

BackTalk

Newsletter of the Oregon Board of Chiropractic Examiners ~ Summer 2008

Oregon Pain Management Commission Chiropractic & Chronic Pain

For two years, Willard Bertrand DC has represented chiropractic on the Oregon Pain Management Commission (OPMC) making the long trip from LaGrande to Salem in his pickup truck, but more recently participating by internet video from his local library. Recently he called the OBCE office to report his findings.

Dr. Bertrand says the OPMC members are very favorable to alternative health care with some clearly saying chiropractic is a recognized choice for pain management. He had three essential messages for chiropractors.

First, it appears the chiropractic profession's compliance with the seven hours continuing education requirement is outstanding and much better than other professions.

Second, chiropractors "need to recognize pain control is a relative thing. We are recognized as leaders in pain control, specifically for the spine, which happens to be the most common (pain generator)... An essential concept is drug therapy may be necessary and there shouldn't be any limitation on dosage, and doctors shouldn't be threatened with their licenses for over prescribing. At the same time, it's recognized that pain control with medication (has its limitations) ...and (health care providers) know that it is not always effective. They want something else to work."

Third, "Even though chiropractors are recognized in this area, everybody should know that if every profession worked on a chronic pain patient, the patient still will likely have chronic pain when all is done. That's

something that patients don't even completely understand. Chiropractors need to educate their patients that no profession may provide complete relief. That's probably the most important thing that everybody on this commission has learned."

Dr. Bertrand was asked to address the issue of pain medication addictions. "We don't look at individual cases. There may be addiction as a separate issue, but in the case of chronic pain, addiction is less important. What this really says is that they're in so

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Willard Bertrand, D.C., is a chiropractic physician currently practicing in La Grande. Dr. Bertrand graduated from Creighton University in Omaha and received his doctor's degree in chiropractic from Northwestern Health Sciences University in Minneapolis. He is a board certified nutritionist, diplomate of the American Board of Clinical Nutrition, fellow of the Biofeedback Certification Institute of America and Certified Strength and Conditioning Specialist.



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President's Report

By Minga Guerrero DC

Recently the OBCE has received a number of complaints from Medicare eligible patients. The reason seems to be confusion and miscommunication in chiropractic offices as well as within the Medicare system. Also, Medicare has begun auditing claims and may require repayment of improperly billed services that are not supported by the doctor's chart notes.

I attended a Medicare seminar last year that addressed many issues I'd never considered; and I've been in business over 24 years!

By now I hope you're all aware of the ABN (Advanced Beneficiary Notice) form.

The OBCE recommends you download this and should consider having Medicare eligible patients fill this out at least once if not periodically. This form advises patients of any care that Medicare will not cover. Medicare updated the ABN in March 2008. It allows you to inform the patient that exams, physical therapy, x-rays, massage and more may not be covered when they come to you for treatment. You may be under the impression, as I was, that

you don't have to do this if the Medicare eligible patient is coming to you for an auto accident. After all, the auto insurance is paying for care, right? WRONG.

If for some reason, the auto insurance denies payment, the patient may request that you bill Medicare. This is their right and your responsibility, even if you are a non-participating provider. If you didn't inform them that Medicare might not or would not pay for all the auto injury-related treatment, you may not be legally allowed to collect from them. For this and other reasons, the OBCE highly recommends that you or your billing manager attend a local Medicare class. Learn the regulations. The only other option is to refuse to accept all Medicare eligible individuals as patients for any chiropractic evaluation or treatment.

This is an area where the state associations are taking the lead in addressing the profession's need for information and continuing education. I have spoken with presidents of both state associations and they have agreed to sponsor Medicare

The mission of the Oregon Board of Chiropractic Examiners is to serve the public, regulate the practice of chiropractic, promote quality, and ensure competent ethical health care.

BackTalk is the official newsletter of the Oregon Board of Chiropractic Examiners. The Board's next meeting is July 24th at the OBCE office in Salem. For information go to the OBCE web site at www.oregon.gov/obce or call the Board office.

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President's Report

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billing, coding and chart noting seminars soon. We'll post this notice of upcoming seminars on the OBCE web page as when we receive them.

While we're on the subject of billing and by extension coding we note the OBCE office receives a number of questions in this regard. While chiropractic board members have practical experience, our agency staff are not coding experts, but will address how to interpret the OBCE's fee and other rules.

There are also a number of resources available. ChiroCode (.com) Deskbook is a terrific resource, and one that has been used by our Peer Review Committee. The A.C.A.'s 2008 "Chiropractic Coding Solutions Manual" has also just come out. ■

AtlasPROfilax stopped in Oregon.

At the OBCE's request, on April 2, 2008, Multnomah County Circuit Court Judge Youlee You issued a Permanent Injunction against Los Angeles acupuncturist Ranan Shahar prohibiting his further practice of chiropractic and AtlasPROfilax in Oregon. Using the board's administrative authority, the OBCE also levied a \$10,000 civil penalty for his unlicensed practice.

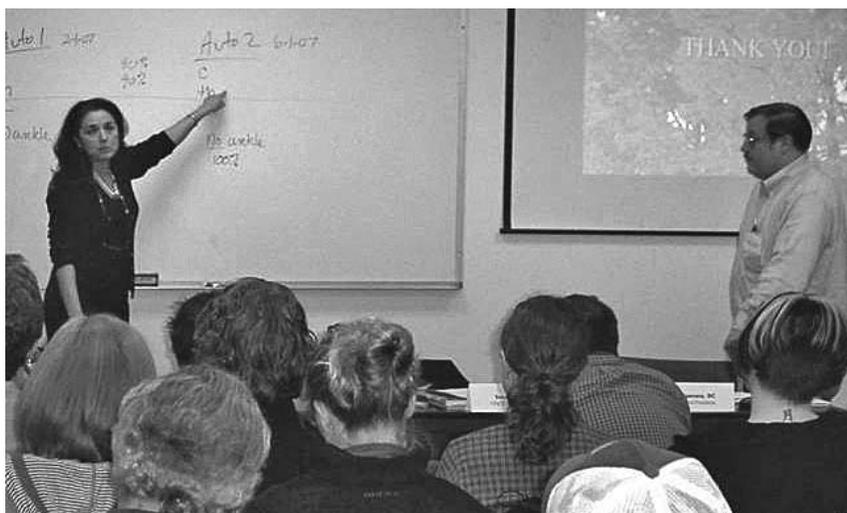
Shahar has attended the Body Mind Spirit Expos in Portland (and also in Seattle, Hawaii, Toronto and many other such health fairs) and "treated" scores of people, charging them \$200 or more for a 20 minute session. After performing a chiropractic physical examination, he uses an electrical driven cylindrical thumper or activator device to repeatedly

and aggressively work the upper cervical area, and also to treat the back, hips and legs. The stated purpose of "AtlasPROfilax is to "permanently" correct a misalignment in the Atlas supposedly found in all human beings.

An Oregon chiropractor who screened a person before and after one of Shahar's treatments was disturbed by the trauma he inflicted. Several other chiropractors also witnessed this and provided first-hand testimony regarding his chiropractic examinations and treatments. (No chiropractors that we are aware of employ this approach.)

Prior to the April 2007 Body Mind Spirit Expo in Portland the OBCE sent Mr. Shahar a Cease & Desist letter demanding he stop practicing chiropractic and AtlasPROfilax in Oregon. Mr. Shahar practiced in spite of this.

In December, California massage therapist Michael Hane, agreed to Cease & Desist from further AtlasPROfilax practice in Ashland, Oregon. The Oregon Board of Massage Therapists joined the OBCE in securing this agreement. More information is available on the OBCE's Web page. ■



Drs. Minga Guerrero (left) and Thomas Freedland (right) rise to the challenge of explaining apportionment to new Oregon DCs in March 2008.

Chiropractic & Chronic Pain

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much pain that no matter how much medication they take they will still not get relief.”

He noted the OPMC is a contact point where people send legislation for endorsement. The OPMC has also proposed and passed legislation. He said there’s a national state-by-state Pain Rating and that Oregon’s score has gone up, from a low C to a B+, making us one of the top rated states for pain management.

Jennifer Wagner, the OPMC’s coordinator says that many of the calls she receives are from pain patients and their family members regarding poor access to care, financial barriers, insurance barriers, and continued social stigmatization regarding their pain.

- Patients report being unable to find physicians or healthcare providers that will treat their pain.
- Many are limited to pharmaceutical management because they can’t afford multi-disciplinary treatment options such as biofeedback, counseling, chiropractic and acupuncture and therefore are experiencing a multitude of medication side effects.
- Socially, many pain patients report being “treated as addicts” by their healthcare providers, family members and friends.
- On top of all of this many patients are dealing with worker’s compensation and other employment issues.

The Oregon Pain Management Commission provides connections to information, support groups and other resources to help people manage chronic pain; and raises awareness about chronic pain issues among health care providers, policy makers and the general public. Joining Dr. Bertrand on the OPMC is a psychologist, acupuncturist, physical therapist, clinical exercise physiologist, hospice and palliative care nurse, physician assistant, psychiatric mental health nurse practitioner, two legislators, two pharmacists, three medical doctors, and a public member. Their web site is www.oregon.gov/DHS/pain/ ■

Fee-Splitters Stalk Oregon DCs

“Fee splitting” refers to an arrangement in which the money received from a particular patient is kicked back to the referring entity. The American Academy of Family Physicians defines fee-splitting as “any division of fees without the full knowledge of the patient and with the intent of influencing the choice of physician, consultant, assistant or treatment on any other basis than that of the greatest good of the patient.”

Oregon Administrative Rule 811-035-0015: Unprofessional conduct shall include, but not be limited to, the following acts of a Chiropractic physician: (24) Splitting fees or giving or receiving a commission in the referral of patients for services.

The classic example of this (many years ago) was a chiropractic clinic offering other chiropractors a free trip to a posh resort in Cabo San Lucas as an inducement to refer

patients for rehabilitation services. The result was a stern lecture from the board and rapid demise of this offer.

These days it’s more likely to be inducements to arrange purchase of DME (durable medical equipment) such as TENS, supplements or other services. Currently on the OBCE’s web site are two Alerts concerning Analgesic Health Care and United Medical Network, both based

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Fee-Splitters...

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in Florida. Analgesic's fee-splitting proposal asks chiropractors (by telephone or mail solicitation) to:

"Fit" the units (to their patients), then fax or mail the Patient Data Card and Letter of Medical of Necessity to Analgesic Healthcare (Units being TENS and other electrotherapy devices)

Analgesic Healthcare bills insurance, separate from the DC's billing for services (i.e., excessive billings for units that cost a mere fraction of what they charge) Analgesic Healthcare (supposedly) contacts the patient to answer any questions. The DC receives a \$150 fee for each file that is approved.

United Medical Network wants chiropractors to send their testing kits home with patients who then send their UA & samples directly to UMN in Florida. A "customized supplement" is then formulated. UMN charges the patient for the testing and the supplements (and bills insurance too). In exchange, the chiropractor receives a 40% commission.

ABS Health Center, Inc., based in Cincinnati, Ohio, attempted to enlist Oregon chiropractors in a scheme whereby they would "bill back a marketing fee of \$1,000 for every \$3,500 cash patient closed (29% if the amount collected is less than \$3,500)" in return for an agreement



whereby ABS leases a spinal decompression device for the doctor's office and conducts direct mail & broadcast media to recruit patients to use this device.

Currently the OBCE has alleged a chiropractic clinic is in violation for paying a contractor (a business entity) a fee for every person that comes in for an examination following a telephone solicitation to those recently in traffic crashes. It is also alleged the telemarketer embellished the pitch leading people to think the clinic was calling on behalf of an insurance company who required them to submit to a chiropractic examination, and/or led the person to think it was a medical clinic calling.

At the same time, the OBCE has recognized by policy some reasonable exceptions or clarifications.

The practice of extending a free adjustment or other minor gift to patients referring a new patient for services is not a violation, unless

in the Board's opinion the practice grows to be deceptive, unethical, deleterious or harmful to the public.

A non-profit organization (i.e. private school) could advertise to their members (i.e. parents) that if they utilize the services of a particular chiropractic physician, the physician will donate 10% back to the non-profit organization. The Board determined this is not "fee splitting" and does not violate the rule's spirit.

The Board also determined that a chiropractor or health professional who enters into a percentage of gross leasing arrangement, and who may refer patients or receive referrals from the other party, does not constitute "fee splitting" if the business agreement is entered into prior to any patient base and there is not a true commission or fee paid per patient back to the chiropractor or other health professional. This same logic also holds true for percentage of patient base rate of pay. ■

TEAM DOCTORS' ALERT OSAA Revises Policy, Challenges Remain

As reported in the Winter 2007 BackTalk, the Oregon School Activities Association (OSAA) had adopted a policy excluding chiropractic physicians from authorizing a student's return to play following a concussion injury (while allowing this by athletic trainers, nurse practitioners and medical doctors).

A concerted effort by WSCC President Dr. Joe Brimhall and Drs. Lester Lamm, Minga Guerrero (on the behalf of the OBCE) and Ron Romanick (teacher/chiropractor) attempted to persuade the

OSAA to drop this exclusion. They pointed out the extensive training received by chiropractors as well as the policy's anti-competitive aspects. Dr. Guerrero's letter pointed out,

"There are established legal precedents for our profession to deliver expert testimony in closed head trauma and/or post-concussion injuries. This condition is often seen in auto injury cases and can overlay vestibular injury. It's also associated with high school sports injuries and seen routinely in Chiropractic offices across the state and country. Oregon has one of the

broadest chiropractic scopes in the United States and by virtue of this licensing issue, (chiropractic college) curriculum is inclusive of training to ensure that Oregon DCs are able to recognize, differentially diagnose, refer and even treat some of these cases. "

In October 2007 the OSAA issued a revised policy which states, "After reviewing this issue with our Medical Aspects of Sports Committee, the OSAA Executive Board has concluded that who an "appropriate health care professional" is should be determined by local school districts. Consequently, each school district should determine who qualifies as an "appropriate health care professional" and who has the authority to allow a player to re-enter a contest after they have been removed by an official because of a suspected concussion.

(The OSAA is a non-profit organization recognized by the Oregon Department of Education for the administration of interscholastic sports and activities. Their Board of Directors consists of school superintendents and athletic directors from around the state. The Medical Aspects of Sports Committee is also part of the Oregon Medical Association.)



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Team Doctors' Alert

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However, the revised policy also made reference to the National Federation of High School Association's (NFHS) rule book which says, "... Allow the athlete to return to play only with permission from an appropriate health professional." This is more specific in their 2007 Football rule book, "An apparently unconscious player is determined by the game officials. The player may not return to play in the game without written authorization from a physician (M.D./D.O.). ..."

More recently, the Beaverton School District has released all of their chiropractic team doctors and taken steps to hire a Certified Athletic

Trainer for each of its high schools. Then without public hearing and relying entirely on a medically oriented "Team Physician Consensus Statement" they determined that only medical or osteopathic doctors could serve as team doctors at football games. The District claims broad legal authority to make this determination.

For all other sports, there are questions about the District's reliance upon Certified Athletic Trainers given their lack of training in differential diagnosis.

As a practical matter, many chiropractors are available and willing to lend their expertise and assistance for various sports activities.

Chiropractors may be far more available and willing than other medical professionals. There is no valid reason for exclusion given their extensive training and experience in this area. A real concern with this exclusion is that in the future many school athletes will be denied the benefits of having a chiropractor or any team doctor available.

The effort for change has now been joined by the CAO, ODOC and the Gatti law firm, along with the Dr. Romanick, WSCC and OBCE. Chiropractors interested in learning more about this may contact oregon.obce@state.or.us and we'll forward the request along to the group working on these issues. ■

ETSDP Update

Recently the ETSDP committee recommended, and the OBCE accepted that IRT (Immediate Release Technique) may be used by Chiropractors under the investigational rule (reference below). IRT involves eye exercises combined with forms of acupressure and chiropractic adjusting. The eye exercises are shown to affect brain activity that can alter pain states. There is a growing amount of clinical

correlation showing that the brain function changes can/may change endocrine function associated with stress states. The military is investigating use of similar treatment procedures with veterans suffering with PTSD (post-traumatic stress disorder).

However, RET (Rapid Eye Technique), a technique that extends the treatment time and complexity to involve

psychological counseling, is counseling/psychology and is not a chiropractic procedure. The OBCE will allow RET courses as continuing education similar to other adjunct treatment education, such as OHSU programs on surgical procedures.

(ETSDP stands for Examinations, Tests, Substances, Devices and Procedures, as used in OAR 811-015-0070) ■

OBCE Public Protection Update

Final and Proposed actions November 16, 2007 to May 21, 2008

Final Actions

Kris Pollack DC. \$500 Civil Penalty for continued advertising of a purported statistical success of treatment claiming a device is "FDA approved" and advertising as "the Neck and Back Center" and not sufficiently identifying the advertising as originating from a chiropractic clinic until the end of the ad. Violations of OAR 811-015-0045 (3), OAR 811-015-0045(1)(b) and the Oregon Doctors' Title Act, ORS 676.110. (11/29/2007)

Michael Hane. Stipulated Agreement. Mr. Hane, a massage therapist from Nevada City, California, agreed to Cease & Desist his further practice of "AtlasPROfilax" in Oregon. (11/29/2007)

Thomas Finch DC. Letter of Reprimand for failure to release patient records in a timely manner. Violations of ORS 684.100 (1)(g)(A) and (q); and OAR 811-015-0006 (1). (12/27/2007)

Michael Arnot DC. \$250 Civil Penalty for advertising violations of the Oregon Doctors' Title Act, ORS 676.110, OAR 811-015-0045 (3) and OAR 811-015-0045(1)(a). (2/28/2008)

Jeffrey Nelson DC. \$950 Civil Penalty for signing affidavit of completion of 20 CE hours when only 6 hours were completed. Violations of OAR 811-015-0025, ORS 684.092 and 811-035-0015(16). (3/13/2008)

Lawrence Nelson DC. \$2,500 Civil Penalty for telemarketing as "American Integrated Medicine" and other misleading advertising practices. Violations of OAR 811-015-0045(1), (2) and (3), the Oregon Doctors' Title Act, ORS 676.110, and OAR 811-015-0045 (3), ORS 684.100(1)(g)(A) and OAR 811-035-0015(24). (3/24/2008)

Gwendolyn Willmon DC. \$900 Civil Penalty for signing affidavit of completion of 20 CE hours when only 7 hours were completed.

Violations of OAR 811-015-0025, ORS 684.092 and 811-035-0015(16). (3/25/2008)

Eric Hansen DC. Two years probation and 12 hours CE in boundary issues, 4 hours in record keeping. Licensee failed to adequately and fully receive informed consent from his patients in violation of ORS 684.100 (1)(g)(A); and OAR 811-035-0005. In addition, Licensee engaged in conduct and verbal behavior towards patients that may reasonably be interpreted as sexual, seductive or sexually demeaning or romantic in violation of OAR 811-035-0015(1)(a). (4/1/2008)

Ranan Shahar. \$10,000 Civil Penalty for unlicensed practice of chiropractic and "AtlasPROfilax" method of cervical (C-1) adjusting. Shahar is a licensed acupuncturist in Los Angeles, California. Shahar practiced in Oregon despite the OBCE's Cease & Desist request. (4/8/2008). On April 2, 2008, a permanent injunction prohibiting his further practice in Oregon was issued by Multnomah County Circuit Court.

Jack Fischer DC. Permanent Suspension for failure to release patient records, cooperate with a board investigation and provide a current address. Violations of ORS 684.100 (1)(g) and ORS 684.100(1)(h), OAR 811-035-0015 (19), (20) and 811-015-0006 (1). (4/29/2008)

Proposed Actions

Case 2006-1032 et. al. Proposed three-year License Suspension and \$42,000 civil penalty for ignoring and delaying release of record requests, in some cases failure to provide any requested patients records to patients, insurance companies and attorneys; failure to keep current records on numerous patients; failure to adequately chart the patient's examination or subjective complaints, diagnoses or treatment plan, and all of the above causing harm to ten known patients as described in the Notice of Proposed Discipline. (4/2/2008)

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Public Protection Update

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Case 2007-2002 et. al. Amended Notice of Proposed Discipline: 9 month suspension, \$7,500 Civil Penalty. Alleged violations for taking an x-ray of pregnant patient (ORS 684.100(1)(g)(A) and (B) and OAR 811-015-0010); misleading telemarketing advertising (OAR 811-015-0045(1), (2) and (3)), hiring telemarketers and paying them a fee per patient (ORS 684.100(1)(g)(A) and OAR 811-035-0015(24)); billing an insurance company for cervical x-rays that were not taken (ORS 684.100(1)(g)(A) and OAR 811-015-0005(1) and 811-035-0015(5) and (7)); failure to document sufficient clinical justification for treatment (OAR 811-015-0010(1)); inaccurate or insufficient documentation of examination procedures (OAR 811-015-0005(1)); Evaluation and Management code levels billed to the insurer that are not substantiated by the records (ORS 684.100(1)(g)(A) and OAR 811-035-0015 (12)). (2/1/2008)

Case # 2008-1008. Proposed Letter of Reprimand to Certified Chiropractic Assistant for inappropriate comments and kissing a patient. Alleged violations of ORS 684.100 (1)(g)(A); and OAR 811-035-0015(1)(b)-(e) and OAR 811-010-0110(14) (a). (5/20/2008)

Case # 2008-5012. Proposed Suspension of Certified Chiropractic Assistant license for theft from chiropractic employer and failure to cooperate with the board's investigation. Alleged violations of OAR 811-010-0110(14)(a), 811-035-0015(20), and ORS 684.100(1)(g)(A), and (1)(d). (5/20/2008)

Case # 2008-5015. Proposed conditions on Certified Chiropractic Assistant Applicant to inform current and prospective chiropractic employers of felony conviction for transporting quantities of marijuana over state lines and random UAs for two years. (5/21/2008)

Dismissed Complaints

For this reporting period there were findings of 9 No Statutory Violation (N.S.V.), 8 Case Closed, and 13 Insufficient Evidence (I.E.) all of which included Letters of Concern. A total of 45 complaints were closed during this period. ■

X-ray Rule Updated

The OBCE's imaging scope of practice rule has been amended to clearly state, "Chiropractic physicians may order or refer patients for any diagnostic imaging study, including contrast studies using radio-opaque substances." (OAR 811-030-0020)

The OBCE did not change the current rule (also law) which states chiropractors may conduct contrast studies with radio-opaque substances introduced by mouth or rectum, as was taught at Western States in a previous era. However, the Board surveyed chiropractic colleges and none are currently teaching this. ■



OBCE member Dr. Steve Koc addressed boundary issues at the March 2008 new doctors meeting.

Policy & Practice Questions

Question: *May a chiropractor hire a personal trainer (who has certification, but is not a licensed Athletic Trainer) to work with patients providing exercise instruction?*

Answer: Yes. Any trained person may demonstrate, teach, check and review with patients the doctor's prescribed patient exercises.

Question: *Does the Oregon Board require full licensure of a chiropractor licensed in another state who consults (by telephone or electronic means) with a licensed chiropractor in your state? The out of state chiropractor would have no physical contact with the patient or develop a chiropractor-patient relationship other than the consult with the Oregon licensed chiropractor.*

Answer: No.

Question: *My chiropractic clinic would like to work with our local massage school to allow their students to massage our patients. This would be a learning experience that would benefit our patients as well as the massage students. Please let me know the Board's view on this.*

Answer: Massage students are not allowed to massage your patients. However, the CCA licensure process is quick and easy, as you probably know.

Question: *A chiropractor employed by a health club plans on leaving to start his own clinic. He wants to know what his rights are regarding the patients he's been treating and their patient files. There is no signed employment agreement which addresses these issues.*

Answer: The OBCE advised the chiropractor to vigorously assert his right to those patients and the patient files, as he is the treating doctor.

Question: *Do you know if Workers Comp. requests for patient records have a lesser fee scale?*

Answer: Apparently. OAR 436-009-0070 contains the table for Oregon Specific Codes. "Copies of medical records when requested shall be paid at \$10.00 for the first page and \$.50 for each page thereafter and identified on billings." (Ryan Adams, WC Benefits & Certifications Unit, 1-800-452-0288, or email workcomp.questions@state.or.us)

Question (from a medical doctor): *May a chiropractor claim he is a "Chiropractic Neurologist"?*

Answer: "Chiropractic Neurologist" is an appropriate designation for a chiropractic physician who has completed a legitimate post-graduate diplomate course in chiropractic neurology. The chiropractic physician may also use the

appropriate diplomate initials. The Oregon Doctor's Title Act requires all chiropractors to identify themselves as "chiropractor" or "chiropractic physician" on all printed material. Clearly, a "neurologist" designation without this accompanying information would be a clear violation.

Question: *DC-1 has a former staff person/patient who he fired. The patient transferred her care to another DC-2, but now wants to be scheduled for a closing exam with DC-1. DC-1 said he is not comfortable with this, stating that she had brought undesirable characters into his office etc. Does he have to provide her the closing exam?*

Answer: No. But he should send her a letter notifying her that she is terminated as his patient, and it is his understanding that she is already receiving care from DC-2. Also, he may provide the name of another DC who is familiar with her case as one who could also do the closing exam (which is what happened).

Question: *An examining chiropractor did an independent exam on a patient of another local chiropractor. The treating doctor called and left a message asking to discuss the exam on his patient. The examining doctor's report is not due for 30 days, so he's unsure if he should or can talk with the treating doctor.*

Answer: The OBCE has no problem with the examining and treating doctors discussing the patient's case, and sometimes wondered why this doesn't occur more often, particularly if the examining doctor wishes to review additional relevant information. The OBCE also recommended the examining doctor discuss the same question with another who also does these exams.

Question: May a chiropractic assistant applicant receive *initial training (one hour) in "x-ray developing, films and fee slips"* within the six hours?

Answer: Yes, developing films, whether by hand, or "push the button" systems is fine for a CCA. They are NOT allowed to take x-rays or position the patient for x-rays. (Remember, at least four of the six hours must be in physiotherapy modalities.)

Question: A chiropractor is affiliated with an integrated health clinic which offers "memberships" at different levels for specified units of care. This effectively provides patients with a 20% discount from the usual rate. The aim is to help cash patients for whom the cost of care might be prohibitive. *The chiropractor is also a preferred provider for several insurance companies and accepts insurance.* First question is, whether it is legal to bill an insurance company the full fee schedule amount if patients are getting a 20% membership discount? And, second, if the 20% discounted rate is billed to insurance companies does this become the usual and customary fee?

Answer: 1) See OBCE Fee Rule, OAR 811-015-0000(3), "If licensees agree to bill third party payors on behalf of their patients, licensees must bill third party payors at the same rate the patient was billed and the bill must accurately reflect any discount that was given to the patient." 2) Not necessarily. The OBCE allows you to set your fee schedules as you wish, even for different classes of patients, as long as you have explained that to the patient; and/or if its PIP/Work comp/Medicare you follow those specific fees schedules and rules. ■

Chiropractic Assistant Corner

By Kelly Edmundson

The Board is currently considering an amendment to the administrative rule which regulates chiropractic assistants (811-010-0100). It is an important amendment if it is made permanent.

In brief, the Board proposes to add unprofessional conduct language to the Certified Chiropractic Assistant (CCA) rule (specifically, the language would be a close copy of that which regulates DCs in OAR Chapter 811, Division 35 - 811-035-0015). The Board began to look into this issue when the question was asked, "Can CCAs date patients?" The Board found that the existing unprofessional conduct language (in Chapter 811 Rule and Chapter 684 Statute) did not clearly indicate that it applied to CCAs, as it was previously assumed.

The Board drafted the proposal and presented it to its Rules Advisory Committee for review on May 1, 2008. The Committee had mixed feelings as to the necessity for this proposed rule. They will review the rule again on July 8th.

Secondarily, a proposed change is to begin replacing the terms certificate or certification with license or licensure.

The Rules Advisory Committee's recommendation and language as discussed are posted on the OBCE's website. The OBCE will have a public hearing on this at their July 24th meeting. ■



BackTalk

Newly Licensed DCs

11/20/07 through 5/20/08

Perry J. Adams
Matthew S. Bailey
Jessica L. Barr
Charles J. Bartkus
Jane L. Bigby
Randy S. Bryant
Scott R. Carrier
Adriano Circelli
Marcus T. Cool
Erica M. DePuydt
David A. Dewar
Mark J. Diaz
Timothy L. Dickenson
Rachel A. Fisher
Conan S. Fisher
Joseph N. Flores
Seth A. Fortier
Matthew D. Freedman
Brian D. Gervais
Nathan W. Goodman
Scott D. Haines
Todd J. Hartwig
Adam L. Hendy

Stefan M. Herold
Andrea L. Herrst
Jarom T. Hibbert
Stephanie A. Hoglund
Seth E. Hosmer
Martin D. Hughes
Sara P. Johnson
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