

# JMCA Journal



## MCA Offering "Neurology for the Chiropractic Assistant" on Sunday, November 14

Just in time to meet the January 2005 filing, MCA will be presenting special 10-hour or 5-hour Continuing Education classes for CA's on Sunday, November 14, 2004, at the BWI Marriott in Linthicum, Md. This course is presented by Dr. Larry Plotkin, one of the most popular lecturers of chiropractic assistant continuing education programs. These courses will offer the following benefits:

- CA's will learn to understand how the musculoskeletal and neurologic systems are interrelated.
- CA's will learn, in detail, about the Brachial and Lumbar Plexus, the Cranial Nerves, and the Autonomic Nervous systems.
- This course will include hands-on work in testing reflexes, sensation, and muscle testing to help determine and understand nerve root level involvement.

**Neurology  
for the Chiropractic  
Assistant**

November 14  
BWI Marriott

Offered in time to meet  
the January 2005 filing!

*(Continued page 15)*

### Insurance Update

## What YOU Need to Know About Worker's Comp Fee Schedule

By Bill Lauretti, DC

As you may already know—thanks to a six-year effort by the Maryland Chiropractic Association—the Maryland Workers' Compensation Commission (WCC) has authorized a new fee schedule, effective for services provided on and after September 1, 2004. This fee schedule is based on the Resource Based Relative Value Scale (RBRVS), and provides chiropractors and all providers of physical medicine procedures with a much fairer reimbursement structure than the previous fee schedule. Here's a summary of what you need to know about this new fee guide:

### Who's Covered:

The Maryland workers' compensation system is mandated insurance coverage that all Maryland

*(Continued page 8)*

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## Maryland Chiropractic Association

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# President's Update

Paul Henry, DC

## What Has MCA Done for ME Lately?

**D**o you ever ask yourself this question? Thinking about it, I don't believe I ever have. I guess that is because I innately knew (there's that word again) that whatever the association was doing, and whomever was doing it, was working for the good of the profession and therefore would benefit me also. Well, it turns out I was RIGHT!

An example of this is the coding and documentation seminar the MCA presented on October 10 which focused on "How to Survive an Insurance Audit." The information, presented by national coding expert Angela Powell was geared to chiropractic, addressed the major problems doctors are facing, and cleared up some of the misconceptions which always surface after the AMA CPT guidelines are changed. One perfect example is the elimination of the Myofascial Release code. This change was among many recent contradictory and arbitrary revisions that we have seen, creating confusion and opening the door for insurance companies to begin interpreting codes however they see fit.

Were all the questions answered at this seminar? No. Are all the problems solved? Of course not. But those of us who attended are on our way to making sure we are properly interpreting and following the rules, and will comply with the confusing and sometimes illogical regulations we have to work with. The MCA is also seeking to communicate with the carriers to better provide and coordinate educational initiatives so that costly mistakes can be avoided.

The other thing about being an MCA member which I used to take for granted is that "someone will deal with it." "It" being the issues, problems and threats which impact my ability to practice (and pay my kid's college tuition). Well, let me tell you something. "It" is being dealt with, by a lot of people, and very effectively, I might add. But, this isn't something that just happens by accident. As was pointed out by the instructor at the seminar, MCA is the first, and, so far, only state association to proactively tackle the audit issue. We are taking the position that education and a doctor's self-auditing will beat a retrospective insurance investigation any day, and we are determined to give members the tools to protect themselves.

You also need to know it is "buyers beware" right now what with all the independent and unregulated seminars being advertised, many of which are designed to: 1) scare you; and 2) make money peddling information which may or may not be accurate. In fact, we have learned of procedures being taught in some classes which go beyond mere bad advice into the realm of abuse. If you are unsure about a program's legitimacy, check with the Board of Examiners. If a seminar doesn't have the stamp of approval from the Board, from the MCA, or the national associations, you should proceed with caution.

The MCA is your source for information on coding, Medicare changes, continuing education, and news about local and national issues which you need to know about. We can only continue to provide this to you if we have your support: both financially as a dues paying member, and as an active presence at association seminars and meetings. These are the most basic levels of responsibility you should accept as a practicing chiropractor, because if you ignore them you won't be asking "What has MCA done for me?" You'll be asking "Whatever happened to the MCA?" That will be shortly before you are turning off the lights and locking your office door behind you for the very last time.

So, pay your dues, come to the meetings, contribute to C-PAC ... PARTICIPATE!

'Til next time,  
Paul Henry, DC

# MCA & Anabolic Laboratories Offer Three 12 CEU Sessions of "The Nutritional Adjustment"

The Maryland Chiropractic Association and Anabolic Laboratories, Inc. are proud to co-sponsor **"The Nutritional Adjustment"** taught by Dr. David Seaman beginning on April 2. This chiropractic-specific education program, consisting of three 12 CEU sessions, will focus on nutrition for reducing inflammation, nociception & joint dysfunction/subluxation.

In this era of modern health care there is a convergence of two forces relating to patient care and consumer demand...

1) Preventative, alternative & holistic therapy protocols have gained considerable ground in both clinical application and scientific validation. These protocols have proven to be effective in reducing disease, managing injury and shortening recovery periods.

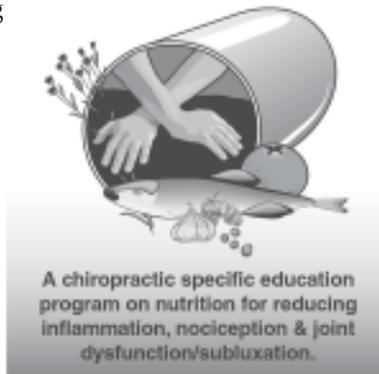
2) A growing percentage of the health care consumer market is driving demand for natural alternatives to medications and surgery. These consumers are also investing in natural protocols for prevention of cardiovascular disease, arthritis, osteoporosis,

cancer, as well as for managing acute pain associated with injury, headaches & back pain.

Adjustment will expand your knowledge base, clinical services and revenue potential!

Participants will learn why many of their patients are inflamed, why the inflamed patient is slow to heal, and how to identify fad diets vs. scientifically sound diets.

## The Nutritional Adjustment



### Schedule of Sessions

Session I - April 2-3, 2005  
**"Clinical Nutrition For The Musculoskeletal System"**

Session II - April 23-24, 2005  
**"Nutritional Supplements For Inflammation, Pain, Subluxation & Chronic Disease"**

Session III - May 21-22, 2005  
**"How Dietary Habits Create Inflammation, Pain, Subluxation & Chronic Disease"**

## Today's Homework: Extravertebral Technique



Now you can earn your **CE credits online** with our convenient and comprehensive course offering. With a full range of affordable, interactive courses, the **CEUHS** allows you to study anytime, anywhere. In total alignment with your lifestyle. Log on today at **www.CEUHS.com**.

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Attn: Chiropractors  
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# ACA Update

By Bill Lauretti, DC, ACA Maryland Delegate

## We Stopped It: Medicare “Frequency Limits” on Chiropractic Put on Hold

I am happy to report that Department of Health and Human Services (HHS) Secretary Tommy Thompson halted a Centers for Medicare & Medicaid Services (CMS) proposal scheduled to go into effect October 1 that would have allowed carriers to begin to impose arbitrary caps on the chiropractic services Medicare beneficiaries can receive. HHS officials informed the ACA that their May 28 policy guidance would not be implemented as planned and would be reviewed further at the highest level of the department.

This culminates an effort begun months ago by the ACA, the Association of Chiropractic Colleges (ACC) and the Iowa Chiropractic Society (ICS) in generating congressional pressure on CMS. Along with Senator Grassley, a bipartisan group of congressmen sent letters of concern to Secretary Thompson. Senator Grassley, chairman of the Senate Finance Committee, made a personal call to the Secretary. Additionally, Dr. Ken Luedtke, former ACA president and close friend of Secretary Thompson, met with him to deliver a personal letter regarding the potential impact of this decision on the profession. It is now expected that HHS will release an updated policy transmittal to Medicare carriers, a document that will be thoroughly reviewed by the ACA, ICS and ACC. Lawmakers joining with Grassley on this issue were Congressmen Earl Pomeroy (D-N.D.), Eric Cantor (R-Va.), John Linder (R-Ga.), Leonard Boswell (D-Iowa) and Sen. Ben Nelson (D-Neb.).

“The ACA commends Secretary Thompson, Senators Grassley and Nelson, and Congressmen Pomeroy, Cantor, Linder and Boswell for the actions they’ve taken to date,” said ACA President Donald Krippendorf, DC. “These are leaders who have taken an important stand for an important cause. Every ACA member should know that this organization will be working hard to guard against any similar effort — or revised scheme — that might surface in weeks and months ahead.”

## Update on the Medicare AT Modifier

On or after October 1, 2004, when you provide acute or chronic active/corrective treatment to Medicare patients, **you must add the -AT modifier to every CPT code 98940, 98941, or 98942.** If you don’t add this modifier, your care will automatically be considered maintenance therapy and will be denied because maintenance chiropractic therapy is not considered medically reasonable or necessary under Medicare.

Additionally, your billing staff should be aware of any local policy (LMRP/LCD) for these services that might limit the frequency or circumstances under which active/corrective chiropractic care can be paid. Claims above your contractors’ frequency limits may be billed with the AT modifier, but will still be denied. Because of this, you should have the patient sign an Advanced

Beneficiary Notification (ABN), and append the -GA modifier as well.

In general, TrailBlazer’s frequency limits are based on Secondary Diagnosis Codes (the primary diagnosis should always be a 739.xx subluxation code). The following are estimates of TrailBlazer’s existing frequency limits, based on a proposal they posted on their Web site to make these into “hard caps” on chiropractic visits (see below).

### Group A Secondary Diagnoses:

Up to 12 chiropractic manipulation treatments

307.81	Tension headache
719.48	Pain in joint, other specified sites (you must specify spine)
723.1	Cervicalgia
724.1-724.2	Other and unspecified disorders of back
724.5	Backache, unspecified
784.0	Headache

### Group B Secondary Diagnoses:

Up to 18 chiropractic manipulation treatments

720.1	Spinal enthesopathy
721.0-721.3	Spondylosis and allied disorders
721.90-721.91	Spondylosis of unspecified site
724.79	Disorders of coccyx, coccygodynia
724.8	Other symptoms referable to back
729.1	Myalgia and myositis, unspecified
729.4	Fasciitis, unspecified
846.0	Sprains and strains of sacroiliac region, lumbosacral (joint/ligament)
846.1 - 846.3	Sprains and strains of sacroiliac region
846.8	Sprains and strains of SI region, other specified sites of sacroiliac region
847.0 - 847.4	Sprains and strains of other and unspecified parts of back

### Group C Secondary Diagnoses:

Up to 24 chiropractic manipulation treatments

353.0-353.4	Nerve root and plexus disorders
353.8	Other nerve root and plexus disorders
722.91-722.93	Other and unspecified disc disorder
723.0	Spinal stenosis in cervical region
723.2-723.5	Other disorders of cervical region

### Group D Secondary Diagnoses:

Up to 30 chiropractic manipulation treatments

721.7	Traumatic spondylopathy
722.0	Displacement of cervical intervertebral disc without myelopathy
722.10-722.11	Displacement of thoracic or lumbar intervertebral disc without myelopathy
722.4	Degeneration of cervical intervertebral disc
722.51-722.52	Degeneration of thoracic or lumbar intervertebral disc
722.81-722.83	Postlaminectomy syndrome
724.01-724.02	Spinal stenosis, other than cervical
724.3	Sciatica
724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified
724.6	Disorders of sacrum, ankylosis
738.4	Acquired spondylolisthesis
756.12	Spondylolisthesis

### Summary:

If you believe your patient is under active care (this can be acute or chronic), and you have not exceeded the frequency limit, always append the -AT modifier to the CMT code.

(Continued page 12)

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# U C-PAC

Need

James LeVan, D.C.  
C-PAC Treasurer

It was with great sadness that I agreed with the my fellow MCA board members that there are no longer enough doctors interested in the convention-style gatherings we have had each year to be able to continue them. I will certainly miss the chance to spend casual time with old friends and to meet new docs and bore them with stories of the "good old days." Beginning next year, MCA's Fall Meeting will be very much like the Spring CE Meeting with a streamlined two-day format for CE classes and a general membership meeting. I hope the change will allow more people to come and participate in the association. The MCA belongs to its members and we should all take the opportunity to have our thoughts and ideas heard and our questions answered. Just like voting in the upcoming presidential election is crucial for the health of our country, getting involved in the MCA is crucial for the health of our profession.

It seems that AMI is still going through the birthing process of getting the first contract signed. Dealing with large bureaucracies like governments and insurance companies is never easy. I'm keeping my fingers crossed and hoping for some good news by the end of the year.

Having only the most rudimentary of computer skills, I have no idea what is involved in building and maintaining a Web site. But Eric Grammer must be pretty good at it because the MCA Web site is getting awards these days. My thanks and congratulations to Eric for a job well done. There was talk of inviting him to have lunch with the board of directors but Executive Director Tom Shaner pointed out that it might be more of a punishment than a reward.

But what of CPAC? Well, just the same old thing: a little comes in and a lot goes out. But we are hanging in there and the session is getting closer. I had a unique experience at a fundraiser just a few weeks ago. I was there with Joel Kruh and we met a delegation of German legislators who are visiting the U.S. to observe our elections. We ended up having a lengthy conversation about the differences between a multi-party and a two-party political system, the financing of healthcare, military policy, Iraq, the struggle to reunite East and West Germany, and lots more. It was the most fun I've had at a fundraiser in a really long time. Hopefully they enjoyed themselves as much as Joel and I did.

As always, the list below reflects the contributions received in the last twelve months. Many thanks to everyone who is helping us keep pace with the requests for support from lawmakers.

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



# ICA Report

Eric Huntington, DC  
ICA Representative for Maryland

## Former Medicare Administrator Faces His Own “Post-payment” Review

Former head of the federal Centers for Medicare and Medicaid Services (CMS) Thomas Scully is facing pressure to refund to the government his salary paid in 2003 and 2004. This comes as a result of allegations that he blocked senior agency officials from providing Congress with more accurate and much higher cost estimates for the Bush administration’s proposed Medicare drug benefit. The suppressed estimates proved to be several hundred billion dollars higher than those put forward by the Administration and could very well have had a major impact on Congress’ willingness to act. Now the program is saddled with costs massively above those by which the program was enacted. According to the Government Accountability Office (GAO), Scully’s actions constituted a violation of the Consolidated Appropriations Act of 2004. Violation of this statute provides a situation in which the government is in a position to recover such payments. Scully’s annual salary at CMS was \$145,600.

“The irony of this situation is not lost on the hundreds of chiropractors Mr. Scully subjected to unjustified and completely arbitrary post-payment Medicare reviews,” said ICA Medicare Committee chairman Dr. Michael Hulsebus. “ICA has communicated with members of Congress to encourage them to follow-up on the salary refund demand, and to express our outrage over the deceitful nature of Mr. Scully’s behavior on such a vital national issue.”

As Medicare administrator, Scully instituted a series of policies designed to limit and complicate access to chiropractic services, including a policy of post-payment reviews. This program targeted doctors of chiropractic with large Medicare practices, and subjected a sample of claims to a review, based on criteria that were different from the criteria by which the claims were originally validated and paid. Based on an after-the-fact change in the rules, providers were then issued repayment demands, and threatened with even more stringent enforcement efforts if they did not pay immediately.

Post-payment reviews for chiropractors were the subject of a historic congressional hearing in July 2001, when Scully was subpoenaed to appear before the House Small Business Committee chaired by Illinois Representative and chiropractic champion Don Manzullo. At that hearing, Scully was unable to provide any reasonable rationale for this program, and indicated that such programs would be curtailed. ICA continues to work with concerned members of Congress to put a stop to any future such efforts.

## ICA Offers Extensive Comment on WHO Chiropractic Education Policy

The ICA has presented extensive comments on the proposed World Health Organization (WHO) Guidelines on Chiropractic Training and Safety. ICA presented its comments on July 28,

2004 in a letter to Dr Xiaorui Zhang, of the Division of Traditional Medicine, at WHO in Geneva, Switzerland. WHO is developing these guidelines as part of its effort to support the worldwide development and application of established, non-medical approaches to health.

ICA has always maintained that chiropractic is a serious, doctor-level profession and that a full course of chiropractic professional education was essential to both provide for a full clinical and philosophical understanding and effective application of chiropractic procedures, and to protect the public from less than fully-trained individuals. ICA projected this position in its comments, working to assist WHO policy makers to understand the complexities and uniqueness of chiropractic science and practices.

In the July 28 letter, ICA told Dr. Zhang:

“There is a tendency on the part of those learning about the chiropractic profession to fail to understand chiropractic as a discipline and they tend to view it as a procedure or a series of procedures. It is this Association’s view that such an approach serves to lessen the contribution the discipline can offer the people of the world as it serves to minimize the impact of the chiropractor in the health care community.

Chiropractic as a discipline has a particular view of matters of life and health that is holistic in character embracing elements of naturalism, conservatism and clinical rationalism. As such it has a conceptual approach to processes of health and illness as well as the states well-being and disease. For the profession to have its greatest impact it must be appreciated in this fuller context rather than as a series of manual health care procedures.

Teaching or training someone to deliver a chiropractic adjustment does not make a person a chiropractor any more than teaching someone to make an incision makes them a surgeon. The rationale for the application of the procedure within a defined care model in light of the overall health and well-being of the patient is what distinguishes the chiropractor or the surgeon from the technician applying a manual procedure.”

Of particular concern were passages of the WHO draft that put forward the idea of a “chiropractic health worker,” a less than fully trained class of individuals that might draw on other forms of basic health training. In ICA’s comments, WHO was told, “A category (of chiropractic health workers) such as described in the draft Guidelines is absolutely inappropriate and counter-productive. In areas of the world where chiropractic is minimally established or in areas where it is not established at all a designation such as “chiropractic health worker” would serve to confuse the public and promote the opportunity for untrained and unqualified persons to interact on a level for which they are untrained and unprepared. In the most emphatic terms possible we encourage the abandonment of this designation and concept.”

This important document is now in its second draft and an ICA working group is studying the new language. ICA will be issuing its views on the revised report in the coming weeks.

# Workers' Comp Fee Schedule

(Continued from page 1)

employers must provide for their employees. Employers may choose coverage from numerous private insurance companies, but all insurers must abide by specific state regulations in providing care, and the state-appointed WCC is the arbiter of all coverage/reimbursement issues.

For general information about the program, including claims forms and information for providers, go to the Commission's Web site at:  
<http://www.wcc.state.md.us>

## What's Covered:

According to the Workers' Compensation Act, "if a covered employee has suffered an accidental personal injury, compensable hernia, or occupational disease the employer or its insurer promptly shall provide to the covered employee, as the Commission may require:

- 1) Medical, surgical, or other attendance or treatment;
- 2) Hospital and nursing services;
- 3) Medicine;
- 4) Artificial arms, feet, hands, and legs and other prosthetic appliances."

—Labor and  
 Employment  
 Article §9-660

## What's New:

For many years, the WCC has regulated maximum fees for medical and surgical services. In the past, the Commission determined the maximum allowable fee for hundreds of individual procedure codes. This Fee Guide was published by a private legal publisher, and was exclusively available (for a significant cost) from this publisher. Effective September 1, 2004 the Commission will no longer publish a "hard copy" of the Fee Guide. Instead, all fees are based upon the RBRVS fee system used by Medicare. These values may be accessed for free by going to the Commission's Web site:

[http://www.wcc.state.md.us/Gen\\_Info/Medical\\_Fee\\_Schedule.html](http://www.wcc.state.md.us/Gen_Info/Medical_Fee_Schedule.html)

Once in the Commission's Web site, follow the link to the TrailBlazer's Web site [www.trailblazerhealth.com](http://www.trailblazerhealth.com) (free registration is required to access the site's free tools). Once registration is completed, select "Medicare Fee Schedule" from the left menu bar.

In the search utility select "2004" for the Year, "Maryland" for State and "Baltimore and Surrounding Counties" for Locality. Enter a valid CPT code. A description of the service associated with the CPT Code will appear.

The value to be utilized to calculate the MD WCC value is listed as **Non Facility Fees/Participating Amount**.

The Maryland workers' compensation allowable fee is 109% of the 2004 (or current year) Medicare reimbursement rate.

**A list of values for codes commonly utilized in chiropractic offices follows below.**

CPT	DESCRIPTIONS
<i>E&amp;M Codes</i>	
99201	Office/Outpatient Visit, new
99202	Office/Outpatient Visit, new
99203	Office/Outpatient Visit, new
99204	Office/Outpatient Visit, new
99211	Office/Outpatient Visit, established
99212	Office/Outpatient Visit, established
99213	Office/Outpatient Visit, established
99214	Office/Outpatient Visit, established
<i>Radiology</i>	
72040	Cervical, 2-3 view
72050	Cervical, minimum of 4 views
72052	Cervical, complete including oblique and flexion/extension views
72070	Thoracic, 2 view
72074	Thoracic, minimum of 4 views
72100	Lumbosacral, 2-3 view
72110	Lumbosacral, minimum of 4 views
72114	Lumbosacral, complete, including bending views
<i>CMT Codes</i>	
98940	Chiropractic Manipulation, 1-2 regions
98941	Chiropractic Manipulation, 3-4 regions
98242	Chiropractic Manipulation, 5 regions
98943	Chiropractic Manipulation, extremity
<i>Modalities (IMPORTANT: only one or more of the following codes 97012-97039 are reimbursable per date of service)</i>	
97012	Mechanical Traction
97014	Electrical Stimulation, unattended
97024	Diathermy
97032	Electrical Stimulation, attended
97035	Ultrasound
<i>Therapeutic Procedures (NOTE: One or more of the following codes are reimbursable per visit; however, remember that the following codes are valued for 15 minutes per unit.)</i>	
97110	97110
97112	97112
97124	97124
97140	97140
97535	97535
<i>Other</i>	
99455	99455
99456	99456

Other Important Points:

- The previous multiple procedure discount for physical medicine codes (97010-97799) has been eliminated to be consistent with the RBRVS system.
- For passive modality codes (97012-97039) only **one code** will be reimbursed per visit.

**Fee**

\$40.58
\$72.21
\$107.23
\$151.44
\$23.91
\$42.27
\$58.93
\$91.96
\$39.34
\$57.74
\$70.80
\$41.45
\$53.19
\$42.67
\$58.58
\$74.09
\$29.21
\$40.44
\$52.88
\$27.10 (estimate)
\$16.68
\$15.47
\$6.67
\$17.37
\$13.76
\$32.05
\$32.13
\$24.63
\$29.60
\$33.40
\$200.00
\$250.00

• Reimbursement by the employer or insurer shall be made within 45 days of receipt of a completed CMS-1500 Claim form, unless the claim of treatment or services is denied in full or in part. For claims not paid or denied in writing in a timely manner, the Commission may assess a fine against the employer or its insurer, and award interest to the provider. system participants shall apply the Medicare program reimbursement methodologies, models and values or weights including its coding, billing and reporting payment policies in effect on the date a treatment is provided.”

Therefore, Medicare guidelines on Timed Codes (ex. Therapeutic Procedures 97110-97545 or Attended Therapies 97032-97039) would apply. According to Medicare, providers should report the code for the time actually spent in the delivery of the modality requiring constant attendance and therapy services. Pre- and Post-delivery services are not to be counted in determining the treatment service time. In other words, the time counted as “intraservice care” begins when the physician, therapist or assistant under the supervision of the physician or therapist is delivering the treatment services.

For any single CPT code, providers would bill Medicare (and therefore Workers Compensation) a single 15-minute unit for direct, one-on-one treatment greater than 8 minutes and less than 23 minutes. If the duration of a single timed modality or procedure is >23 minutes and <38 minutes then 2 units should be billed; if the duration is >38 minutes and <53 minutes, then 3 units should be billed, and so on.

If more than one timed CPT code is billed on the same day, then the

total number of units that can be billed is constrained by the total treatment time. For example, if 5 minutes of 97035 (ultrasound), 6 minutes of 97140 (manual therapy) and 10 minutes of 97110 (therapeutic exercise) were provided during a visit, the total minutes are 21, and only one unit should be billed. In this example, bill one unit of 97110 (the service with the longest time) and document the others in the clinical record.

- “Notwithstanding CMS payment policies, chiropractors may be reimbursed for services provided within the scope of their practice act.” Reimbursement to DCs is specifically **not** restricted to spinal manipulations, as in the Medicare program.
- All bills for medical services must be presented first to the employer/insurer for payment. If payment is refused, an itemized bill is presented to the Commission with the WCC Form C-51, Claim for Medical Services and any pertinent correspondence.
- Remember, when you accept a valid Workers’ Compensation case, you may not bill the patient for any services that are denied, or balance bill for any charges in excess of the approved fees.

The changes in Workers’ Compensation represent the fruition of a long and determined effort on the part of the MCA for a fair and equitable reimbursement system. These gains have been made in spite of recent major challenges to chiropractic inclusion in the Workers Compensation systems of other states (ex., California and Texas). We also made these gains in spite of determined opposition from surgical specialties, who saw their reimbursement rates decrease significantly under the new fee schedule.

It is essential that all Maryland DC’s appreciate and protect this new opportunity for equitable reimbursement, and not abuse it. If you are aware of any cases of fraud or abuse, please report it to the Maryland Workers’ Compensation Commission or to the Maryland Board of Chiropractic Examiners. The future of our profession’s involvement in the Workers’ Compensation System depends on our ability to provide our patients with reasonable, ethical and cost effective service. It is the responsibility of each of us to protect the integrity and honor of our profession.

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This article, complete with links and a downloadable graph, is available online for MCA members. Please visit us at [www.MarylandChiro.com/members/workerscomp.htm](http://www.MarylandChiro.com/members/workerscomp.htm)

# *Eye on Insurance*

## How to Charge HMO Patients; Update on Fluoroscopic X-ray Equipment

Joel Kruh, *MCA Legislative Liaison*

### **C-PAC Meets German Senators**

C-PAC Treasurer, Dr. James Levan and I spent about three hours with seven German senators at the fundraising reception for Delegate Eric Bromwell at the Bay Café in Baltimore on September 21. Touring the United States evaluating state legislatures, these senators were invited to the reception by Health & Government Operations Chairman John Hurson. Our discussion featured a range of topics such as comparative health systems, negligence laws, politics and terrorism. We found the Germans to be a very engaging group interested in all aspects of American life.

Curiously, chiropractic is just about non-existent in Germany. We extended an invitation to the German senators to bring MCA representatives over to Germany to develop a dialogue between the German health care system and the chiropractic profession.

### **HMO's & Non-Contracting Providers**

At MCA's October 10 seminar, "Surviving a Retrospective Audit," a number of questions arose regarding what a chiropractor can charge an HMO patient. The Maryland Insurance Code is very specific pursuant to the "hold harmless clause" regarding HMO patients. A chiropractor may not balance bill an HMO patient regardless of whether the chiropractor is a par or non-par chiropractor within that particular HMO or charge for services under a POS out of network plan.

A chiropractor may only charge the allowable reimbursement set by the HMO except in one circumstance: by entering into a separate agreement with the HMO patient spelling out that the HMO patient has agreed to be solely responsible for the billing and neither the chiropractor nor the patient may, under any circumstances, bill or submit the paid receipt to the HMO for reimbursement. This procedure must be strictly adhered to or the chiropractor will be responsible to reimburse the patient for the difference between the allowable reimbursement and any additional charges to the patient.

### **Allstate Wins Major Verdict Against New Jersey Chiropractor**

Allstate New Jersey and Encompass Insurance were awarded a \$6.65 million judgment in a lawsuit they filed against a former New Jersey chiropractor for insurance fraud. The U.S. Bankruptcy Court in Newark, N.J. ruled that Matthew Lester held undisclosed ownership in multiple

medical facilities, to which he then referred "patients" for injuries suffered in automobile accidents and then billed the insurers. The court ruled Lister was in violation of the New Jersey Insurance Fraud Prevention Statute.

In November 2000, Encompass and Allstate filed a 27-count complaint alleging Lister and 38 other defendants would "buy" claimants with cash payments and then "sell" them to various health care providers for either cash or in-kind trades. The complaint also accused Lister and the others of being in violation of the New Jersey RICO law as well as several sections of the New Jersey Administrative Code.

"We believe Dr. Lister and the other defendants in this case created an elaborate series of interrelated professional and management companies, which were designed and intended to mislead us into believing that medical and testing services were being performed within the law," said Edward Moran, assistant vice president for Allstate's Special Investigative Unit.

### **In-House Privileging of Fluoroscopic X-ray Users**

Radiation Machines Division of the Maryland Department of the Environment has proposed the following regulations:

By December 31, 2005 the registrant shall ensure that only a licensed practitioner of the healing arts or a radiological technologist be allowed to energize fluoroscopic x-ray systems. In addition, all persons energizing these systems shall have completed at least four houses of training as specified in F.5(1)(ii) prior to clinical use of a fluoroscopic system, or provide documentation to demonstrate completion of four hours of training prior to clinical use of a fluoroscopic system.

Training to meet the requirements of F.5(1)(i) shall include, but is not limited to the following:

- (1) Biological effects of x-rays;
- (2) Principles of radiation protection;
- (3) Factors affecting fluoroscopic outputs;
- (4) Dose reduction techniques;
- (5) Principles and operation of the specific fluoroscopic x-ray system(s) to be used;
- (6) Fluoroscopic and fluorographic outputs of each mode of operation on the system(s) to be used; and
- (7) Applicable requirements of these regulations.

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**Edward De Los Reyes, M.D., Pain Management, Anesthesiologist –Spencerville, MD**

*"Thanks so much for a remarkable weekend of information and hands on MUA Practice. It was awesome."*

**Michael Orr, D.C., Gaithersburg, MD.**

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**Mariella Young, D.C., Rockville, MD.**

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**Brian Regan, D.C., President Maryland/Virginia MUA Association, Baltimore, MD**

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# ACA Report

(Continued from page 4)

- If you feel it is active care (acute or chronic), and you have exceeded the frequency limit, have the patient sign an ABN, and append both the -AT and -GA modifiers.
- If you feel it is maintenance care, have the patient sign an ABN and append the -GA modifier to the CMT code. Maintenance Care is not considered by CMS to be a non-covered service. It is a covered service that will be denied due to lack of medical necessity.

## NCLAF Lawsuit Update: Good News and Bad News

**First the Good News:** The Maryland Chiropractic Association is one of 44 state and local chiropractic associations who, together with the Congress of Chiropractic State Associations (COCSA), filed an amicus brief to the U.S. Supreme Court supporting our petition in the Trigon suit. Additionally, NCMIC and the Association of Chiropractic Colleges (ACC) filed separate briefs, each providing their own arguments why the issue before the court is of such importance that it should consider our petition. We also note that the Alaska Public Interest Group, a Ralph Nader affiliate, along with the National Association of Community Pharmacies, notified the courts of their concern and interest in having this matter considered by the Supreme Court. It is clear that the issue of whether the nation's antitrust laws will be enforced to protect competition is of broad concern. Amicus briefs communicate to the court that there are organizations and/or individuals other than the ACA and the Virginia Chiropractic Association, the plaintiffs in the case, that believe the interpretation of the antitrust laws by the lower court is detrimental to them and needs to be overruled. Eighteen percent of the Supreme Court decisions of the last 12 months have included citations from such briefs - so the Court gives them significant weight.

**Now the Bad News:** The judge in our lawsuit against HHS notified Mr. McAndrews that he has accepted the opposition summary judgment and denying our motion. The written opinion by the judge hasn't been posted so we aren't in a position to comment on whether further action would be taken. Obviously, we're disappointed in this decision; be sure to check ACA's Web site ([www.acatoday.com](http://www.acatoday.com)) for updates on our future plans as they become available.

## Medicare Chiropractic Demonstration Project: The Latest

Since last December when President Bush signed Medicare modernization legislation, the ACA Government Relations Department has been in regular contact with HHS and CMS officials to discuss preparations for the highly anticipated launch

of the Medicare Chiropractic Demonstration Project. The chiropractic "demo," due to begin in April 2005, is an historic two-year, four-site test of expanded access to chiropractic care services for Medicare beneficiaries. Its successful inclusion in the 2003 Medicare overhaul bill, over the objections of organized medicine, the physical therapy lobby, powerful anti-chiropractic lawmakers and even extremists within the profession, was referred to in *The Washington Post* as "chiropractic's biggest win ever on Capitol Hill." The demo was crafted by Senator Chuck Grassley (R-Iowa) — with input from the ACA — and is aimed squarely at providing Congress with cost and care data that can serve as the basis for ending 30 years of discrimination against DCs and their patients under the Medicare program.

In addition to a range of design and structural aspects of the demo, CMS officials are now considering which four areas, or possibly even entire states, should be designated as test sites. That's why a number of pro-chiropractic members of Congress — many of whom want to see their home communities or states designated as demo sites — have informed the ACA that they have told HHS Secretary Tommy Thompson to make certain the demo is done right. Every state chiropractic association interested in ensuring that their state is fully considered as a demo site is encouraged to get in touch with members of their congressional delegation and urge immediate contacts with Secretary Thompson on the demo. By getting involved now, state association leaders will not only help the ACA ensure that the demo succeeds but will also be making certain that their states get full and fair consideration as sites from CMS officials.

## ACA Touts Benefits of Chiropractic Care for Seniors at White House Conference Planning Session

On September 10, I was privileged to represent ACA and the chiropractic profession in an important listening session with White House officials charged with developing the scope and mission of the next White House Conference on Aging (WHCoA). As the only DC invited to attend the gathering, I spoke out in support of increased access to chiropractic care services for seniors through Medicare and other government health programs and cited studies detailing the effectiveness and cost savings associated with care from DC's. I also presented information provided by the Association of Chiropractic Colleges detailing the extensive training in geriatric health provided by accredited chiropractic colleges. White House officials commended the chiropractic profession for requiring extensive training in the area of geriatric health.

The WHCoA — scheduled for October 2005 — is held once every 10 years and leads a national dialog on health care issues of greatest concern and interest to older Americans. The ACA has been working to ensure that the White House and all Federal government agencies fully recognize the positive role chiropractic care now plays in the health and well being of America's seniors, and the opportunities that exist to make chiropractic care more accessible to seniors.

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# Chiropractic News & Notes

## Study Links Popular Antibiotic to Increased Risk of Sudden Death

PORT ORANGE, FL—First launched under the brand name Ilosone, erythromycin was hailed as one of the “wonder drugs” produced by the pharmaceutical industry in the second half of the 20<sup>th</sup> century. Since its introduction in 1952, erythromycin has become one of the most popular antibiotics on the market, particularly because it can be administered to most people who are allergic to penicillin. It is available as a tablet, ointment, gel, oral suspension or injection, and has been prescribed by doctors to treat dozens of infectious diseases, ranging from syphilis and pneumonia to tonsillitis and strep throat.

Along with the benefits of erythromycin, however, come some potentially serious side-effects. In fact, previous research has suggested that high doses of erythromycin can cause adverse effects ranging from abdominal pain and diarrhea to an irregular heartbeat. Other studies have linked the use of erythromycin in combination with certain medications called CYP3A inhibitors to a life-threatening heart disorder called *torsades de pointes*, but the exact cause and importance of this relationship has remained unclear.

In a study published in the September 9 issue of *The New England Journal of Medicine*, a team of American researchers found that taking erythromycin in conjunction with certain CYP3A inhibitors could increase the risk of sudden cardiac death by more than five times compared to people taking a CYP3A inhibitor by itself. The study also found that the risk of sudden cardiac death was twice as high among people taking erythromycin alone compared to people not taking other antibiotics.

In the study, researchers reviewed the medical records of 1,476 Medicaid recipients in Tennessee who had died suddenly from a cardiac-related condition between 1988 and 1993. The scientists looked for any association

between erythromycin use and sudden cardiac death, and whether the risk was affected by concurrent use of six different CYP3A inhibitors (ketoconazole, itraconazole, fluconazole, diltiazem, verapamil, and troleandomycin), all of which are known to slow down the body’s ability to metabolize certain drugs. When taken with erythromycin, they can cause elevated levels of the antibiotic to remain in the bloodstream for prolonged amounts of time.

Further information on the study’s findings is available online at [www.chiroweb.com/archives/22/23/21.html](http://www.chiroweb.com/archives/22/23/21.html).

## Chiropractor Forms New Coalition Against Drugs

EMERSON, NJ—A New Jersey chiropractor has formed a nonprofit organization to help fight drug use by high school athletes. Victor N. Naumov, DC, has announced the formation of the National Coalition for the Advancement of Drug-Free Athletics (NCADFA).

The aim of this organization will be to fight the use and abuse of performance-enhancing drugs — anabolic steroids.

Naumov said, “As we see it, the dirty little secret is already out and there are only two choices: You, as an athletic mentor can either position yourself as part of the problem, by choosing to turn a blind eye to this issue or, choose to take a proactive step and become part of the solution.”

NCADFA will provide support to educational, charitable, religious and scientific organizations that teach the dangers of and prevent the use of performance-enhancing drugs. The organization will also provide effective, safe and natural alternatives to help athletes reach their genetic potential. The coalition’s mission is to encourage and support successful drug-free athletics at the national level.

“The latest studies indicate that one in 30 student athletes are currently using some kind of performance-enhancing drug. This statistic does not include the use of sports nutritional supplements,”

says Naumov. NCADFA will be raising funds to help raise awareness on the wide spread problem of teens and steroids. The funds raised will go directly into the development of additional community out-reach programs.

## ACA Announces List of Top 10 Back-Breaking Jobs

ARLINGTON, VA—In a recent informal survey, members of the American Chiropractic Association’s (ACA) House of Delegates rated the jobs they considered to be the most “back-breaking,” basing their decisions on which occupations cause the most strain on the muscles of the back.

Topping the list were heavy truck and tractor-trailer drivers. The nine runner-ups were:

- Construction workers,
- Landscapers,
- Police officers,
- Farmers,
- Shingle roofers,
- Firefighters/EMTs,
- Delivery drivers,
- Nursing home workers,
- Auto Mechanics

“For many Americans, their job is the culprit behind intolerable back and neck pain,” said ACA spokesperson Jerome McAndrews, DC. “While many are unable to change their career, steps can be taken to eliminate pain and improve one’s overall well-being.”

As you work with patients who are in those job categories, the ACA suggests advising them to:

- Maintain proper posture,
- Wear comfortable, low-heeled shoes,
- Alternate tasks that use different muscle groups,
- Take periodic stretch breaks and
- Be sure to lift with the knees, keep objects close to the body and not twist when lifting.

## 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.

### 2004 Supporting Members

#### Biotics Research Corp.

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#### Doctors for Nutrition, Inc.

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#### Nutri-West Mid Atlantic

*Nadine Carrick*

#### Plymouth Bell Laboratories

*Rhoda Dowie*

### MCA Supporting Member benefits include the following:

- 10% discount on Exhibit fees for MCA Fall Convention (normally \$450) and first right to register.
- Receive and be listed in MCA's informative bimonthly newsletter.
- Listing in the MCA's Annual Membership Directory – as well as receipt of a copy of this excellent reference resource.
- 20% discount on advertising in both the directory and the newsletter.
- Exclusive right to sponsor Sunday CE programs, tabletop exhibit included.
- Exclusive right to sponsor Chirofax broadcast to members - \$85 per issue.

# Neurology for the CA

(Continued from page 1)

This course is a must for any CA whose doctor is currently working with other medical professionals, to understand various conditions they may be working with.

Tuition for the 10-hour course is \$115 for MCA member CAs and \$150 for others. Lunch is included in the 10-hour option. Registration for the 5-hour course for MCA members will be \$60 and \$85 for nonmembers.

MCA is still planning to offer a March 2005 CE for CA's prior to the end of cycle deadline! Further information, including registration materials, are available online at [www.MarylandChiro.com/mcanews/2004novembercource.html](http://www.MarylandChiro.com/mcanews/2004novembercource.html).

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\* Research results were documented in two separate scientific studies conducted by the Director of the Human Performance Laboratory of West Virginia University.

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# MCA Audit Seminar Shows Need For Diligence

The MCA's October 10 seminar at the BWI Marriott, "Surviving an Insurance Audit," covered valuable information and pointed out the confusion which often exists when it comes to coding and documentation. With so many different insurers and so many different standards in use it is easy to commit errors of omission which may prove troublesome in the event of a patient records audit.

Among topics covered at the seminar were guidelines to apply to provide protection from insurer or Board of Examiner audits. Diligence by the doctor in recording timed procedures is especially important. The MCA plans to continue our educational efforts in this subject area by offering additional seminars for doctors and their staff to help our members achieve an improved standard of documentation and coding compliance. Stay tuned for more information on this topic.

# MCA Web Site Recognized With ACA Journalism Award

The American Chiropractic Association recently honored MCA's Web site, MarylandChiro.com, as the top Web site among state chiropractic associations and societies with fewer than 500 members in ACA's 2004 State Association Journalism and Web Site Awards competition.

Each year, ACA holds this competition giving state chiropractic associations and societies an opportunity to be recognized for excellence. In order to create a fair match among equals, the categories are split into associations with 500 or fewer members, those with 500-1,000 members, and those with 1,000+ members.



## Classifieds

To place a classified ad in the MCA Journal, please send it in writing, along with appropriate payment, to MCA, 720 Light St., Baltimore, MD 21230. The cost for a 25-word ad is \$15 for MCA members (2 issues for \$25) or \$25 per issue for non-members. The next issue is set for distribution on January 3, 2005. The deadline for classifieds is December 13.

**Associate Wanted** — Baltimore: Dr. Johnson is looking for licensed or soon-to-be DC with PT privileges. All candidates must have good people skills, are not afraid to work and eager to learn. Possible partnership opportunities, limited positions available. 410-744-1233 (7/05)

**Associate Wanted** - Chiropractor with PT privileges wanted for 2-3 days a week in mostly PI practice in Prince George's County. Please call 301-702-3277. (1/05)

**Associate Wanted** - Seeking doctor for Gaithersburg practice. Current doctor relocating, opening 2nd practice. Largely Hispanic clientele. Consider hiring established doctor and buying their practice. Dr. Steven Clark 301-926-2502. drclark6@comcast.net. (11/04)

**Associate Wanted** - Must have PT privileges and be able to promote yourself. Excellent opportunity to learn and earn in an established family practice. Perry Hall/White Marsh area. 410-529-5003. (11/04)

**Associate Wanted** — Chiropractor with PT privileges wanted for mostly PI practice in Prince George's County. Must have good people skills. Possible partnership opportunity. Please call 301-702-3277. (1/05)

**Associate Wanted** — Randallstown. Treating chiropractor with PT privileges for family practice. Contact Dr. Rob Marvenko at 410-591-4336. (11/04)

**Associate Wanted** — Chiropractor with PT 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. (1/05)

**Associate Wanted** — Immediate opening for DC with PT in our growing office. Clean professional environment. Mostly PI. Not high volume. Competitive salary, bonus, benefits. 202-257-4848. (11/04)

**Associate Wanted** — Associate Doctor or "buy in, buy out" opportunity- Busy, well managed and organized multi-DC family practice in northwest Baltimore, new 3,700 SQ ft facility, is in need of DC's wanting to treat patients, or perform exams/reexams, full or part time. Salary + Bonus, group health insurance. contact Dr. Huntington 443-524-6604. (3/05)

**Associate Wanted** — Associate doctor position available. Excellent beginning salary and percentage of collections available. Benefits package also included. Outstanding career opportunity. Please fax resume to 301-609-9985 or call Karen at 240-304-9524. (11/04)

**Practice Sharing** — AA Co. Low overhead encourages relocation or new Dr. startup. First month expenses under \$2,000. Female chiro leaving. Fax inquiries to 410-674-8608. (5/05)

**Office Coverage** — Licensed, experienced and insured DC with PT privileges. Please contact at 410-901-2903 or DrEdAChiro@bcctv.com. (7/05)

**Office Coverage** — MD licensed with PT privileges available ASAP. Experienced in PI practices. Masters degree in Sports Health Science. References available. Contact Dr. Jai at 410-464-9045 or 410-419-1440 (cell). (11/04)

**Equipment for Sale** — Ultrasound Mettler Sonicator 710 \$500 OBO. 410-591-4336. Good condition. (11/04)

**Equipment for Sale** — Lloyd Galaxy, McManus, and Bench Tables; Dynatronics E-Stims; Chattanooga Hydrocollators; Mettler Diathermys; Ultrasound; etc. Call MESLLC - 410-902-1500, also buying used equipment. (11/04)

**Equipment for Sale** — Rehab. Equipment for sale including cervical, low back, multi-hip and rotary torso machine. Excellent condition. \$3,000 or best offer. EKG/spirometer machine, like new, \$2,500 or best offer. Call 301-352-3454. (1/05)

**Equipment for Sale** — Chattanooga Ergostyle elevation table. Forward and Toggle drop headpiece, lumbar drop, light tan. Hardly used, in excellent condition. \$2,500 Rich-Mar VI, 2 Channel stim and ultrasound \$400. Call 410-662-4476. (1/05)

**Equipment for Free** — State approved and register Continental X-ray 200MA-00KZ table and wall bucky - FREE. C.N. Cooper 410-235-5640. (11/04)

**Equipment Wanted** — Used EMS Machine, US machine or EMS/US combo. Dr. John Grant 410-548-1500. (11/04)