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ARIZONA CHIROPRACTIC SOCIETY

JANUARY 2008 NEWS

Statewide Non-Profit Chiropractic Association Alan M. Immerman, D.C., President and Executive Director



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LEGISLATURE OPENS FOR BUSINESS IN JANUARY 2008 – WILL CONSIDER ACS COPAY/DEDUCTIBLE LEGISLATION

The Arizona Legislature convenes on January 14, 2008. This session, Senators Linda Gray and Rebecca Rios will introduce the ACS copay/ deductible legislation. This bill, if passed, will require all health insurance companies including BCBS, United, CIGNA, Aetna to charge co-pays, coinsurance, and deductibles for chiropractic care that are the same as they are for primary care MD and DO visits. Copays averaging \$50 will be reduced to PCP copays averaging \$25. Huge BCBS PT deductibles of \$1500+ will be reduced to the size of annual PCP MD deductibles of \$0-\$250.

Once this bill passes patients will be free to choose either medical or chiropractic care for neuromusculoskeletal conditions for the same cost sharing requirements. There will once again be true Health Care Freedom of Choice. There will once again be true Insurance Equality. Patients with insurance coverage will again fill your office. This is the central goal of ACS along with Chiropractic Board reform and replacement.

This struggle is nothing new for ACS. In 1987, BCBS instituted a \$250 per patient per year policy for chiropractic. ACS' ancestor organization the Arizona Chiropractic Alliance led by Dr. Immerman went into action and passed a new insurance equality law in 1990 that is now ARS 20-461 A.17 and B which requires insurers to cover all "reasonable and necessary" chiropractic care. This law is the basis for every insurance payment in your office. It is only in the past few years that

insurers have sabotaged this law by charging discriminatory copays and deductibles for chiropractic care.

There is going to be a lot of work for you to do. ACS will be informing you on a very frequent basis about action you will need to take to contact legislators with grass roots efforts such as emails and phone calls. Legislators must be asked to vote for pro-chiropractic bills and against anti-chiropractic bills. Your participation is essential. We will tell you exactly what to do and when via email. We have been doing this for twenty years and know exactly what to do and when. Stay tuned and close to your inbox. We are off to the races at the Legislature starting Jan. 14th.

If you are not on the ACS email list, send an email right away asking to be added. Write to ACS@AZ-Chiropractors.org. While you're at it, join if you're not already a member! Help us help you! If you don't want to join ACS, join the AAC. But, above all else, DON'T BE A NON-MEMBER! JOIN EITHER ACS OR THE AAC! Be smart and make your profession stronger. ACS and AAC have about 200 members each. There are about 1900 DCs in the state. That means 1500 are non-members. If 750 joined each association, ACS would have 950 members. ACS would be able to hire more lobbyists, do a huge public relations campaign for the profession statewide, and much more. Make 2008 a great year in Arizona. Let this be the year NO Arizona DC is a non-member. Join either ACS or AAC TODAY!

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PROGRESS NOTE RECOMMENDED BY NCMIC WOULD DEFINITELY LEAD TO ORDER BY ARIZONA CHIROPRACTIC BOARD

The Winter 2007 NCMIC Examiner included the following progress note as a standard in the profession and explained how to abbreviate it. Immediately below it you will find an analysis from Arizona chiropractors who have been disciplined by the Board for record keeping violations. These doctors have pointed out deficiencies in the progress note that would trigger an order or discipline by the Arizona Chiropractic Board. The doctors have asked ACS to keep their identities private for fear of reprisals by the Board. By reading the following you will learn more about how to stay out of trouble with the Board.

“On 02-18-07 patient complained of increased pain in the cervical spine, decreased pain in the thoracic and lumbar spine. Examination demonstrated decreased active and segmental range of motion, increased tenderness to palpation and decreased muscle spasm in the cervical spine, with decreased segmental range of motion in the thoracic and lumbar spine. Assessment found diagnosis the same, subluxations at C1, C5, T5 and L5. Patient was adjusted at those levels and interferential current was applied with ice was also applied to the cervical spine for 15 minutes, intensity 10, skin condition pre, post normal. Continue with current treatment plan and follow-up in two days.”

Here are violations the Arizona Chiropractic Board would find with this progress note:

1. For subjective comments, the doctor used words “cervical, thoracic and lumbar” though these were not the words used by the patient. The patient used the words “neck and back” and so these are the words that should have been recorded. Also, all subjective complaints must be characterized as mild, moderate or severe.

2. Connection must be made between subjective complaint and activity of daily living (ADL). For example, “neck pain increased when sitting at the computer.”

3. The doctor noted decreased cervical range of motion but did not say whether flexion, extension, lateral flexion or rotation was decreased. Degree

or severity of limitation or was not noted. Level of limitation was not noted when segmental decrease was claimed.

4. Problems with terminology: regions of the spine have reductions in motion whereas vertebral segments have reductions in motility. Also, the spine does not have spasm, muscles have spasm.

5. Tenderness to palpation was noted without mention of where the tenderness was exactly located. Must note whether bilateral, right or left. This progress note also failed to mention severity, whether mild, moderate or severe. All objective findings must include severity ratings.

6. Decreased muscle spasm in the cervical spine was noted without mention of which specific muscles were less tense.

7. Decreased segmental motion in the thoracic and lumbar spine was noted without mention of degree, severity or level of decrease of motion.

8. Note was made that patient was adjusted but no mention was made regarding type of adjustment technique used or response to adjustments that were given.

9. States “interferential current intensity 10” but does not say what “10” refers to, i.e., Hertz or milliamps, etc.

10. Cannot say “assessment found diagnosis the same.” Must state diagnosis exactly. Moreover, the assessment section must state that:

1 – improvements noted OR no change and patient will be treated according to current plan,

2 – condition worse but changes to treatment plan not necessary and patient will be treated on current plan,

3 – condition partly resolved and treatment plan updated (new plan noted),

4 – MMI (maximal medical improvement), no further functional improvement anticipated and patient discharged or told to return if symptoms recur.

11. When you say “continue with current treatment plan,” you must state the exact date of the treatment plan you are referring to.

12. Not clear if ice and interferential

applied at the same time (concurrent use) or following one another. Can only bill for two units if applied one-after-the-other. Must state clearly in notes how applied.

13. For all modalities and procedures, here are the rules: you must state what it is, where you are applying it, what specific settings are used, how long it is applied, why you are doing it, and what the response is to it.

VERDICT: GUILTY. Dr. Stephen M. Savoie, DC, DABCO of NCMIC would be guilty of “failing to create and maintain patient records in accordance with law and professional standards.” He would receive a Non-Disciplinary Action requiring 8 hours of continuing education in record keeping and documentation. This Order would be permanently posted on the Internet on the Chiropractic Board webpage for all insurance companies and patients to see. Posting of non-disciplinary actions on the Internet can create problems in gaining admittance to insurance networks and can discourage certain individuals from becoming patients. See below for a sample non-disciplinary action by the Board in 2007.

The following email is from an ACS member who has asked to remain anonymous due to fear of reprisals from the Board. This email really says it all.

“I endured a formal interview in 2007. The requirements for sufficient notes by our state board are absolutely ridiculous. What they essentially want for each visit is something similar to operating notes. We are expected to have notes that surpass any MD’s... and that goes for examination as well. My exams are thorough – but I use my practice experience to trim the fat... otherwise it’d be easy to end up doing a 2 hour exam which is not practical. This is what they want. I recently sent a patient to a neurologist, and their exam was heel/toe walk and trigger points and they diagnosed the patient with fibromyalgia with those exams and without even reviewing the history. This board wants us to act like overachieving MD’s but without the respect or reimbursement. And the fact that our medical colleagues don’t even keep to these standards makes it all the more ridiculous. Oh, and by the way, if your patient has a piercing that they cannot remove, I suggest you pin them to the floor and yank it out before you perform x-rays, or you’re going to be punished for that as well. I went into chiro-

practic to be a chiropractor, not a second rate MD. I don’t have a problem with medicine... but if I wanted to practice medicine, I would’ve gone to school for that. I was raised in a chiropractic family, where subluxation and the big idea were a worthwhile investment and although I believe I have an obligation to “first do no harm” I also have had to live through punishment by the board which I think was mostly based on their professional opinion and focus as opposed to what delineates competent CHIROPRACTIC care (my patient was happy with the care I gave and not at all harmed). I now spend, on average 1 to 2 hours per day of practice completing my notes as if any of them could be presented to the Board. To be honest, I have lost a lot of the enthusiasm I felt about practicing. I’m sure that eventually, I will not be looking over my shoulder all the time, but the environment that Arizona DC’s have to practice in is not only hostile, but also difficult to make a living in. If I consider what the Board can do and the fight I have to put up everyday just to get paid, it’s incredibly discouraging. I don’t know what the answer is, but I do think that we need to assert our profes-

GOT DOCUMENTATION

Gregg Friedman, D.C.

Every chiropractor on the planet seems to want to know how to properly document their cases. For some, their reason is simply to improve their already declining reimbursement. For others, it’s trying to get out of trouble or avoid trouble with their Board of Examiners. Other doctors just went through a lovely experience of being audited by Medicare and have to pay tens of thousands of dollars back to them. But, there are still some chiropractors out there who have not been audited, have not had trouble with the Board and feel they are adequately reimbursed, and just figure that their documentation is just fine, thank you. For these doctors, I have just one comment. Be afraid. Be very afraid.

Insurers have known for quite awhile that chiropractic documentation, and medical, for that matter, is, well, lacking. They have found that they can use our own lack of documentation diligence to delay or deny pay-

sional uniqueness and independence or we will be swallowed up just like the D.O.’s were. Keep fighting the good fight here – ACS gives me the hope that eventually we might be able to practice chiropractic without fear in this state. Signed, Anonymous DC.”

This is the reprint from the Board’s webpage:

NON-DISCIPLINARY ACTIONS

Hearing Number: 2007-XXX

Summary: The following is a summary of the Non-disciplinary Order for Case No. 2007-XXX. Please click on the above link to view the entire Order. Findings of Fact: Failure to create and maintain patient records in accordance with law and professional standards. Exhibiting poor clinical decision making and judgement in assessment and use of diagnostic tests. Failing to properly assess a patient. Conclusions of Law: A.R.S. § 32 924(A)(5), A.A.C. R4 7 902(3), A.R.S. § 32 924(A)(15) Order: Non-Disciplinary Order mandating completion of eight (8) hours of continuing education in record keeping and documentation and four (4) hours of continuing education in clinical decision making.

ARIZONA CHIROPRACTIC BOARD DISCIPLINES 5X MORE FREQUENTLY THAN MEDICAL BOARD

The annual reports have been posted on the Internet and they reveal that DCs are approximately five times more likely to be disciplined by their regulatory board than are MDs.

According to the Arizona Medical Board 2006-2007 report posted at http://www.azmd.gov/agency_reports/AnnualReport06-07.pdf, there are 11,000 MDs licensed and practicing in AZ. In 2007, there were 142 disciplinary actions. According to the Arizona Chiropractic Board 2007 report posted at <http://www.azchiroboard.com/news>

ing us. That saves them a lot of money. The more important problem, in my opinion, is that, since patients are paying more and more out of pocket, we OWE it to them to prove the NEED to BEGIN chiropractic care and the NEED to CONTINUE chiropractic care. Patients will pay for their care as long as they perceive there is a value to receiving that care. I think it’s time that

And here is a signed email from a newly retired DC:

“People ask me all the time if I miss Chiropractic. My answer: “I miss the patients and the hands on of practicing Chiropractic, however, I don’t miss the “B*** S***” that a couple of wannabe medical doctors on the board have done to our wonderful profession!” To tell you the truth, because of the AZ Chiropractic Board, I’m glad I’m retired!!! I gave 34 years of my life to the wonderful Chiropractic profession, without a “single” patient complaint to the board, and because I inadvertently billed 2 codes in the same area of the spine, in 2003, I was just about run out of the state, as an evil money monger, (so to speak), and have had my GREAT reputation sullied for the boards benefit. You can “quote “me anytime! These board members hate Chiropractic so much, I have NO idea why they became DCs. It’s probably because they couldn’t get into medical school, and they wanted the title doctor in front of their name. Regards...Ken Krieger”

Don’t you think it’s time you joined ACS if you are not already a member? We speak truth to power.

htm, there are 1936 DCs licensed and practicing in AZ. In 2007, there were 114 disciplinary actions.

This means that even though there are more than five times more MDs than DCs in Arizona, almost as many DCs as MDs were disciplined by their respective regulatory Boards in 2007.

ACS has charged that the Arizona Chiropractic Board excessively disciplines state DCs. These statistics seem to confirm this charge. For more documentation, see <http://azchiropractors.org/arizona-board.html>.

our documentation becomes more “patient centered.” If we do this correctly, it will actually improve patient compliance and should also help us get better reimbursement from insurers and keep us out of trouble with the Board. Stay tuned for the next article and for more information go to www.GotDocumentation.com.

