

# The Audible Release

## GROUNDING AND RUNNING

By Dan Roode, D.C.



A shot of good news for medical providers of all trades and from all over Florida came in the very end of December from our judiciary. The Florida Supreme Court struck what seems to be a final ruling on an issue with PIP insurance deductibles.

PIP/Auto insurance companies made it fairly standard practice to apply the statute-defined PIP fee schedule to a patient's bill even before the deductible was met, i.e. prior to actual PIP payments. Practically speaking, when procuring payment for prior procedures performed, providers perceived a poorer payout than predicted.

What the courts essentially said was insurance companies can only limit (reduce) fees for billed services when they're actually going to be making a payment: after the deductible is met. Insurance companies are no longer allowed to reduce fees which

are applied to the deductible (and therefore the patient's responsibility to pay, not the insurance company's).

If you see MVC patients I would recommend keeping your PIP-suit attorney on speed dial and maybe even give them a call regarding recent and past cases. If you do not take MVC patients, thank you for staying informed and I hope you're enjoying our beautiful Florida winter!

Add see page 5 for details from the FCA.

Yours in health,  
Dan Roode, DC



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Details on Pg 4**

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The Audible Release provides news and information that is both educational and informative to the chiropractors and their associates in the Pinellas County area.

Society news, staff changes, personal announcements, photos and success stories are welcome. Articles about chiropractic procedures and issues concerning the practice of chiropractic should be submitted to the editor. Advertising inquires should be made to the publisher or visit us online at [www.pccschiro.org](http://www.pccschiro.org)

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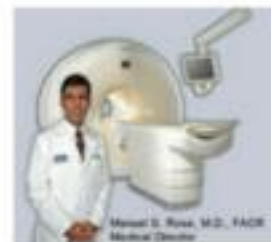
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# Calendar of Events

## January

- 8** 12:30pm Board of Directors Meeting  
Location: **The Crafted Plate**
- 22** Chiropractic Day at the Capitol
- 29** 6:30pm: General Meeting  
Location: **The Crafted Plate**  
(located inside the St Petersburg Marriott)  
Speaker: Thomas Paterek, Co-Founder of the agency Stevie & Fern.  
Topic: Branding Essentials



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## February

- 12** 12:30pm Board of Directors Meeting  
Location: **The Crafted Plate**
- 26** 6:30pm: General Meeting  
Location: **The Crafted Plate**  
(located inside the St Petersburg Marriott)  
Speaker: Dr. Lora Brown, M.D.  
Topic: Benefits of CBD. She will review the pathophysiology, potential clinical benefits and recent literature publications related to cannabidiol.

## March

- 12** 12:30pm Board of Directors Meeting  
Location: **The Crafted Plate**
- 26** 6:30pm: General Meeting  
Location: **The Crafted Plate**  
(located inside the St Petersburg Marriott)  
Speaker: TBA  
Topic: TBA

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Mark Lipkin DC

**THE ISSUE IS NOW FINAL**

Just before the close of 2018, and in an unusual unanimous decision by the Florida Supreme Court, the years-old issue of how a PIP insurer should apply the deductible to medical bills was finally decided in favor of the providers! In this case with Florida Hospital, it meant the difference of \$200 on one \$2,800 bill. See *Progressive Select Ins. Co. v. Florida Hospital Medical Center*, 44 Fla. L. Weekly S59a (Fla. December 28, 2018)

This case with Progressive coming out of the Fifth District Court of Appeal, arose in 2014 while alongside an appellate case from the Second District Court of Appeal against State Farm with the identical issue yet differing results. Providers can now use this decision to collect any improperly calculated reimbursements from patients with PIP deductibles. Unlike legislation with an effective date, and unlike most court decisions allowing for motions for rehearing, the Florida Supreme Court specifically stated in its order that, “NO MOTION FOR REHEARING WILL BE ALLOWED.” Therefore, this decision should be effective upon the rendition of the order – December 28, 2018.

The Court best described the miscalculation by Progressive (note that under the PIP statute, hospitals are paid 75% of charges):

**\*\*Hospital’s calculation:**

\$2,781.00 Total hospital charge

~~-\$1,000.00~~ Parent’s PIP deductible

\$1,781.00

~~x 75%~~ Applying section 627.736(5)(a)1.b.

\$1,335.75

~~x 80%~~ Applying section 627.736(5)(a)1.

**\$1,068.60 Amount due**

**\*\*Progressive** adjusted the charge by applying the reimbursement limitation before subtracting the deductible:

\$2,781.00 Total hospital charge

~~x 75%~~ Applying section 627.736(5)(a)1.b.

\$2,085.75

~~-\$1,000.00~~ Parent’s PIP deductible

\$1,085.75

~~x 80%~~ Applying section 627.736(5)(a)1.

**\$ 868.60 Amount due** Chief Justice Canady opined, “A plain reading of the statutory provisions makes clear that the deductible must be subtracted from the provider’s charges before the reimbursement limitation is applied.”

It is undetermined which of the Florida PIP auto carriers misapplied their insured’s deductible, but at the very least you can check patient reimbursements with PIP deductibles from Progressive and State Farm who were named in the two lawsuits prior to filing any PIP demands.



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## BRONZE

Central Imaging Open MRI .....	9
Duo Services, LLC.....	9
Florida Law Doc - David Sandefur, D.C. Esq.....	13
J. Stanford Morse, P.A.....	9
FL Legal Group.....	16
Laser Spine Institute .....	2
National Imaging Specialists.....	2
Rose Radiology .....	3
Saint Pete MRI .....	2
Susanti Chowdhury, M.D. ....	7
Tampa Bay Imaging.....	10
Thomas Boland, MD, DMD.....	10

# THE RADIOLOGIST'S VIEW

## GOALS FOR THE NEW YEAR



At the beginning of each New Year most of us go through the process of establishing resolutions. With anticipatory excitement, we create a wish list that include things we want to do but are not obligated to complete. The common list includes losing weight, exercise more and spend more time with family. In general,

the goal is to improve one's life, both personal and professional. As a clinician, you likely have resolutions for your office, many of which are oriented toward increasing income. In regard to New Year's resolutions in your professional life, one should consider ways in which to improve the use of diagnostic imaging services in your office. Here are some suggestions:

**UPGRADE YOUR EQUIPMENT** - There are many

practitioners who have had the same equipment and have utilized radiology in the same manner for the past 20 to 30 years. I still read x-ray films that use individual lead letters and numbers to identify the patient's name and date of films. (Many of you are not even familiar with that form of film identification.) If your film cassette screens create artifacts or your film processor sounds like an infant's squeaky toy or the Smithsonian has asked to exhibit your equipment, it is likely a good time to upgrade. If you do, it needs to be digital and it needs to be good quality. Prepare for sticker shock.

**QUALITY ASSURANCE** – As physicians, we have a duty to do what is best for the patient. In regards to diagnostic imaging, it is important to develop a specific and comprehensive protocol for your imaging services. This begins with the decision to use some form of diagnostic imaging and ends with the final product...the actual image. Review all the steps that are required to accomplish this and determine where changes can be made to minimize patient exposure and improve image quality.

Cont On Pg 8

# PAIN RELIEF

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- Any chronic pain



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What is the team costume for these guys going to be???  
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# THE RADIOLOGIST'S VIEW (Cont From Pg 6)

**IMAGE QUALITY** – Are you satisfied with the quality of your images? Poor quality images reflect on both you as a practitioner and on the entire profession. Make it a goal to improve your image quality with the equipment that you have. There are often simple fixes to the common errors that are seen in image production. If necessary, review your factor chart (if you still use one). Equipment needs to be calibrated, screens and processors need to be cleaned regularly and darkrooms need to be dark. If you have digital equipment, be sure the software is up to date and any required maintenance is performed. Collimate, collimate, collimate. This improves image quality and can reduce patient dosage.

**EDUCATION** – The most important function of the practitioner regarding diagnostic imaging is to determine when imaging is indicated and which is the appropriate modality to order. Don't practice by habit. Each case is different and therefore the requirements for imaging are different. Learn the advantages and disadvantages for each modality so that you feel more confident in your orders. Know when to use contrast MRI and understand why CT may be a better choice in some cases. Develop a clear rationale for ordering flexion and extension x-ray or MRI images. Understand the value of images that you do not regularly perform, such as chest films. Learn to navigate the various image viewers that are contained on CDs produced by imaging centers. Review basic terminology that may be contained in an image report. Review State rules and regulations that relate to the use of ionizing radiation and be certain you are in compliance.

**IMAGING CENTERS** – It seems that there is an increasing

number of physicians that are opting out of the responsibilities of owning their x-ray equipment and are choosing to send patients to a local diagnostic imaging center. Choose the center wisely. Make it a goal to visit a center, introduce yourself and learn about the equipment that they have. Be sure that the center knows your needs, who you are, what you do, what your profession is about and that is has radiologists with which you are comfortable in consulting.

I would imagine that creating New Year's resolutions, in regards to diagnostic imaging, is not a top priority. But one of mine is to continue to help and encourage the clinicians in our profession to do that which is best for the patient when it comes to ionizing radiation and other forms of diagnostic imaging.

Terry D. Sandman, DC, MPH, DACBR  
drtsandman@aol.com

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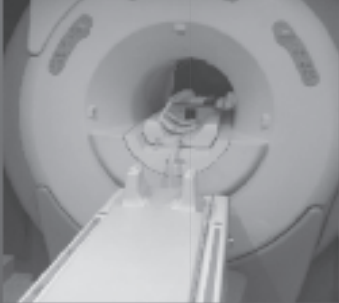

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# How important is your posture?

Proper cervical curves in the sagittal plane [cervical lordosis] have been shown to be an important clinical outcome of health. Patients with less cervical lordosis have statistically significant increases in neck, upper thoracic, and shoulder pain, as well as overall inferior health outcomes. Cervical kyphosis exceeding 10 degrees is associated with spondylotic myelopathy. One study suggests a increase in mortality rate of 2.4 times due to cervical curve loss.

The intervertebral disc is innervated with both nociceptive and sympathetic nerves. Aberrant vertebral motor unit mechanical function leads to both inflammation and degeneration (which perpetuates each other in a feedback loop). Disc degeneration causes increased aberrant biomechanical function. Disc degeneration causes the neurofilaments in the outer annulus to migrate into the inner regions of the annulus as well as into the nucleus. Inflammation alters the thresholds of both the nociceptors (pain) and the sympathetic neurons. Sympathetic nerve irritation and/or increased firing as a consequence of reflexes, increases sympathetic tone. Increased sympathetic tone causes arterial vasoconstriction in the vertebral artery, and/or the vestibular organ, and/or the cardiac vessels, resulting in vertigo and/or hypertension. We often see patients with unlevel pelvic and leg length inequality. Advisable treatment is to have early, controlled and persistent mobilization techniques as well as anti-inflammatory therapy approach.

An interesting postural related article, is from the Journal of Molecular and Genetic Medicine in 2017 entitled “Increased Telomere Length and Improvements in Dysautonomia, Quality of Life, and Neck and Back Pain Following Correction of Sagittal Cervical Alignment Using Chiropractic BioPhysics® Technique: A Case Study”. Telomere sequences shorten with each cell division and has been proposed to be a measure of biological aging and was awarded the Nobel Prize for this in 2009 through the works of Elizabeth Blackburn. An important factor in controlling telomere length is one’s catecholamine (epinephrine, norepinephrine) profile. They conclude that “cervical spinal alignment and posture may be directly related to telomere length

(health longevity) and that correction thereof may have a directly related effect on health longevity as represented by telomere length.”

The Journal of Neurosurgery: Spine in 2013 suggests the beneficial relationship of focal kyphosis correction and neurological outcome for patients undergoing cervical deformity correction surgery. We can do that without undergoing the knife. Patients need to know this is the effect we can have.

In the study from the Journal of Radiology Case Reports September 2016, “Impact of Isometric Contraction of Anterior Cervical Muscles on Cervical Lordosis”, it did “*not* show evidence that hypertonicity of anterior cervical muscles elicited from anterior head translation and anterior head flexion have a significant impact on cervical spinal alignment.

This article states that the association of loss of spinal curvature was due to instability of the cervical ligamentous structures. Emphasizing the need for spinal stabilizing exercises post whiplash injuries involving ligaments.

Low back pain has long been connected to postural and structural asymmetries, most commonly in the pelvis. Many patients with lumbar disc herniation fail to improve following a successful surgery, possibly due to the persistence of improper postural biomechanics.

Journal of Neurosurgery June 2017 article entitled “Asymmetric Features of Lumbar Disc Disease” concluded that patients with chronic lower back pain present with a minor balance defect. The facet joints primarily control disc stresses. Altered facet biomechanics cause asymmetric facet movement, altering disc loading and disc pathology: “the difference in the discectomy sides can be [caused] by asymmetric changes in posterior [facet] spinal elements. Asymmetrical distribution of the herniated lumbar disc may be attributed to asymmetric biomechanical load.” This study provides objective evidence that relatively subtle skeletal asymmetry, and not just pathology, influences patterns of asymmetric disc herniations.



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