

MEDICARE—HULSEBUS

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conomic benefit for our profession." ICA has also extended the hand of cooperation to other membership organizations in chiropractic.

Together, we can address chiropractic's top Medicare priorities, which must include the following:

- **A change in HHS attitude:** Medicare beneficiaries and chiropractic providers are entitled to policies reflecting what is in the law, not their prejudice. We have frequently seen references in official U.S. Department of Health and Human Services (HHS) documents making references to the agency's efforts to limit chiropractic "utilization," not "over-utilization," "abuse" or "fraud," for which ICA has always maintained a zero-tolerance policy, but "utilization". What they are saying through these policies is that they are usurping the authority of Congress, robbing beneficiaries of their right to choose chiropractic care, because they have arbitrarily made the decision to drive beneficiaries to the care of other providers, particularly medical specialists, the costs for which are massively higher than the cost of the care denied. Further, HHS attitudes and policies intentionally bias consumers against a choice to utilize chiropractic for empowering natural health and guides them toward medical and drug dependency. This is bad public policy, harmful to patients and the program alike, and is not what the law provides.³

- **Change in demands for proof of "medical necessity"** to bring the chiropractic program into line with demands made of other providers. Centers for Medicare and Medicaid Services (CMS) policies continue to make increasingly stringent demands on chiropractors to prove "medical necessity," the very term being inappropriate and even offensive to most DCs. If the same demands were made of every other provider, it would be one thing, but this is not the case and balance and fairness needs to be brought into the program.

- **Expansion of covered chiropractic services:** Whatever some organization's aspirations may be for full coverage of any Medicare benefit that a chiropractor is authorized under state law to provide, chiropractic must have coverage for x-rays and examinations. This will take legislation and it is long overdue.

- **Change in the appeals process whereby the beneficiary is engaged and involved in the appeal for extended coverage.** The struggles between CMS and the chiropractic provider for coverage needs to be expanded to bring the patient into the equation. Beneficiaries need to see the arbitrary, hostile and dictatorial way in which their health care choices are being abridged. We should not be shy about mobilizing our patients in this fight against bad public policy.

- **The right under the law to privately contract with a Medicare beneficiary, on terms that are reasonable.** At present, some health care professionals can, after meeting stringent conditions, enter into private contract arrangements with Medicare eligible individuals. Doctors of chiropractic cannot. The law should be changed to

include DCs in this pool of eligible private contract providers and amend the terms by which one becomes qualified to contract. Under the current law, a provider must refrain from accepting any federal payment for a period of two full calendar years before becoming eligible to enter into private contract agreements. Both changes will require legislation and the ICA Medicare Committee believes they should be one of chiropractic's top priorities.

ICA recognizes that we have large numbers of natural allies in the struggle to provide timely and appropriate care to our aging population. These include patient advocacy groups, senior citizen organizations, and our patients and their families.

While ICA has a host of serious issues with the way Medicare conducts its chiropractic benefits programs, we recognize that the rules are the rules and we implore all doctors of chiropractic to

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know what those rules are and carefully abide by them. They should understand the importance of closely following and clearly understanding the Medicare program's documentation criteria.

ICA encourages all DCs involved in Medicare to obtain and carefully read the

Carriers Manual, paying special attention to Section 2251.2, *Documentation of Subluxation*. Contact your provider representative and request in writing copies of all current portions of the *Carriers Manual* that pertain to chiropractic. Read it, understand it and follow it. Also, understand that the work of documentation and record-keeping must be done, and done on an accurate and timely basis.

Ultimately, the fate of the Medicare program will be decided by Congress with strong input from the White House. This makes the upcoming 2008 elections more important for us than perhaps ever in chiropractic's history. Get involved! Start with your U.S. House candidates and your two U.S. Senators.

Write to them, invite them to speak to your patients and your community, let them know you are watching them, send them regular information on chiropractic, share your Medicare horror stories, and yes, get the patient involved in this

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Call for Papers

For presentation at

Conference & Research Symposium on Chiropractic Pediatrics

April 18-20, 2008 • Gold Coast, Australia

Presented by the ICA Council on Chiropractic Pediatrics
Co-sponsored by Chiropractors' Association of Australia (National) Ltd.
& the New Zealand College of Chiropractic

The ICA Council on Chiropractic Pediatrics' *Journal of Clinical Chiropractic Pediatrics* and its co-sponsors have issued a Call for Papers for the first Conference and Research Symposium on Chiropractic Pediatrics to be held in Queensland, Australia.

Evidence based medicine (EBM) is in its infancy in pediatric care. This is because the adult population is easier to study and more expensive to treat. Changes are underway and today EBM is the expectation rather than the exception in the pediatric practice of any discipline, medical, alternative or chiropractic. To keep up with this trend, it is important for chiropractic as a profession to foster, promote and evaluate research which will help us better serve our patients. To this end the ICA Council on Chiropractic Pediatrics, with the assistance of the Research Departments of Macquarie University and the New Zealand College of Chiropractic is organizing a research symposium to showcase the best current pediatric research.

Papers for presentation will be selected with the goal of creating a baseline of current and recent research and to identify critical new research into conservative pediatric care.

Research Symposium Committee

- **Joan Fallon**, DC, FICCP, MSc, Editor, JCCP, USA
- **Heidi Havvik-Taylor**, BSc(Chiro), PGDip(Science), Director of Research, New Zealand College of Chiropractic, New Zealand
- **Henry Pollard**, GradDipChiro, MSportSC, PhD, Director of Research, Dept of Health and Chiropractic, Macquarie University, Australia
- **Joyce Miller**, DC, FACO(US), FCC(UK), University of Bournemouth, U.K.

Research submissions should be in the areas of:

- Chiropractic pediatric clinical care
- Basic science research with applicability to chiropractic pediatrics
- Chiropractic pediatric education
- Population/surveillance studies of pediatric population

Priority will be given to original research with direct applicability to chiropractic pediatric practice. Abstracts should be no more than 300 words, be submitted as a word document and emailed to JCCPediatrics@yahoo.com. **No hard copies please.**

For more information about submissions or questions write to JCCPediatrics@yahoo.com.

Deadlines

- For submission of abstract: **December 31, 2007**
- Selected papers notification: **January 31, 2008**
- Full paper submission of selected abstracts: **March 15, 2008**