Dynamic Chiropractic

ADJUSTING TOOLS

Decompression Facts, Myths and Hyperbole, Part 5

ACCEPT INSURANCE OR COLLECT CASH?

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The single most asked question we hear from our marketing clients is, "Should I code my decompression services as vertebral axial decompression (S9090) and collect cash from patients, or code the service as mechanical traction (97012) and accept what their insurance policies will pay?" The answer is quite simple: It depends.

First and foremost, we want to emphasize that according to the American Chiropractic Association, decompression therapy services can be coded as S9090 or 97012. By using the S9090 code, you can usually collect cash from the patient without being in violation of your provider contracts. On the other hand, if you use the 97012 code, you will receive very little insurance reimbursement for the service.

Most of our clients use the S9090 billing code for two reasons. First, decompression is the outcome they are trying to achieve from the treatment. Second, it allows the provider to charge an amount that corresponds with the cost of the decompression system and the staff time spent during each session. But here is the hook: We strongly believe that most DCs will eventually have a decompression unit. Once that occurs, charging cash will be almost impossible. Has that time come yet? No, but rest assured, that day is on the horizon.

What factors possibly indicate when a doctor should code decompression as S9090 and collect cash from the patient? Based on our experiences and those of our clients, the following are good indicators for using the S9090 code:

- Few, if any, other doctors are providing spinal decompression services in your area.
- Many in your community are uninsured and are used to paying cash for their health care services.
- You practice in a smaller town that allows you to economically market your decompression services.

After using the S9090 code for two-and-a-half years, our office now codes all of our decompressive traction services as 97012. Barring insurer prohibitions, coding your decompression services as 97012 may also be the right choice for your office. The big advantage of coding decompression as 97012 is that other than their deductible and co-pay, the patient has no out-of-pocket expense and thus is more likely to begin treatment. In other words, it removes the biggest barrier to beginning care. Plus, the doctor is no longer required to "sell" or "close" the patient.

So, what factors indicate when a doctor should consider coding decompressive traction as 97012? Based on our experiences and those of our clients, the following are good indicators for using the 97012 code:

- Many doctors in your area are providing spinal decompression services.
- Doctors in your area are marketing their decompression program as being covered by insurance.
- Your office provides other therapy and rehab services.
- Many people in your community are insured and unlikely to use an out-of-network provider or pay for noncovered services.
- Many of your new patients are referred by insurer handbooks or Web sites.
- You practice in a large city where it is difficult to market economically.

Immediately after making the change to 97012 coding, we enrolled several additional patients in a decompression program; patients who would have not started treatment if there had been a large up-front expense. While the reimbursement amount for decompression under 97012 will be a pittance, the provider will most likely be able to provide and be reimbursed for other needed services such as chiropractic adjustments, therapy and rehabilitation.

As a result of our office switching to the 97012 code, we are now able to market that our decompression program is covered by insurance. While reimbursement can vary, patients' out-of-pocket expenses could be as little as their co-payment. Should you have any questions relative to decompression coding and marketing compliance, please feel free to contact us at www.marketdts.com.

To read parts 1-4 of this series on spinal decompression, search "Other Articles" on Dr. Edwards' online columnist page. This series began in June of last year (June 3, 2008 issue).

MARCH 2009