

ICA POLICY STATEMENT ON

Ethical and Professionally Competent Review of Chiropractic Health Insurance Claims

Of the challenges facing Doctors of Chiropractic as we enter the new decade, few have greater ethical, operational or economic importance than the issues of peer review, IMEs and the standards and methods employed by insurance consultants to evaluate and make decisions on appropriateness of care in insurance cases. Decisions by claims review personnel in the employ of insurance carriers directly affect the continuation or termination of third-party payment of claims. The emergence of an unregulated class of decisions makers and the imposition of their economic authority between the Doctor of Chiropractic and the patient, raises serious ethical questions about the quality of care and presents a potential threat to the professional autonomy and status of the practitioner.

It is the hope of the ICA Board of Directors that this policy statement will foster an expanded discussion of the issues of insurance consultants, and contribute to the development of practical and effective administrative or legislative solutions through which fair treatment in the insurance process can be secured for patient and Doctor of Chiropractic alike.

In response to expressions of concern from members, and in recognition of the need to promote a better understanding of these issues, the ICA submits the following statement of policy to the chiropractic profession and the insurance industry.

1. The International Chiropractors Association recognizes that in the present health care economy, peer review for appropriateness of care supplied by all classes of providers is a necessary and established fact.
2. It is the position of the ICA that, because of the unique and non-duplicative nature of the science, art, and philosophy of chiropractic, the decisions of a Doctor of Chiropractic on the care of a particular patient can only be accurately and competently evaluated by another licensed Doctor of Chiropractic actively practicing in the same geographic area.
3. It is the position of the ICA that the review of patient case files to determine the appropriateness of care in insurance claims is the practice of chiropractic and may only be competently and ethically done by a licensed, practicing Doctor of Chiropractic.
4. Doctors of Chiropractic reviewing case files to determine whether care should be continued are obliged to bring the same technical, professional and ethical considerations to that process as they would apply to a patient in their office. Furthermore, judgments must be based on a complete evaluation of all records and files, the identity of the provider being blinded.

5. Independent physical examinations of insurance beneficiaries to determine validity of claims must be performed by licensed, practicing Doctors of Chiropractic. The patient must be given ample advance notice (no less than five working days), with the treating doctor and his/her representative as well as the patient and his/her witness having the right and opportunity to be present for the entire IME process.
6. The treating doctor and his/her representative and the patient and his/her witness have the right to record the IME process and have the right to receive a copy of the IME doctor's report on a timely basis.
7. The payment of Doctors of Chiropractic for reviewing insurance claims raises serious ethical questions. The ICA acknowledges that there are circumstances under which this is appropriate but holds that doctors of chiropractic who agree to accept a percentage of claims reduced as compensation, or who enter into agreements guaranteeing to reduce reviewed claims by an established percentage, have crossed an ethical boundary and are engaging in unfair and grossly inappropriate behavior.
8. The ICA holds that the licensing and regulatory boards in the various states are the appropriate authorities through which to regulate the operations of insurance consultants. The ICA shall support efforts undertaken by the chiropractic community to legislate state certification of insurance review consultants, including programs of education and certification via accredited chiropractic colleges. Furthermore, the ICA supports the concept of certification based on state-approved standards as a basic requirement for insurance claims review by doctors of chiropractic.
9. The ICA shall seek to establish, in a cooperative effort with other national and state chiropractic associations, an agreed statement of Insurance Review Principles and Methods. Such a statement of practical and ethical guidelines could then be communicated to the insurance industry as the acceptable basis by which claims reviews might be conducted.
10. Of particular concern to ICA is the degree to which insurance companies promote the comprehensive nature of their products in vigorous marketing programs. In operation, however, the plans often then seek to interpose care evaluation criteria based on their own, often economically-based, standards. The gap between the provider's judgment and the industry standard is then explained to the beneficiary as inappropriate or unnecessary care. The chiropractic profession must demand truth in insurance marketing and accept no standard that does not provide for the optimal care of the patient.

The ICA stands ready to cooperate in a broad-based, nationwide campaign on the part of the chiropractic profession to establish insurance review procedures that are ethically sound, economically fair, and which will ensure that the insurance industry and the chiropractic profession can collectively meet the legitimate health care needs of the insured patient.