



CONTINUING YOUR EDUCATION / K. Jeffrey Miller, DC, DABCO

Practice Policy (Gone Bad): The Sign

Every once in a while, you see something and think to yourself, *Now that's a really bad idea*. Case in point: I went to see my medical doctor the other day. Just after being "roomed," as they say, the nurse checked my vital signs. Then she left. She shut the door on her way out and I was left staring at the back of it, where a sign was posted. After reading the sign, I immediately took a picture of it with my phone. Why? Because the sign – in particular, what it stated – was one of those *really* bad ideas and I just had to share it. The sign read:

Notice

Patients and their insurance are charged based on the number of complaints and the time taken during the visit.

Please help us to keep your premiums and co-pays low by limiting the number of complaints per visit. If your list of complaints exceeds the time scheduled, you may be asked to make another appointment to complete your visit.

Please be considerate of other patients who are waiting. Sick visits are not the time for prescription refills and checkups.

This is hands down the worst policy I have ever seen posted in a doctor's office, in any field of health care – and I have been in a number of doctor's offices.

Error #1: Marketing Nightmare

From a practice-management and marketing standpoint, the sign is



a disaster. In essence, it equates to the doctor screaming to his patients, "Hey, don't waste my time!" We have all had patients who wasted our time. However, these patients are usually the exceptions and not the rule. Unfortunately, this sign is posted in every room for all patients to read as though they are all guilty of wasting the doctor's time.

Excessive waiting has been a major patient complaint for decades. We waste more of the patients' time than they do of ours. The sign is an insult to patients.

Additional insults are levied in the final paragraph, which implies the patient is inconsiderate and possibly not as important as other patients who are waiting. This is despite the fact that the patient reading the sign probably spent a considerable amount of time waiting prior to being roomed.

The tone of the policy is anything but warm and friendly. Anyone reading the sign will not be expecting treatment from a doctor with a good bedside manner. Who would refer another person to this practice?

A sign reading, "Go away and leave us alone" would have served the same marketing purpose. (The brevity of this statement also would have allowed the letters on the sign to be bigger.)

Error #2: Financial Confusion

The policy is also a problem from a financial perspective. The second paragraph of the notice begins with a statement that implies patients can control their insurance premiums and that co-pays differ based on the number of complaints.

This section of the policy can only lead to further confusion for patients about insurance procedures. Patients have minimal, if any, control over insurance premiums. Co-pays are generally fixed and do not vary based on the number of complaints.

This section also implies the patient can save money by not complaining too much. In reality, it encourages patients to suppress information and leave out details of their health history.

Patients also are threatened with the need of additional visits if their complaints require too much time. The phrasing includes, "to complete your visit." This is funny, as additional visits will not complete the initial visit. Additional visits will be coded and billed.

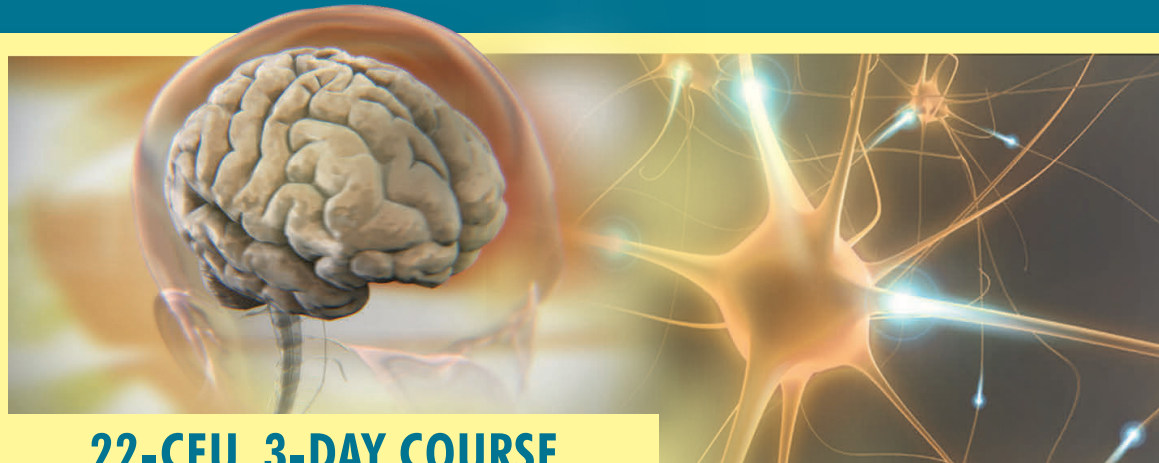
The final statement regarding "sick visits" not being a time for prescription refills and checkups discourages patients from seeking follow-up care for previous or ongoing problems. It also discourages wellness care. Once again, this could cause patients to suppress their history and concerns.

Error #3: Poor Risk Management

If a physician has paid even the slightest attention to risk management over the years, he will know many malpractice suits are not initiated over poor quality of care or bad outcomes, but over how patients feel they were treated as people. This is risk-management 101. Right after the doctor screams, "Hey, don't waste my time!" he should scream, "If you don't like it, sue me!"

Discouraging full disclosure of patient complaints, follow-up care and wellness care is not easy to defend if

Apex Seminars™ Presents MASTERING BRAIN CHEMISTRY™



A Dr. Datis Kharrazian Seminar



This seminar is designed to review the key concepts of brain chemistry, recognize patterns of imbalances, recognize cases that may need to be referred for further consult or evaluation, and improve overall clinical competency in neurochemical assessment.

View the seminar introduction video at apexseminars.com/MBCvideo



REGISTER NOW FOR:

Sep. 18-20 ... San Francisco, CA.....Dr. Brandon Brock
Nov. 6-8 Chicago, IL Dr. Thomas Culleton
Dec. 4-6 Los Angeles, CA Dr. Brandon Brock

More Dates & Locations Available Across the Country
Visit apexseminars.com to find one near you



The CEU credits for this course are offered through the University of Bridgeport Health Sciences Postgraduate Education Department.

All information, data, and material contained, presented, or provided in this seminar is for general information purposes only and is solely the opinion of the author and presenter.

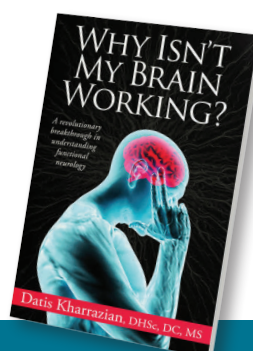
What Will Be Discussed:

- Critical evaluation of neurotransmitter testing
- The association between mitochondrial uncoupling and neurodegenerative disorders
- The role of dietary peptides and gluten sensitivity in neurological disorders
- Clinical jewels and insights

Sponsored by

apexenergetics™

© 2015 Apex Energetics, Inc. All Rights Reserved.



FREE to All
Seminar
Attendees

The latest book by
Dr. Datis Kharrazian

For complete seminar description and to register,
visit apexseminars.com or call (866) 411-0091 ext. 6184

CONTINUED ON NEXT PAGE

■ Practice Policy (Gone Bad): The Sign

CONTINUED FROM PAGE 20

questioned. I would not want to go to court with these policies as part of my standard for patient care.

Error #4: Clinical Practices and Coding Don't Always Mix

I teach postgraduate orthopedic and neurological examination procedures. As a part of my teachings, I always include information on how to properly code examinations for billing purposes. During the tenure of my programs, I have often been amazed at chiropractic's lack of proficiency with the evaluation and

management (E&M) coding system. However, we are not the only ones with this shortcoming. Medical doctors don't seem to understand the system, either.

From a coding point of view (E&M), the number of complaints and the time required for the visit are not the sole factors in determining code levels and charges. They are not even the major factors.

E&M codes are made up of seven components. Three of the components are key components (history, examination and medical decision-making);

and four of the components are contributing components (coordination of care, counseling, nature of the presenting illness and time). New-patient examinations require all three key components, whereas established-patient examinations only require two of the three key components.

A patient may present to your office with a number of complaints, but if the complaints are all minor in nature, the degree of history, examination and medical decision-making will not substantiate a high-level code.

For example, if the patient has a cold, headache and a splinter, then minimal efforts will be required under the three key E&M components.

Time is a contributing component, but it is of the least importance in every field, with the exception of psychiatry. Additionally, only the face-to-face time between the doctor and patient counts toward the time listed for a code. Time the patient spends with office staff does not count.

CONTINUED ON PAGE 23



Dr. Michael L. Johnson

Burned Out? Barely Making Ends Meet? Struggling In Practice? Are You A Slave To The Insurance Companies To The Point Where The Reimbursements Are So Low That You Fear Going Out Of Business?

Get your fire back! Reignite the PASSION and REASON WHY you became a chiropractor in the first place!

JOIN THE NEURO-METABOLIC SUPER GROUP!
WWW.TXCHRONICPAIN.COM



Discover how to successfully address patients with functional neurology and functional medicine and do it in a cash only model!

LISTEN TO WHAT OTHER DOCTORS HAVE TO SAY....

I have been a member since 2009. The program is so full of great information! Neurology, nutrition, lab testing, case studies, marketing, professional sources...the list goes on. Webinars have been recorded over the last several years that are great learning resources and the message board is full of great minds! — Dr. John Parker

I have been a member of this program and message board since 2007 and find it to be the best thing in Chiropractic that I have seen in my 47 years of practice...I would recommend that anyone interested in quality care this board is a MUST! —Dr. Leo Minsky

By far, the best program in our profession. I'll never practice without being part of this group. — Dr. Dan Boggs

This program is without a doubt the most amazing thing I've ever found. I can't imagine what my practice would be like without it. I never thought that I would find so many caring, helpful and wonderful people in all of the healthcare profession. — Dr. Michael Glickert

I have been with this group for six years and have taken my practice to new levels. It is not practice management but it is practice and expertise enhancement. Anyone in the group is more than willing to go the extra mile to help with a problem or give an answer. I have never met a more intelligent caring group of doctors who not only care about their patients but care about their colleagues. If you want more out of your professional life this is the place to be. — Dr. Stephanie DeNaeyer

28 years practicing Chiropractor. 5 years working with Dr. Johnson has made a substantial improvement in the quality of my life. More financial freedom, certainty with patients, and the neuro-metabolic part of the program has transformed how I practice and the bottom line is the results I get with patients has been awesome!! I endorse and highly recommend this program. — Dr. Steve Edling

I've been a member of Dr. Mike Johnson's NeuroMetabolic Supergroup since 2009. Over 34 years, I've been involved with nearly every chiropractic consultant you care to name, but THIS board is the best thing in chiropractic and functional medicine! Hands down. Why I say this is that this board has been consistently ahead of the curve on every imaginable service

that can help our patients. ALSO the personal support is exceptional, and not just from Mike himself, but also from the other board members who are unfailingly generous with their time and knowledge. This is a very REAL community of doctors who provide exceptional care, and my patients reap the benefits of SO many great minds coming together! You really can't go wrong checking this out for yourself! I gave it 5 STARS, only because they don't allow 6! — Dr. Suzanne Clare

I LOVE this forum! A great group of doctors who really want to raise the bar on healthcare, provide a top notch service and be paid a professional income. These docs are my "go to" for the toughest of the tough cases and always give great clinical insight. Dr. Mike Johnson is one of the few "practice management" gurus that actually still sees patients- What a concept! He is always available to help with some advice about staff, marketing or a clinical question and as a neuro diplomate has really helped me with some tough cases. If you're ready to raise your bar - Functional Medicine and Functional Neuro is where it's at! Thanks Mike! — Dr. Natalie Lawrence

I have been in this group for around 7 years--and my opinion hasn't changed. The single best decision I made since becoming a chiropractor. Not only is the information phenomenal, the marketing is first rate and the camaraderie can't be beat. My practice has never been stronger and I have never been more excited to be a DC. And that's after 35 years. — Dr. Harry Schick

I joined this group in 2007. This has been the best decision I have made in my practice. Our close knit group has challenged me to become the best doctor. The brilliant minds on this board have shared great advice, wisdom, character and friendships. There is no better place to be in any marketing or coaching group than what Dr. Johnson has put together. — Dr. Tontoh Simpson

Dr. Johnson has an incredible ability of organizing the most complicated aspects of diagnosis and treatment and make it easy to understand, duplicate and put directly into practice. Mike's program has it all from organizing your practice, marketing, quality exams...it is all here. Plus the collective minds of hundreds of other doctors happy to help. My 6 years in this program have been the best of my 37 years. I can't wait to see what is on the horizon for my patients and myself. As Mike always reminds us, Kaizen: continuous improvement. — Dr. David Naylor

TRY BEFORE YOU BUY!!!!!!!!!!

WE OFFER 90-DAYS FREE on our INCREDIBLE MESSAGE BOARD AND YOU CAN JOIN THE NEURO-METABOLIC SUPERGROUP FOR AS LITTLE AS \$199/month AND WATCH YOUR PRACTICE SOAR TO NEW HEIGHTS!!!

GO TO WWW.TXCHRONICPAIN.COM NOW!



us on Facebook at the "Neuro-Metabolic Super Group."

WE ARE THE ONLY PRACTICE GROUP THAT OFFERS A COMPLETE, NO QUESTIONS ASKED, 6-MONTH MONEY BACK GUARANTEE! WHAT ARE YOU WAITING FOR?

■ Practice Policy (Gone Bad): The Sign

CONTINUED FROM PAGE 21

The code my doctor assigns to my visit is always a 99214. The 99214 code is for a comprehensive established-patient examination. It requires significant contributions from multiple E&M components. During my office visits, the nurse records my weight, blood pressure and temperature. She records the reason for my visit and then leaves the room. The doctor enters just after this, reviews my chart, listens to my heart and lungs, and usually looks in my mouth and ears. That is it, unless I have a new complaint and he has to go further. This routine started with my first visit and has continued without change.

This level of service barely (if at all) qualifies for the 99202 (new-patient) or 99213 (established-patient) codes. The 99214 code is more than a stretch.

My doctor is not using the E&M codes accurately, but he is not alone. Inaccurate use of E&M codes has become almost epidemic. In fact, it has caught the attention of the Office of the Inspector General (OIG). On May 29, 2014, the OIG released a report titled, “Improper Payments for Evaluation and Management Services Cost Medicare Billions in 2010.”

The title of the report alone says there is nothing good in the document. The report has prompted widespread audits of physicians in the Medicare system. Medical doctors are the primary focus, as every patient encounter they have involves an E&M code. Chiropractors also will have their fair share of audits.

The audits will have serious ramifications throughout health care. I mentioned the audits to my doctor and he seemed completely unconcerned. He told me that like so many other practitioners, he had accepted his last new Medicare patient. The doctors in the practice are now allowing established Medicare patients to “die off.” This sounds like a reasonable plan – until you understand it will not resolve the mistakes already made. Medicare has no statute of limitations.

Another problem that will occur with the audits is the carryover of Medicare audits to private carriers. Inaccurate coding is a concern in both arenas. All too often, “As Medicare goes, so goes everyone else,” further increasing the importance of proper coding.

Simple Solutions

While the sign I noticed in my doctor’s office opens a can of worms in many areas, there are a few simple solutions. First, the sign should be taken down. Second, the doctor should remember he is there to help patients; they are not wasting the doctor’s time. Third, this doctor (and every doctor) should study the E&M coding system to gain understanding of how examinations are coded based on the seven key and contributing components. ■

DR. K. JEFFREY MILLER is a prolific contributor to this and other publications, and the author of several books including Practical Assessment of the Chiropractic Patient, Orthopedic and Neurological Examination in a Flash and Chiropractic Medicare Documentation, Self-Inventory. Currently, he serves as the executive director of the Virginia Interventional Pain and Spine Centers in Roanoke and Christiansburg, Va. For additional information including an expanded biography, a printable version of this article and a link to previous articles, please visit his columnist page online.

MALPRACTICE INSURANCE CHOICES SAVE YOU MONEY

Just ask Dr. Curtis Miller of Detroit, Michigan who **saved \$1,894** on his chiropractic malpractice insurance! *

We have 7 different policies to fit your practice.

CALL US AND SEE HOW MUCH YOU WILL SAVE!
1.866.802.4476
FOR AN ONLINE QUOTE / www.chirosecure.com/quote



ChiroSecure Malpractice Insurance
Protecting DCs for over 23 years!

* Savings will vary from state to state and from doctor to doctor.



All-In-One Mobile Marketing App to Keep Your Patients Coming Back.



FILL CANCELLED
APPOINTMENTS



INCREASE PATIENT
FREQUENCY



IMPROVE PATIENT
RECALL



Introducing My Local Beacon, a new mobile marketing app that makes it easy for you to engage your patients. Streamline your marketing efforts with a single smartphone app, and free yourself from the struggles of email, calls and direct mail. Using the latest beacon and location-based technology, you can connect with your patients at the right time, place and frequency.



My
Local Beacon

Watch our video to learn more.
Visit go.mylocalbeacon.com/dc

Getting started is easy and affordable,
starting at \$69 per month.

Give us a call
888-482-6691