



# How to Increase Revenue For Your Chiropractic Practice

## Patient Registration



### STEP 1

### Start with Accurate Data

- ✓ Collect personal and contact information in your billing software once an appointment is scheduled.
- ✓ Double check spelling, names, date of birth, and gender for accuracy.
- ✓ Validate the patient's current address, and make sure it matches the database.
- ✓ Record accurate responsible party information, including patient's guarantor and health insurance.  
*This is essential for getting claims paid.*
- ✓ Record correct health insurance policy information as soon as possible.
- ✓ Confirm the patient's policy holder.  
*This helps eliminate unnecessary claims rejections due to the payer's inability to identify your patient as a member.*
- ✓ Determine if there is more than one policy. If so, identify which is the primary payer, secondary payer, tertiary payer, etc.



## STEP 2

### Verify Policy Information

- ✓ Verify eligibility and record that information in your billing system.
- ✓ Be sure to include the patient's policy ID, group number (if applicable), policyholder information, and policy effective date.
- ✓ After collecting this information from the patient, verify that the policy is active and that the patient is covered for your services.
- ✓ Once you know the patient is covered, add the insurance information to your billing system, making sure to select the correct payer.
- ✓ Because some payers have multiple addresses for sending claims, be sure to choose the one indicated on the patient's insurance card.
- ✓ Gather information needed for billing claims regarding the reason for treatment. This can include when symptoms began, and if there was a specific event or condition that caused the need for treatment.





### STEP 3

## Accident or Injury Clarification

If treatment is being sought due to an accident or injury, there are a number of additional factors that need to be clarified, including:

- ✓ The date of injury and whether the injury is related to employment, an auto accident, or other type accident.
- ✓ If the employer is responsible for payment, or if their workers compensation carrier is paying for treatment of the injured worker (if the injury is work-related).
- ✓ If a workers compensation claim has already been established. If so, what is the claim number, the claims adjuster's contact information, and where claims should be sent.

**WORKERS COMPENSATION**

**Applying For A**  
☐ Permit ☐ ID Card ☐ Renewal ☐ Replacement

**Your Personal**  
Full Last Name \_\_\_\_\_  
Full First Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Nationality \_\_\_\_\_  
Gender ☐ Male ☐ Female

**Identification Information**  
Driver license? ☐ Yes ☐ No  
Learner permit? ☐ Yes ☐ No  
Non-driver ID Card? ☐ Yes ☐ No

**ID card number and Details**  
enter the identification number it appears on the card  
ID card number: \_\_\_\_\_  
Type of License: \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_

**Your Personal Details**  
Height \_\_\_\_\_ Eye color \_\_\_\_\_  
Email Address: (optional) \_\_\_\_\_  
Status: ☐ Single ☐ Married ☐ Divorced

**Contact Details**  
Home Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_  
Address where you get your license: \_\_\_\_\_  
Has your mailing address changed? ☐ Yes ☐ No  
Other change: \_\_\_\_\_



# Accounts Receivable



## STEP 1

### Evaluate Accounts Receivable



Determine the percentage of claims that aren't getting paid due to billing errors.

*The average is 15%.*



Evaluate how many re-submitted claims aren't getting paid.

*The average is up to 50%.*



Determine the average days in accounts receivable.

*You should be averaging under 45 days in accounts receivable, and striving for an ideal average of under 30. The best-in-class chiropractic offices receive the majority of the payments from their insurance payers within 20 days.*



## STEP 2

### Reduce Excessive Accounts Receivable



Separate accounts receivables by insurance and patient balances.



Separate the different insurance payer types, and understand how their payer specific guidelines affect your accounts receivable management.



Identify key offending payers prioritized by amounts outstanding.



View monthly reimbursement trends for each payer.



### STEP 3

## Improve Code Accuracy



Improve accuracy by routinely scrubbing codes before submission.



### STEP 4

## Analyze Denied Claims

Analyze rejects and denials to identify patterns that can be corrected by determining if:



Insurers are determining the care a patient received as medically unnecessary.



Beneficiaries are receiving care outside their networks without realizing it.



Names are spelled correctly.



Numbers are consistently entered between two or more parties. If not, this can create a "data freeze."



### STEP 5

## Improve Your Verification Stage



Understand that the claims reimbursement process begins as soon as a patient first makes an appointment.



Insist on recording accurate patient data, including insurance information and provider eligibility.



Insist on sending clean claims the first time around.

# Collections



## STEP 1

### Improve Chart Notes



Ensure that your notes are legible.



Invest in all-in-one chiropractic software that includes intuitive notes, charting and guided documentation.

*This results in fewer errors and takes away the guesswork at deciphering handwriting.*

#### GET HELP

### Hire a Chiropractic Billing Service

Keeping up with all the normal, day-to-day tasks that go into running a successful chiropractic office isn't easy.

Your staff must work diligently and methodically to review suspended claims and analyze where holes or gaps exist with things like compliance, errors and timeliness.

Using resources available to you, like chiropractic software and outsourced chiropractic billing services, will increase your monthly revenue, streamline your financial process, and get you back to what matters - *helping your patients.*





## STEP 2

# Establish Chiropractic Treatment Plans

- ✓ Make sure each patient has a plan that reflects evidence of functional improvement within the chart notes.
- ✓ Make sure documentation is in compliance to increase reimbursements.
- ✓ Conduct regular re-exams to establish medical necessity and convert to wellness or maintenance care.
- ✓ Record specific levels of subluxations treated.
- ✓ Provide planned re-evaluations.
- ✓ Include a valid signature that services were performed.
- ✓ Provide planned re-evaluations.
- ✓ Have a "notice of privacy practices" form for every patient; for minors, have a "consent-to-treat-minor" form on file.
- ✓ Track and record the time spent in therapy and for each exercise.
- ✓ Supply worksheets to your patients indicating the specific exercises completed.







### STEP 3

## Improve Coding

- ✓ Invest in regular coding classes to improve coding. This helps avoid reduced reimbursements, or delayed and denied claims.
- ✓ Consider partnering with chiropractic insurance billing experts who can monitor payer habits, coding, rules and trends across the nation to ensure immediate client billing.



### STEP 4

## Get Paid

- ✓ Have a detailed financial policy in place for insurance, personal injury and cash payments.
- ✓ For insurance reimbursement, call to verify coverage prior to submitting bills.
- ✓ For prepaid plans, have patients sign a form acknowledging that certain portions of their care may not be covered by insurance.
- ✓ Have clear office procedures that include asking for payment before or immediately after the patient's visit.
- ✓ Always appeal improper denials, especially on medical necessity.
- ✓ For denials based on the patient reaching maximum medical improvement, compose an effective appeal letter.
- ✓ Appeal all denials, whether they are pre-service restrictions, restrictions of continued care, or down-coded and bundled claims.