

The

Audible Release

By Jen Gantzer, DC, MS, DACBN, FACN



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July 28th PCCS Legislative Candidate Forum hosted by Mayor Brown
2nd Floor of the St. Petersburg Marriott

Updates on the No Surprise Act – by Mark Wieland

All of you should be aware of the No Surprise Act (NSA) with regards to the good faith estimates (GFE). This law went into effect January 1st of this year and numerous publications have been sent out by the FCA, but just in case you missed it or are trying to avoid it here is a very brief update.

GFE's are required for medical services provided to uninsured or self-pay patients, notices must be posted in your office and on your website, as well as establishing a dispute resolution process. Members of the FCA can obtain a 7-page guide to the "FCA Toolkit on the NSA" by logging on to the FCA website and doing a search for "No Surprises Act Toolkit 1.0"

Areas of clarification

- GFE's are required even for new patient encounters with estimated expected charges and CPT codes, however diagnosis codes are not required. This initial GFE does not require all future charges to be estimated. This initial new patient GFE only applies if the patient is scheduled more than three days in advance.
- Following the initial visit, if additional services are scheduled, an updated GFE must be provided to include these charges (you may bundle recurrent services/visits to one form). If you bundle, this bundle may not exceed a period of 12 months. Any new GFE must be submitted to the patient a minimum of one day prior to the initiation of services.
- You are not required to include services that "could not have been reasonably expected". The current threshold of accuracy is \$400. At or above \$400 where the patient may initiate the patient / provider dispute resolution process. At that time, you would have the right to demonstrate why additional charges were medically necessary and could not have reasonably expected when the GFE was provided.

If you know a change to the patient's treatment plan is forthcoming a new GFE must be provided and discussed with the patient the changes between the two.

- If you had a patient that was previously insured and not covered under the good faith estimate, but you become aware the individual is now uninsured or self-pay, you are now bound by the rules to provide a GFE.

CMS issued a reminder in the new FAQs that a GFE provided to an uninsured (or self-pay) individual is considered part of the **patient's medical record** and must be maintained in the same manner as a patient's medical record.





THE RADIOLOGIST'S VIEW



JUST WHAT THE DOCTOR ORDERED – by Terry Sandman

How do you decide when to order diagnostic imaging? Do you have a process in place to determine whether a patient requires an x-ray, or other type of diagnostic imaging procedure? And will that decision improve the clinical outcome for that patient?

There are several inappropriate approaches that are used to make these decisions. They include:

1. The “Chicken Little” Approach – Ordering an x-ray, without indication, just in case there might be an abnormality. The doctor rationalizes the procedure by asking; “What if there is something that might show up on an x-ray? I wouldn’t want to miss it. I need to cover myself”.
2. The Wishful Thinker – “Please find something...anything, to justify my treatment.” is the mantra of this approach. This generally requires imaging of numerous body areas often including the entire spine and multiple extremities with the hope that something will show up that will rationalize care.
3. “They made me do it!” – The doctor insists that a third party requires the procedure. This request may come from an attorney, your boss or another person. In any case, it isn’t a clinical decision.
4. The Addict - “This is the way I always do it and I see no reason to change.” This mindset results in improper views and radiation overexposure.
5. The Technique Analyst – This doctor believes that certain x-rays or views are required, regardless of the clinical presentation, in order to properly analyze the patient and implement a technique.
6. The Timekeeper – “It’s been a year since your last x-rays”. In some cases an entire set of spinal x-rays are performed based on an arbitrary timeframe.
7. The Financial Advisor – You take on the financial burden of the patient and decide not to perform x-rays or order an MRI because the patient has no insurance.
8. The Tail that Wags the Dog – The patient decides that the x-rays or other imaging is not necessary. The roles are reversed and now you find yourself asking the patient whether they want an MRI or not.
9. The Moneygrubber – It may not be as profitable as it used to be, but it does generate income. The incentive to order is strictly monetary.

Some practitioners may not even be aware they fall into one of these categories. When asked how they decide to order or not order a diagnostic imaging procedure, there is no consistency in their response. For example, when do you order cervical oblique views, or when do you order lateral views of the cervical or lumbar spines with flexion and extension? What is the indication for contrast MRI? Should you order a CT or an MRI? How do you make the decision?

What is the correct approach?

There is one clinical question that needs to be answered; will the information gained from this procedure outweigh the potential risk to the patient? The procedure should provide sufficient information to demonstrate the medical (or chiropractic) necessity of the exam.

According to the appropriateness criteria of the American College of Radiology, the indications for the diagnostic imaging study should be based on the clinical history, the disease process, and the anatomic areas of concern. There should be sufficient clinical indication and reasonable anticipation that the results, normal or abnormal, will influence the treatment course of the patient.

It is important to understand the indications, risks, as well as the limitations of available diagnostic imaging modalities. It is equally important that a patient’s file thoroughly and accurately describes the justification for each modality ordered.

Which approach will you take?

Terry D. Sandman, DC, MPH, DACBR
drt sandman@aol.com

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The Audible Release

is published 10 times per year
and unlimited downloads available online.

Dr. Jason Miller: Editor

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

The deadline for ads and articles is the 7th of every month.

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Calendar of Events

Monthly Dinner Meetings In-Person & Virtual for 2022

Join us In-Person

Last Tuesday of the Month

Join us Virtual via Zoom

www.pccschiro.org/annual-calendar

Marriott Crafted Plate
12600 Roosevelt Blvd N
St. Petersburg, FL 33716
6:30-8:30 pm

Dinner/Speaker at 7 pm

Please RSVP to Evite for dinner attendance

July

26th-General Meeting

Location: St. Petersburg Marriott - 2nd Floor

Topic: PCCS Legislative Candidate

Forum hosted by

Mayor Woody Brown

August

NO GENERAL MEETING
FCA Orlando Convention
Aug 25th - 28th

July Board meeting 12th 12:30pm
Zoom

August Board meeting 9th 12:30pm
Zoom

PCCS PAID MEMBERS 2022

“Thank you to the chiropractors below that are supporting the PCCS and PAC in 2022”
See page 14 for the 2022 Membership Application

Names listed in **BOLD** have donated to the PAC
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And are additionally recognized on the member directory with a “PAC Star”

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| Thomas Boland, MD, DMD | 10 |

Intern David Stronko is originally from Virginia. He has interests in the fields of nutrition, epigenetics, lifestyle changes, rehab, and adjustment skills plus behavioral health. His plan after graduation is to further his experience in the chiropractic field working with other Doc's while also obtaining a teaching position to help students in the field of science, and in the future with the experience, he is looking at opening and running a multi-disciplinary clinic, employing a wide range of modalities for specific care.



Intern Michael Stern is from Key West and married his high school sweetheart. As a student at National, he had the opportunity of serving on many boards and participating in many extracurricular activities such as: the community wellness club, the sports council, SACA, the Motion Palpation club, and volunteering for several courses as a student tutor. June of 2021, he had the opportunity to volunteer at the USATF Olympic Trials in Eugene, Oregon which solidified my passion for working with athletes. After graduation, he plans to move back to my hometown of Key West to open my practice and serve my community.



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We sincerely appreciate your chiropractic financial support which helps us to preserve, promote, and protect you!

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OUR MEETINGS

We host 8 monthly member educational dinner meetings, an off-site social mixer, a holiday party, and 3 annual PAC events.

The 8 general meetings are held the last Tuesday of the month at the Marriot restaurant The Crafted Plate which begin at 7:00 pm with pre-meeting networking at 6:30 pm as members and sponsors begin to arrive. Dinner is served during a featured speaker on a Chiropractic related topic with the meetings concluding around 8:30 pm. We are continuing the monthly dinner meetings in-person and virtual for 2022; please RSVP to the evite for dinner or connect via Zoom to join us.

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PCCS 2022 Membership Application & Invoice
 January 1, 2022 thru December 31, 2022
Payments due for 2022 due by January 31st for our calendar year renewal

The following will be displayed in the website member directory

Name: _____

Credentials and Post-doctorate certifications:

Circle all that apply: DC MS DABCI DACBN DACNB DACBSP DACBR DICCP

Select One: New Member / Renewal / New Member 1st Year DC

Renewals Only: complete below IF YOUR CONTACT INFO has changed

Office or Company Name: _____

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*Membership is for the chiropractor listed above only & is non-transferable.

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- Annual Dues = \$175.00
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- 1st Year Licensed D.C. Annual Dues +\$50 contribution to the PAC = \$149.00**
- 1st Year Licensed D.C. Annual Dues = \$99.00

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2022: All General Meetings will be held In-Person and Virtual via Zoom to accommodate travel and social distancing. Know someone interested in joining as a DC/Sponsor/Advertiser; www.pccschiro.org click "Join Now or Get Involved"

Email Jennifer Comey, Executive Director at ED@PCCSChiro.org with any questions.

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