

MEDICARE

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oped and issued and came to some very clear conclusions of its own regarding the OIG's motives and what the chiropractic profession's reactions should be. "The clear goal of the OIG and the historically anti-chiropractic bureaucrats that permeate HHS is to provide a rationale for a hard cap of chiropractic services, somewhere around 12 visits per year," said ICA Medicare Committee Chair Dr. Michael J. Hulsebus.

"This type of thinking reveals a prejudice that can only be described as ridiculous public policy, because if you cut off Medicare beneficiaries' access to needed chiropractic care with a hard cap, especially one based on an arbitrary definition of what constitutes "maintenance care," all you are doing is driving them to the care of other providers, particularly medical specialists, the costs of which are massively higher than the cost of the care denied," stated Dr. Hulsebus.

As a matter of policy, ICA strongly opposes any arbitrary and finite limitation on chiropractic services in any public health program, and will fight any legislative or regulatory initiative that proposes such a limitation.

ICA was particularly alarmed to see the OIG report specifically quote a letter from the American Chiropractic Association representing it as supporting a national cap on Medicare services. Page 14 of the report states: "Although generally opposed to frequency-based controls, the provider community has previously accepted the idea of a national frequency cap. The American Chiropractic Association expressed support for a national cap in an October 21, 1999, letter to the Director of the Office of Clinical Standards and Quality at the Health Care Financing Administration (currently CMS). Based on the recommendations of a representative panel of chiropractors, the letter states that "[a threshold of 18 services] reflects the consensus of the chiropractic profession" and is clinically relevant."

Whether the OIG's representation of the ACA's position is accurate or not, ICA is adamantly opposed to any such cap, and ICA's Legislative Committee has already met to mobilize the profession-wide as well as the grass roots resources that will likely be needed to defeat Medicare limits legislation in the US Congress in the near future.

ICA's Medicare Committee also took issue with Medicare's definition of what constitutes maintenance care, and the emphasis on symptoms and complaints. "The definition of maintenance care used by the OIG in this report was developed by Medicare to meet their economic containment goals for chiropractic utilization, and not from a responsible examination of the legitimate chiropractic needs of the Medicare population," Dr. Hulsebus said. "It is clearly an arbitrary definition, which needs to be changed."

At the same time, ICA's Medicare Committee noted the importance of closely following and clearly understanding the Medicare program's documentation criteria. "The focus on the

Carriers Manual in the OIG report is an important reminder for doctors of chiropractic nationwide to obtain current copies of this key document and study it carefully, to fully understand and be in the best possible position to comply with the program's requirements," said ICA Medicare Committee Vice Chairman Dr. Gary Street.

ICA has conducted dozens of Medicare Seminars around the United States featuring Dr. Street and his research and analysis of the Medicare program and its compliance requirements, in an effort to better educate DCs on this vital program. "Knowing what is in the *Carriers Manual* will make all the difference in the world, and will help you better serve your patients, as well as protect your practice from Medicare claims of over utilization," Dr. Street said.

ICA encourages all DCs involved in Medicare to obtain and carefully read the manual paying special attention to Section 2251.2, *Documentation of Subluxation*. That section reads in part, "A subluxation may be documented by an x-ray or by physical examination, as described below:

- 4) Demonstrated by X-Ray: An x-ray may be used to document subluxation. The x-ray must have been taken at a time reasonably proximate to the initiation of a course of treatment. Unless more specific x-ray evidence is warranted, an x-ray is considered reasonably proximate if it was taken no more than 12 months prior to or 3 months following the initiation of a course of chiropractic treatment.
- 5) Demonstration by Physical Examination: Evaluation of musculoskeletal/nervous system to identify:
 - a. Pain/tenderness evaluated in terms of location, quality, and intensity;
 - b. Asymmetry/misalignment identified on a sectional or segmental level;
 - c. Range of motion abnormality (changes in active, passive, and accessory joint movements resulting in an increase or a decrease of sectional or segmental mobility); and
 - d. Tissue, tone changes in the characteristics of contiguous, or associated soft tissues, including skin, fascia, muscle, and ligament.
 - Symptoms causing patient to seek treatment;
 - Family history if relevant;
 - Past health history (general health, prior illness, injuries, or hospitalizations, medications, surgical history);
 - Mechanism of trauma;
 - Quality and character of symptoms/problems;
 - Onset, duration, intensity, frequency, location and radiation of symptoms;
 - Aggravating or relieving factors; and
 - Prior interventions, treatments, medications, secondary complicates".

Contact your Medicare provider representative and request in writing copies of all current portions of the *Carriers Manual* that pertain to chiropractic.

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Are You a WHIZ at Whiplash?

THEN, answer the 10 QUESTIONS below and show your stuff. If you fail, then you can't miss these seminars. If you know an answer or two, you need to attend to fill the gaps with what you don't know: New knowledge!

1. **What** tissues are primarily affected by a chiropractic spinal adjustment?
2. **Why** do some patients have ongoing pain after all possible tissue healing has occurred, and can we help them?
3. **How** can a D.C. explain, to the insurer or jury, how the patient was injured when the car wasn't damaged?
4. **What** are the biomechanical reasons for both acute and chronic pain, and how can we manage them nutritionally, without our patients having to resort to drugs?
5. **Is** there a model based on Guyton's Textbook of Medical Physiology that can help me find, collect and correlate evidence of soft-tissue injury?
6. **Are** there randomized clinical trials comparing chiropractic adjusting to the drugs Celebrex and Vioxx in the management of chronic spine pain, and how well did chiropractors do?
7. **If** injured soft-tissue heals without any treatment, is there a model that shows why chiropractic care should be sought?
8. **What** diagnostic testing best shows the injuries we manage as chiropractors?
9. **Why** is the history the most important part of the examination?
10. **Why** would an insurer find chiropractic compared to medicine or physical therapy the treatment of choice?



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