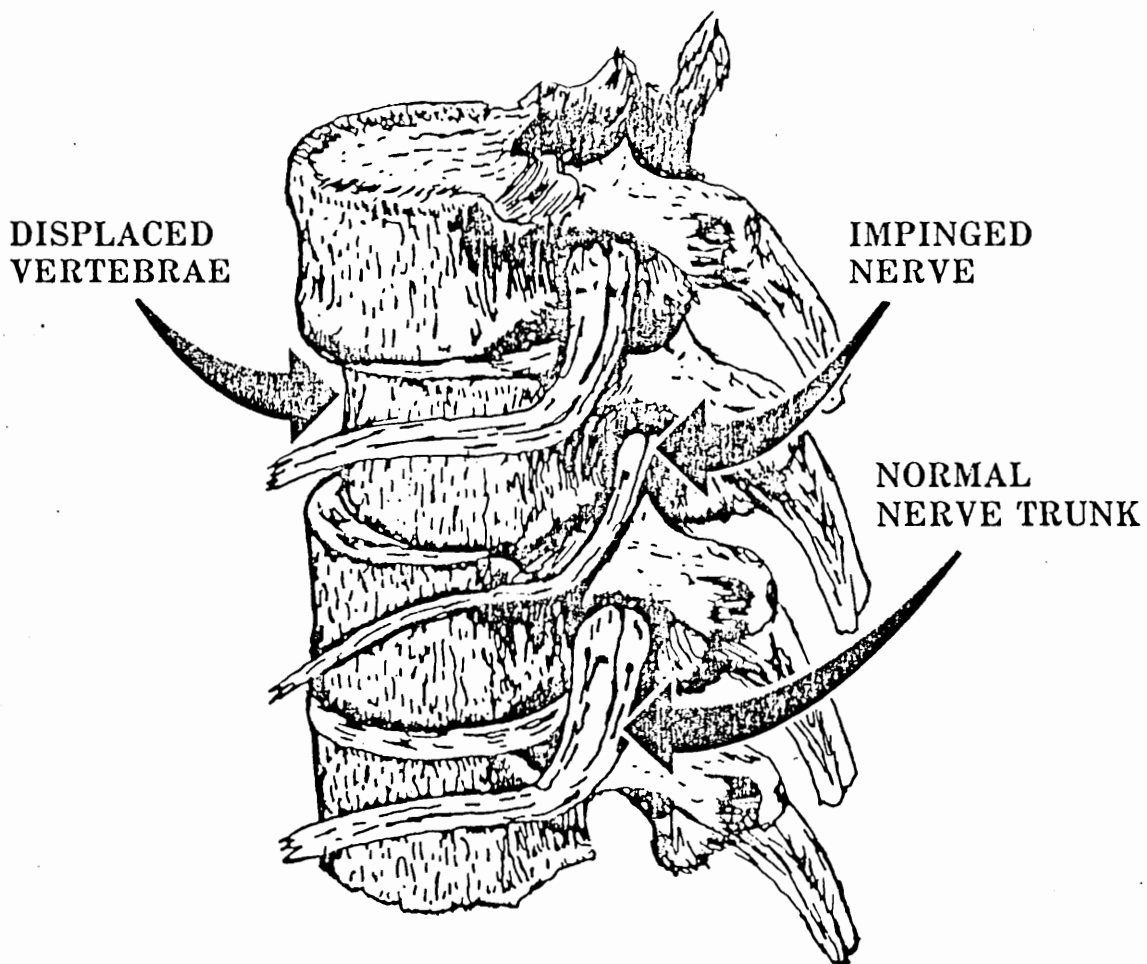


F.S.C.O. ARIZONA

Federation of Straight Chiropractic Organization of Arizona, Inc.

Post Office Box 24187
Phoenix, Arizona 85074

STRAIGHT CHIROPRACTIC PEER REVIEW STANDARDS AND OPERATIONAL PROCEDURES



VERTEBRAL SUBLUXATION
The Silent Killer

CLASSIFICATION GUIDELINES

Straight Chiropractic Peer Review Committee

CLASSIFICATION GUIDELINES

Source

In arriving at our "classification guidelines" research has been taken from technique specialists, chiropractic research groups, independent chiropractors throughout the country, and medical researchers. This research has been studied by our peer review committee and organized into what we consider to be the most advanced method of determining the number of visits necessary in correcting the various stages of vertebral subluxation.

Our "classification guidelines" attempts to give specific values and, therefore, is objective rather than subjective in nature. The insurance carrier may look at our guidelines and self-evaluate the visits necessary for their insured, with little or no speculation. This will greatly reduce the necessity for peer review.

Introductory Explanation

The number of chiropractic adjustments and time necessary to correct vertebral subluxation depends on several factors as follows:

1. Age of patient
2. Degree of loss of the primary and secondary curves of the spine.
3. Subluxation degeneration or severity of subluxation with attending breakdown of vertebral tissues.
4. Other factors such as osseous malformation, spinal birth defects, spinal surgery, central nervous system damage, multiple trauma, etc.

All these factors have been considered in the formulation of our guidelines.

Classification

The number of visits and time necessary are determined by four classifications as follows:

Phase I: This patient is usually between the age of 0-20 years of age. This phase is characterized by vertebral misalignment, mild irregular muscle splinting (spasm) and a mild loss of spinal dynamics. A total number of thirty (30) visits would be necessary for maximum correction.

Phase II: This patient is usually between 20-40 years of age. This phase is characterized by an increase in severity of vertebral subluxation, irregular muscle splinting (spasm), loss of spinal dynamics, marked alterations in spinal curves and a mild degree of degeneration of the bone and or disc. A total number of forty-five (45) visits would be necessary for maximum correction.

Phase III: This patient is usually between 40-65 years of age. This phase is characterized by an increase in severity of vertebral subluxations, irregular muscle splinting (spasm), loss of spinal dynamics, marked alterations in spinal curves with moderate to severe degeneration of the hard and soft tissue of the spinal column. A total number of sixty (60) visits would be necessary for maximum correction.

Phase IV: This patient is usually 65 and over. This phase is characterized by an increase in severity of vertebral subluxation, irregular muscle splinting (spasm), loss of spinal dynamics, marked alterations in spinal curves, severe bone and disc destruction, spinal collapse, segmental fusion. A total number of seventy-five (75) visits is necessary for maximum correction.

Additional visits may be required to the four classifications if complications were noted. For example:

1. Osseous malformation such as wedged vertebra, blocked vertebra, spina bifida, 6th lumbar vertebra.
2. Scoliosis.
3. Central nervous system damage such as polio, cerabral palsy, spinal cord and brain stem lesions, etc.
4. Prolonged muscle spasm, ie., chronic torticollis.
5. Multiple trauma as occurs in automobile accidents and bad falls.
6. Spinal surgery.

Time Factor

The number of visits prescribed for any case may be rendered over varying periods of time. A patient who needs 45 visits and whose subluxation complex is acute may receive those visits in a six month period. A patient who needs the same number of adjustments and has chronic subluxation degeneration may require those same visits over a long period of time. Reconstruction and healing of the spine takes time.

Age Factor

Although the severity of spinal degeneration usually follows the chronological age of the patient, it is not uncommon to have an individual of one age classification fit into the classification of another age group.

Example: A 19 year old would ordinarily be placed into Phase I, however, if he has had extensive damage to his spine, he may very well exhibit spinal conditions that would more accurately place him in Phase II or III. Age classification, although fairly accurate, is only a barometer and not an absolute.

Statistics

The majority of patients entering a chiropractor's office fit into classification Phases I and II. The average age of the patient is approximately 40 years old.

Spinal Degeneration (Subluxation Degeneration)

Degenerative processes of the spine help us evaluate the number of visits required for care. However, care is not directed towards changing the degeneration, but toward correcting the vertebral subluxations present.

Exacerbation

Exacerbation of the initial vertebral subluxation complex can occur due to the patient suffering a trauma or stress insult, such as, but not limited to, a fall or an automobile accident.

Exacerbation may occur:

1. While the patient is under intensive corrective care:
2. While the patient is under maintenance care:
3. Due to patient not following doctor's recommendations:

Recommended intensive corrective care in this situation would be as follows:

| | | | | | | |
|----------------|-----------|---|----|---|----|---------------------|
| Phase I..... | 15 visits | + | 30 | = | 45 | <i>total visits</i> |
| Phase II..... | 25 visits | + | 45 | = | 70 | |
| Phase III..... | 30 visits | | | | | |
| Phase IV..... | 35 visits | | | | | |



Chiropractic Peer Review of Arizona, Inc.

4531 North 16th Street • Suite 124 • Phoenix, Arizona 85016 • 274-1435

July 19, 1985

TO: THE INSURANCE INDUSTRY
FROM: CHIROPRACTIC PEER REVIEW OF ARIZONA, INC.
SUBJECT: BOARD POLICY & REVIEW PREREQUISITES

Board Members

Roger Baker, D.C.

Frank Beaudrot, D.C.

Robert Hodson, D.C.

Thomas Hughes, D.C.

Willie Kindred, D.C.

Richard Krauss, D.C.

Steven Wilcoxon, D.C.

Insurance Representatives

Diane Sanders

Patricia Wilford

Good Morning!

The Chiropractic Peer Review of Arizona, Inc., is an active qualified and competent group of chiropractors who meet on a monthly basis to review questioned claims submitted by insurance carriers. The Board also passes on evaluation of problem cases submitted by the profession. The Peer Review Board is enhanced by the council and guidance of members from the Insurance Adjustors Association or individuals qualified to sit in judgement.

The Chiropractic Peer Review of Arizona, Inc., Policies and Review Prerequisites are:

1. Request sufficient records from the inquiring insurance carriers to supply each Board member with study material previous to Board meeting.
2. Request complete patient records from the doctor involved in the evaluation. This shall include x-rays if they are a part of the record.
3. Incomplete records either from the insurance carrier or the doctor will be cause for alternative action.
4. The doctor must be able to qualify and support by documentation of clinical findings, diagnosis, method of treatment, duration of treatment, sight of treatment and prognosis.
5. The Doctor of Chiropractic shall also be aware that he must be able to demonstrate the need for care other than the sight of injury or major complaint and this shall be reflected in the billing to the insurance carrier. Otherwise, all claims will be limited to the sight of injury or major complaint.
6. Overutilization of Chiropractic procedures will not be acceptable.
7. Active improvement must be demonstrated or the Board will assume that the health problem is corrected, stabilized, or static. No change will possibly indicate treatment is not effective or contra-indicated.

8. Industrial claims shall not exceed care beyond returning the patient to the health level enjoyed before the industrial injury.
9. The Board will not pass judgement on the professional fee charges. However, an opinion may be rendered as to the methodology of billing practices.
10. The Board understands that their evaluation is not binding by any parties involved.
11. The Board reserves the right to refer all records to the Arizona Board of Chiropractic Examiners, if in their opinion there is evidence of violation of any law.
12. The Board extends the privilege to any parties involved, i.e., insurance carriers, employee (patient), employer and Doctor, to attend a Board meeting when their interest comes before the Board.
13. The Board's evaluation will be submitted in writing to the party originally requesting it and to the treating doctor(s).
14. The fees for board reviews are as follows:
One family member (patient) being treated by one doctor or office...\$50.00. Each additional family member being treated by same doctor or office...\$25.00.

If the review is to include consideration of the records from other chiropractors who may have treated the patient(s) in addition to the presently attending chiropractor then there is a single additional charge of \$10.00 for the review.

If reviews are cancelled by the requesting party the maximum refund applicable is 50% of the total fee paid.

Please include eight (8) copies of all information available and make checks payable to Chiropractic Peer Review of Arizona, Inc.

The Chiropractic Peer Review of Arizona, Inc., will be considered as the representative body for the Arizona Chiropractic Profession. All requests should be sent to the central office: Chiropractic Peer Review of Arizona, Inc.; 4531 N. 16th Street, Suite 124, Phoenix, Arizona 85016, Telephone number (602) 274-1435.

The Board members serve without personal compensation as a professional public service to the citizens of the state of Arizona. Your inquiry and participation are encouraged.

Thank you,

Chiropractic Peer Review of Arizona, Inc.