when it bounces back to you and maintains its shape. This is much like a low speed auto collision, in which there is a collision but the bumper may only have a scratch on it. On the other hand the rubber ball undergoes dynamic damage at the point it hits the wall and flattens, compresses, and deforms for a split second, much as motorists' bodies do for a tenth of a second when their vehicles are hit in a low speed collision.

In addition to the satisfaction derived from lending a supportive hand to local emergency personnel on the risks of low speed auto collisions, Dr. Lerman also views his classes as a great opportunity to promote the image of chiropractic to civil service personnel in Maryland.

Thanks To MCA's Great Supporters

The MCA has a Supporting Membership category for suppliers of goods and services. We encourage all members to consider them when buying products or services.

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ACA Coding Clarification: 97112 Neuromuscular Re-education

CPT Code 97112 Neuromuscular Re-education, does not describe chiropractic manipulative treatment and the services are not mutually exclusive. Chiropractic manipulation (CMT) is described by codes 98940, 98941, 98942, and 98943. From a CPT coding perspective, in certain circumstances it may be appropriate to report CMT procedures and CPT code 97112 on the same date of service. For example, if separate therapeutic procedures are being addressed by different techniques, then it is appropriate to report these services separately.

CPT 97112: Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception. Examples include, Proprioceptive Neuromuscular Facilitation (PNF), Feldenkreis, Bobath, BAP'S Boards, and desensitization techniques.

The CPT 97112 procedure requires direct one-on-one patient contact by a physician or therapist. The descriptor for this procedure reflects 15-minute intervals. If a procedure lasts more than 15 minutes, the CPT code can be reported for each 15-minute interval.

Neuromuscular re-education is intended to be performed with one-on-one patient contact. If a chiropractor is performing therapeutic procedures, such as neuromuscular re-education, in a group of two or more individuals, only CPT code 97150 should be reported. Time and/or the number of therapeutic procedures is not defined in this code. Two or more individuals constitute a "group." If this procedure is performed with two or more individuals, then only report 97150. Do not code the specific type of therapy in addition to the group therapy code.

Education Calendar

March 8-9, 2003

ANNUAL MARCH CE FORUM
BWI Marriott

Numerous speakers

Up to 15 Hours of CE, including 5 AIDS and 3 Risk Management credits

March 9, 2003

CA CE

BWI Airport

Speakers: Drs. Sokoloff and Plotkin

Up to 10 CE Hours

June 28-29, 2003

BWI Airport

12 CE Hours

October 10-12, 2003

ANNUAL CONVENTION

Clarion Fontainebleau

Ocean City, MD

Up to 15 CE Hours

Eye on Annapolis

(Continued from page 3)

employees and may reduce health plan costs by coupling the HRA with a high-deductible (and usually lower cost) health plan.

* Because HRAs are consumer-directed accounts, and employees have complete control of their money, workers will make more educated decisions about health care and reduce unnecessary spending. Similar employee controlled accounts, such as flexible spending accounts and medical savings accounts, have successfully reduced health care costs for employers.

* Employees can use money from the HRA to purchase health insurance, cover medical costs not covered by existing insurer, save for retirement health coverage, and because HRAs are funded with employer dollars instead of salary reductions, they have greater employee acceptance.

* HRAs also allow employees to rollover unused balances at the end of the year - so employees can save their money for future medical expenses. This reduces unnecessary health expenditures prompted by the "use-it or lose-it" feature of flexible spending accounts.

MCA Cost Containment Strategy Continues in Discussions with AMI

In the July issue of the *MCA Journal*, MCA alerted membership that we were taking a serious look at Alternative Medicine, Inc., a Chicago-based IPA's model establishing chiropractors as primary care doctors for the patient's total health care needs.

MCA has set a meeting with Jim Zeckman, CEO of AMI to discuss the possibility of establishing an AMI model in Maryland. The meeting is set for October 31, 2002 with Mr. Zeckman, Dr. Howard Lewis, Legislative Committee Chairman and myself. As you recall, the centerpiece of the AMI program is spinal manipulation. MCA will report to membership our finding sometime in mid-December '02.

MCA Members Only Enjoy The Benefits

The MCA is the leading voice for chiropractors in Maryland. Every practicing doctor should be a member. Here are a few of the special benefits you receive as a member:

- * Two \$50 vouchers good for your attendance to MCA-sponsored CE
- * Listing in MCA Directory
- * Listing in Online "Find a Chiropractor Directory"
- * Access to Member Area of MarylandChiro.com
- * Listing in Chiropractic Directory to be distributed to Trial Lawyers
- * Subscription to *MCA Journal*
- * Reduced tuition to MCA CE
- * Opportunity to belong to MCA Sports Council
- * Representation in Annapolis and before the Board of Examiners
- * Medicare/Medicaid information resource

And we're developing more. No chiropractor can afford not to have the MCA at work in Maryland.



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Do You Need a Will?

James E. Adkins, Moore and Associates
Practice and Personal Insurance Planning
Registered Representative for NYLIFE Securities

You've probably seen movies or read novels where members of a far-flung family gather together to hear the reading of the Last Will and Testament of their recently deceased, wealthy and eccentric relative. In such fictional circumstances, family members are almost invariably surprised to hear the contents of this document, feeling the "right" people have been slighted, and the "wrong" people rewarded.



In reality, however, a will is one of the most important documents you can create in your lifetime. Think of a will as a financial blueprint of the distribution of your assets after your death. Your will clearly states who will inherit your assets, when they will inherit your assets, and any conditions that must be met for them to receive your assets.

If you die without a valid will, the court does not have your financial blueprint to follow. Therefore, it has no way of knowing how you may have wanted to distribute your assets. The state where you lived steps in and makes the decisions for you, according to the distribution schedule set forth in its intestacy statutes. The state's decisions may or may not conform to your wishes or to what is best for the people closest to you.

COMMON MISCONCEPTIONS

Myth: "My assets are so small that a will is not necessary."

Fact: Think again. You are generally worth more than you give yourself credit. Even if some possessions do not hold great monetary value, they could hold an enormous amount of sentimental value – and that's something you can't put a price on. Failing to indicate who receives these treasures in your will can cause friction between family members that lasts for

decades.

Myth: "When I die, my spouse will get all of my assets."

Fact: If you and your spouse own assets jointly, at death your share of the assets will automatically go to your surviving spouse. What happens when your surviving spouse dies? What will your children receive? Does your spouse have the financial skill to manage the family wealth?

Myth: "I can create a will on my own and save the legal costs"

Fact: "Do-it-yourself" wills often do not contain all of the necessary components as required by law. Anyone who might benefit from an invalidation of your will can contest it, and if the courts decide in his or her favor your estate may pay for all legal costs. Remember, the few dollars you save now can cost your loved ones thousands of dollars later.

Myth: "I don't want my final wishes to be set in stone. I'll create a will later in life."

The terms of a will can change as often as needed. Legal experts agree that you should reexamine your will periodically to make sure it is up to date. A will should receive a "checkup" whenever there is a substantial change in your life.

HOW DO I CREATE A WILL?

Drafting a will is difficult and not an endeavor you want to tackle single-handedly. It's important that you call on

“Despite the importance of an estate plan, which includes a will, 70% of Americans still do not have one.”

— James E. Adkins, Moore and Associates

the services of an estate planning lawyer. A lawyer might help you:

- Avoid the possible problems of “do-it-yourself” wills
- Save on estate taxes
- Take advantage of estate planning opportunities people often overlook
- Change the terms of your existing will

LIFE INSURANCE AND WILLS

How does life insurance fit into the picture? Life insurance is a vehicle you can use to help make sure your estate is not severely depleted at death by estate taxes and other costs. In most instances, life insurance proceeds are paid income tax free to your beneficiary(ies). Without life insurance proceeds, a portion of your estate may have to be sold to meet “final” expenses such as estate taxes, funeral costs, and outstanding debts.

DON'T WAIT UNTIL IT'S TOO LATE

Despite the importance of an estate plan, which includes a will, 70% of Americans still do not have one.¹ Why? Creating a will forces each of us to come face to face with our own mortality – and dealing with death is difficult. But, it will be much more difficult for your loved ones if you don't have a will. Remember, you should seek the services of a qualified attorney to draft your will.

¹ Bob Gallo, Estate Planning and Living Trusts: Frequently Asked Questions, 1998

¹ Policy loans will affect the expected death benefit and accrue interest until repaid.

ACA REPORT

(Continued from page 1)

acceptable practice.” Medicare states: “Physicians and suppliers should not give ABNs to beneficiaries unless the physician or supplier has some genuine doubt that Medicare will make payment as evidenced by their stated reasons.”

While you’re at the Medicare Web site, be sure to read the section on using modifiers when submitting codes that you believe will not be covered at: <http://cms.gov/medlearn/modchtga.pdf>.

If you have more questions on the proper use of this form, contact ACA at 800-986-4636.

Olympian Parra Urges Radio Host to “Stop Insulting” Chiropractic

Olympic gold and silver medalist Derek Parra has signed a strongly worded letter to sports radio personality Jim Rome, praising the chiropractic profession for its contributions to athletes and urging Rome to “stop insulting the chiropractic profession” on his radio program.

Parra, an Olympic speedskating champion who captured the nation’s hearts at the 2002 Winter Games in Salt Lake City, signed the letter at the request of the ACA during his appearance as keynote speaker at the ACA’s annual business meeting Aug. 30 in Kansas City, MO. The ACA and the ACAuxiliary sponsored Parra throughout the year leading up to the Olympics.

Jim Rome hosts a nationally syndicated radio program that airs on approximately 130 stations throughout the United States and Canada. Rome is also the host of Fox Sports “The Last Word” show that features candid interviews with some of America’s top sports figures. In August of 2001, Rome began his attack on the chiropractic profession, and less than a year later Rome followed suit by excitedly reading a letter last month from a medical student who referred to chiropractic colleges as “voodoo school” and the chiropractic profession as the “chiro cult.”

“Saying that chiropractors ‘ruin spines for a living’ and that they practice ‘voodoo,’ for example, is off base and extremely hurtful,” Parra’s letter stated. “Before making such derogatory comments in the future, you should investigate the stringent educational requirements necessary to become a doctor of chiropractic.”

Court Considers Pleadings as Trial Date Looms for Trigon

At press time, the Federal District Court in Abingdon, VA, which is presiding over ACA’s lawsuit against Trigon Blue Cross Blue Shield, is preparing to consider all final pleadings filed by both the plaintiffs and defendant in response to Trigon’s motion for summary judgment. A trial date has been set for Nov. 12.

The court has directed the parties to present oral arguments for the motion. If the motion is not granted, the case will proceed to trial before a jury. If the motion is granted, an appeal of the ruling to the U.S. Court of Appeals for the Fourth Circuit is expected.

The ACA, VCA, and several doctors of chiropractic and chiropractic patients filed suit against Trigon on Aug. 18, 2000 to compel the insurer to change policies that they believe are discriminatory toward doctors of chiropractic.

Help support ACA legal efforts by sending a donation to the National Chiropractic Legal Action Fund: NCLAF, P.O. Box 75359, Baltimore, MD 21275.

2003 Edition of ACA Coding Book Most Accurate Coding Reference

ACA’s *Official Chiropractic Coding Solutions Book* is the most accurate, chiropractic-specific coding resource available. The 2003 book has been revised to include the following new and improved sections:

- Expanded, easy-to-use ICD-9 Coding Section
- Revised insert on HIPAA
- New section on laboratory services
- An expanded section on consultation codes and how to use them
- New nutritional counseling codes
- Information regarding manipulation under anesthesia.

ACA’s *Official Chiropractic Coding Solutions Book 2003* is the best coding resource to help protect doctors of chiropractic from unnecessary medical reviews and fraud investigations because the information it contains comes straight from the source: the American Medical Association’s CPT coding and health care professionals advisory committees. This user-friendly resource makes it easy for doctors of chiropractic to use codes correctly and, more important, get paid.

ACA Member Price: \$39.95

Non-member Price: \$69.95

To order call 800-368-3083 or go to www.shopaca.com (ask for item CPT2003).

You Need C-PAC

James LeVan, D.C.

C-PAC Treasurer

No one can ever say that Maryland politics is boring. Redistricting turned out to be even more bizarre than usual when the courts got finished working on what the legislature had already done. Several of our friends in Annapolis had their districts changed significantly or had another legislator moved into their district. The impact on next year's legislative session is likely to be dramatic.

In addition to helping our friends campaign to stay in office, we also have worked hard to help some new candidates get elected. The result is that we have had a stunning depletion of the C-PAC treasury. At the same time there have been relatively few contributions coming in. Luckily the election is almost here. In fact, by the time you read this the election will be over.

I feel a little like a race car driver who is getting to the finish line just as he runs out of gas. One of the reasons that we actually made it was the generosity of people who included a contribution to C-PAC when they renewed their MCA dues. Many of you who did that were first-time contributors and I would like to tell you what you made possible. First of all we were able to increase our support to those legislators who have been proven friends for many years. We were also able to make some new friends and even lend a hand to some worthy candidates who we would like to work with if they are successful in their campaigns. We are still a long way from being able to compete financially with MDs or the PTs, but we got a bit closer this year than we have in the last 13 years that I've been treasurer. So I want to say thank-you to our new contributors and also that I hope you will make it a habit in years to come. Special thanks of course to the loyal folk who have been sending in their donations every year, some on a monthly basis, for as long as I can remember. You have carried C-PAC through thin times and made sure we could always maintain a presence in Annapolis. You know who you are.

As always the following list reflects the contributions received within the last twelve months. If there are any errors, please let me know. If your name is spelled wrong, that's Tom's fault. I hope everyone has a great Thanksgiving!

President

(\$1,000 or more per year)

Maryland Chiropractic Association

Governor (\$500 - \$1000)

Dr. Lisa Bailes
Dr. Alan Cornfield
Dr. Vaughan Dabbs
Dr. Eric Horne
Dr. Thomas Lo
Dr. Brian Morrison
Dr. Richard Schmitt

Senator (\$365 - \$499)

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Dr. Mariella Young	Dr. Daniel Wise

Member (\$25 - \$99)

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Dr. Joanne Bushman	Dr. Paul Ettlinger
Dr. Terrance Fenerty	Dr. Robert Frieman
Dr. Michael Nelson	Dr. Starr Parsons
Dr. Margaret Renzetti	Dr. Anthony Ricci

Please send your contribution to Dr. James LeVan,
10605 Concord St., Ste. 206, Kensington, MD 20895.

Three Months? Six Months? Or Even Longer?



If you're like most other doctors and people, every month you're reminded of just how much depends on a regular paycheck-you're car, utilities, rent, or mortgage payments, just to name a few obligations. But have you considered the fact that an illness or injury could take away your ability to work and earn an income while these expenses do not go away?

Think how far your monthly paycheck must go. How would you meet your financial obligations without your paycheck?

Do I really need Disability Insurance?

Take a moment to figure out where your monthly paycheck goes:

Utilities	_____
Groceries	_____
School Loans	_____
Car Payments	_____
Mortgage/Rent	_____
Health Insurance	_____
Business Overhead	_____
Other Obligations	_____
\$ Monthly Total \$	_____

To protect your practice and personal income, please call:



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MCA *Web Notes*

In the last issue of the *MCA Journal* we announced the launch of the Maryland Chiropractic Association's official Web site, **MarylandChiro.com**. Again we stress the importance of members checking the "Find a Chiropractor" directory (<http://www.marylandchiro.com/consumer/findadoc.html>) to verify we have your correct business contact information listed. Consumers can use this feature to search for an MCA-member chiropractor by last name, county and city, based upon the information in MCA's member database.

If we have incorrect information please access a correction form online (<http://www.marylandchiro.com/members/FindaDCLetter.doc>), print it out, and mail or fax it to Eric Grammer's attention at MCA Headquarters at 720 Light Street, Baltimore, MD 21230/Fax: (410) 752-8295. You can also e-mail changes into Eric Grammer at eric@assnhqtrs.com.

If your practice has a Web site, let your patients know about your commitment to chiropractic in Maryland by displaying a button with a link to MarylandChiro.com. You can download one of our buttons (<http://www.marylandchiro.com/linktous.html>) and feature it on your site as a hypertext link back to MarylandChiro.com.

If you are an expert in a specific area of chiropractic and able and willing to comment on related issues and topics being covered in the news, we urge you to sign up to be listed in *ChiroExperts*.

ChiroExperts will be an online database in the **MarylandChiro.com Media Center** listing MCA members with particular expertise, provided as a service to editors, reporters and producers reporting on health news. In return for your time and efforts this serves as a wonderful opportunity to get your practice's name, as well as MCA's, some publicity. Please apply online at <http://www.marylandchiro.com/mcanews/experts.html>.

Finally, we would also like to include educational and research articles in our member area. If you have any content you can provide or any suggestions for possible additions to the site please let us know by contacting Eric Grammer at (410) 625-1155 or eric@assnhqtrs.com.



Classifieds

Associate Wanted — Help others have the best health possible and live drug-free lives with chiropractic. Have fun and be financially successful. Join our chiropractic team. South Eastern Pennsylvania Call or Fax 717-229-2562. (11/02)

Associate Wanted — Chiropractor wanted for office in Seaford, Delaware. Looking for a motivated, energetic, and team-oriented doctor. Call 215-421-0744 and ask for Brian. (11/02)

Associate Wanted — Chiropractor with P.T. privileges wanted in Mt. Washington/Northwest Baltimore family practice. Call Dr. Eric Huntington at 410-377-6600. (1/03)

Associate Wanted — Chiropractor with P.T. privileges wanted in established Perry Hall/White Marsh practice. Must be energetic, dedicated and willing to promote practice. Call Dr. J. Mitchell Adolph 410-256-9650. (5/03)

Chiropractic Assistant Wanted — Chiropractic assistant wanted for part-time position, for an office located in Pasadena. Would prefer certified CA, but will train if necessary. Please fax resume to 410-360-0064. (11/02)

Office Coverage — Chiropractic coverage for all of Maryland. Dr. Leslie Gray III. 17 years in private practice. References available. 410-952-8536. (11/02)

Office Coverage — Rest assured that your patients will be well cared for while you are away. Experienced DC with PT privileges. Please call Cheryl Kalb at 410-833-8560. (11/02)

Office Coverage — I'm back! Put your mind at ease and call Dr. Rudick for your office coverage needs. Plenty of experience and referrals. DrRudick@comcast.net or 301-949-5390. (1/03)

Practice For Sale - Prince George's County — Established practice in underserved market. Steady performer on 3½ days/week. Shopping center location. Paragon Group 1-800-582-1812 www.eparagongroup.com. (11/02)

Equipment for Sale — Selling Chattanooga Elevation Drop Table (4 drops) in excellent condition due to relocation to Europe. New, over \$7,000. Asking \$4,600. Table is in the Baltimore area. Contact Dr. Andrea Hutton at AnDeHu@aol.com (11/02)