



Chiropractic Quality Assurance Commission Newsletter January – March 2014 Edition

Table of Contents

Message from the Chair

Featured Articles:

~ *Billing Codes*

~ *Producing Quality*

Radiographs

Disciplinary Actions

Department News

2014 Meeting Dates and Locations

Welcome to the Chiropractic Quality Assurance Commission Newsletter

Our newsletter's purpose is to help inform the chiropractic community of issues related to Washington State chiropractic laws and the work of the Chiropractic Quality Assurance Commission (commission).

Message from the Chair – Gabe Smith, DC, DACBR

The commission is six months into the legislated pilot study that has given us control over budget and staffing. We've completed a lot of preparatory work, which continues as we prepare to negotiate an operating agreement with the Department of Health (department).

We've developed four workgroups (administrative, budget, disciplinary and investigations) that will meet with department managers from the various service units to analyze performance measures and to answer questions. The information the workgroups gather will be essential for the operating agreement. The ultimate goal is to decrease our operating expenses and to increase public protection.

The commission is working on two projects simultaneously to improve the effectiveness of the commission's relationship with the chiropractic community.

One project is an educational program that outlines how the commission operates. The second project is rulemaking that will have a positive effect on all chiropractors in the state.

This is an exciting time for the commission and marks the beginning of a promising future working under the new business model.

Welcome New Commissioners

David Folweiler, DC was appointed to the commission on December 5, 2013. His appointment fills the vacant chiropractor position. Dr. Folweiler has been licensed for 19 years and practices in Seattle.

Judy Colenso was also appointed to the commission on December 5, 2013. Ms. Colenso replaces a vacant public member position. Ms. Colenso is a paralegal in Spokane.

Governor

The Honorable Jay Inslee

Department of Health

John Wiesman, DrPH, MPH, Secretary

Bob Nicoloff
Executive Director

[Leann Yount](#)
Program Manager

Commission Members

Gabe (Gary) Smith, DC
Chair

Matthew Waldron, DC,
Vice Chair

Aaron Chan, DC

Judy Colenso,
Public Member

David Folweiler, DC

Winfield Hobbs, DC

Bryson Langel, DC

Douglas Long, DC

Ronwynn Pratt, DC

Harold Rasmussen, DC

Ronald Rogers, DC

Robert Schmitt, DC

James Slakey,
Public Member

Louise Stephens
Public Member

Producing Quality Radiographs

WAC 246-808-565

Radiographic standards.

The following requirements for chiropractic X-ray have been established because of concerns about over radiation and unnecessary X-ray exposure.

(1) The following shall appear on the films:

- (a) Patient's name and age;
- (b) Doctor's name, facility name, and address;
- (c) Date of study;
- (d) Left or right marker;
- (e) Other markers as indicated;
- (f) Adequate collimation;
- (g) Gonad shielding, where applicable.

(2) Minimum of A/P and lateral views are necessary for any regional study unless clinically justified.

(3) As clinical evidence indicates, it may be advisable to produce multiple projections where there is an indication of possible fracture, significant pathology, congenital defects, or when an individual study is insufficient to make a comprehensive diagnosis/analysis.

(4) Each film shall be of adequate density, contrast, and definition, and no artifacts shall be present.

(5) The subjective complaints, if any, and the objective findings substantiating the repeat radiographic study, must be documented in the patient record.

(6) These rules are intended to complement and not supersede those rules adopted by the radiation control agency set forth in chapter [246-225](#) WAC, Radiation protection X-rays in the healing arts.

Historically producing quality radiographs has been challenging for all health care professions. In the chiropractic community we need to strive for excellence. Poor quality radiographs have resulted in sanctions for many Washington chiropractors. To help decrease the incidence of sanctions because of poor quality X-rays I offer this article to those who are interested.

Each radiograph that is produced in the chiropractic office must first fulfill all the criteria defined in WAC 246-808-565. When a complaint is made and radiographs are involved they will be judged by these criteria. The demographic information shall include patient's name and age, doctor's name, facility name and address, and date of the study. The mechanical aspect of producing the quality radiograph would include the proper use of anatomical markers and appropriate shielding when indicated.

Image quality describes those qualities that are always present, in varying degrees, in all radiographic images.¹ The more difficult part of obtaining a high-quality radiograph is related to the technical factors that are employed to assure adequate density, contrast, and definition/detail. This is not limited to kVp and mAs settings but also in processing the film.

Radiographic density is the overall blackening of a processed film. Density differences throughout the radiograph represent contrast that may be short-scale contrast with fewer density differences and longer-scale contrast with greater density variations. Radiographic density is primarily controlled by mAs. X-ray production is based on mA. As mA is raised, X-ray production increases. The total number of X-rays produced is a function of mA and time of exposure. Any change in mA or time of exposure will result in a corresponding change in radiographic density. A 30 percent to 40 percent increase in mAs is required to detect a visible change in the density on a radiograph.¹

Radiographic contrast is the difference between two or more adjacent densities on a radiograph. Control of radiographic density and penetration of the body part is accomplished through use of kilovoltage. A quality

radiograph must possess sufficient contrast to render the structural details visible. A choice of low kVp results in short-scale contrast having two steps – black and white. Choosing a high kVp creates films with a long-scale contrast of five steps – black, dark gray, medium gray, light gray, white. Optimum kVp for any body part produces an intermediate-scale contrast of four steps – black, dark gray, light gray, white.²

Definition or detail is a visual quality. Definition is the sharpness of the structural edges of the radiographic image. Image blur contributes to loss of definition. Four types of image blur are: 1. Image geometry or umbra (shadowing), 2. The effect of the shape of the structure on beam absorption, 3. Characteristics of the intensifying screens, and 4. Motion artifacts.

Producing quality radiographs is very complex process. From measuring the patient to processing the films, many areas can affect the outcome of the radiographic quality. Technique charts are invaluable for consistency. However, these need to be updated regularly to reflect changes in the efficiency of the X-ray machine. Calibration of your X-ray equipment should be performed annually. Equipment failure is a source of problems affecting radiographic quality. Intensifying screens are easily overlooked and need regular attention. These screens have a life expectancy and require replacement once they begin to fail. An indicator is that the processed films have many pinpoint white spots throughout the film. Intensifying screens should be cleaned monthly. In many cases the processing of the film is the weak link and requires close attention be given to the strength of the processing chemicals as well as the cleanliness to the processor itself.

It is important that there is consistency in the process of producing a radiograph of a patient. Always measure the patient through the path of the central ray. Always position the patient so that the body part in question will be centered on the film. Always remove jewelry and other articles of clothing that will create artifacts on the radiograph. Always set your technique, place the cassette in the holder, and place anatomical markers prior to positioning the patient. Instruct patients in their role during the exposure, i.e. breathing instructions. Always use proper shielding and filtration. After the exposure is made process the films and quickly review to determine the need for re-takes. If a re-take is necessary remember that small changes in kVp result in large changes in radiographic quality while large changes in mAs results in small changes to radiographic quality. An example is when you review the developed radiograph you can see the bones but everything is relatively white, you have adequate penetration but not enough X-rays to blacken the film. In this situation, a general rule is to double your mAs setting to create more X-rays but leave kVp alone. Another example is the large patient. First answer the question is the patient's size because of fat or muscle. If the patient is muscular, then there may have to be a slight increase in kVp to penetrate the thick muscle. However, if the patient size is because of fat, then a slight lowering of kVp may be needed. Fat is easily penetrated and if a high kVp is used then there will be an increase in the amount of scatter radiation that causes the processed radiograph to be a cloudy gray. It is helpful to develop technique charts that can guide you and help you produce consistently quality radiographs. In chiropractic it is generally recommended that you use a fixed kV and variable mAs. As in any procedure we must have some flexibility to be able to adjust to variations of patient habitus and therefore you will need to use your experience to fine tune the technical factors to produce the quality radiograph.

Remember that each radiograph produced in the chiropractic office must fulfill all the criteria defined in WAC 246-808-565. When a complaint is made and radiographs are involved, they will be judged by these criteria.

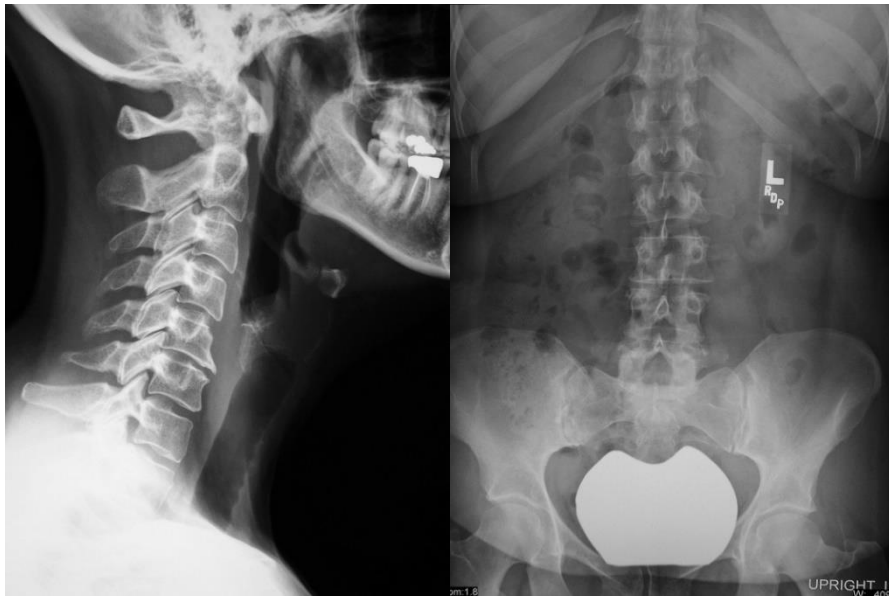


Figure 1A

Figure 1B

Figures 1A/1B demonstrate all the necessary criteria for quality X-rays as outlined in WAC 264-808-565. The demographic information has been excluded for privacy purposes. Both 1A and 1B demonstrate good quality. However, neither demonstrates the presence of collimation. **Figure 1A** is does not have an anatomical marker. In **Figure 1B** the placement of the gonadal shield is excellent.



Figure 2A

Figure 2B

Figure 2A/2B are examples of failure to meet the outlined quality criteria for radiographic quality. The demographic information has been excluded for privacy purposes. **Figure 2A** is overexposed. To obtain a quality radiograph the mAs should be reduced by half. Be sure on the retake that there is collimation to the area of interest reducing the radiation exposure to the patient. **Figure 2B** is underexposed. There is also slight underpenetration. To correct this radiograph the mAs should be doubled and the kVp increased by 2 to 4.

1. Cullinan AM, Cullinan JE. **Producing Quality Radiographs.** JB Lippincott Co. 1994.
2. Guebert GM, Pirtle OL, Yochum TR. **Essentials of Diagnostic Imaging.** Mosby 1995.

Producing Quality Radiographs written by Gabe Smith, Chair, DC, DACBR

Billing codes: 97012, Mechanical Traction, 97124 Massage, 97112 Neuromuscular Reeducation and 97140 Manual Therapy Techniques

Written by – Harold Rasmussen, DC

Under [WAC 246-808-540](#), a chiropractor must use codes and/or descriptions of services that accurately describe the professional services rendered.

Like other professions, chiropractors use the Current Procedural Terminology (CPT) codes maintained by the American Medical Association. Under the heading of the instructions for “Use of the CPT Code Book,” it specifically states to select the name of the procedure or service that accurately identifies the service performed.

This article is based upon the ACA’s Chiropractic Coding Solutions Manual and the Manual of Chiropractic Code.

Mechanical Traction:

CPT 97012 Mechanical traction is described as force used to create a degree of tension of soft tissues and/or to allow for a separation between joint surfaces. The degree of traction is controlled through the amount of force (pounds) allowed, duration of time, and angle of the pull (degrees) using mechanical means. Used in describing cervical and pelvic traction that are intermittent or static (describing the length of time traction is applied), or autotraction (use of the body’s own weight to create the force). A common question is whether a roller table type of traction meets the above-noted requirements. According to the ACA’s interpretation, table type traction would normally meet the requirements of autotraction.

It should also be noted that manual traction, using one's hands or a towel to perform the traction, is identified under manual therapy CPT 97140 and, presumably, would not be recognized under mechanical traction.

Massage:

CPT 97124 describes a service that is a separate and distinct service from Chiropractic Manual Therapy codes 98940-98943. CPT 97124 describes work including effleurage, petrissage, and/or tapotement (stroking, compression, percussion) and is based on each 15 minutes of treatment per unit. When using this code on the same day as a CMT code service, it may be necessary to append a modifier-59 (Distinct Procedure). It should also be noted that this therapy procedure attempts to improve function by direct hands on and one-on-one patient-practitioner/therapist contact. All that is stated in this paragraph should be noted in the documentation.

The expected outcomes of massage are also more general in nature and may in fact be what patients can't tolerate at the more acute stage of their treatment plans. This would include such goals as to decrease pain, decrease muscle spasms, decrease muscle soreness, and increase circulation.

Note: For purposes of secondary Medicare billing only, it is appropriate to bill CPT 97124 in conjunction with a CMT code codes 98940-98942 on the same date of service, provided the treatments are to separate body regions of the spine. In these instances Modifier-59 may be added to the 97124.

Neuromuscular reeducation:

CPT 97112 describes a service that is a separate and distinct from CMT codes 98940-98943. By definition it is “reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing.” Examples include: Proprioceptive Neuromuscular Facilitation (PNF), Feldenkreis, Bobath, BAP’S Boards and desensitization techniques. This procedure is based on 15 minutes of treatment per unit and is intended to be performed with one-on-one patient-practitioner/therapist contact. Documentation as to the

medical necessity must also be provided. Everything that is stated in this paragraph should be noted in the documentation.

The language “sitting and/or standing activities” was added to the CPT code 97112 in 2008 for the purpose of when this procedure was used for a group of two or more individuals. It should also be noted that CPT code 97150 should be reported in this situation.

Manual therapy techniques:

There is a lot of ambiguity in reference to this CPT code 97140. It is described as a mobilization/manipulation, manual lymphatic drainage, and manual traction of one or more regions. However, the ACA describes Manual Therapy Techniques as consisting of, but not limited to, connective tissue massage, joint mobilization and manipulation, manual traction, passive range of motion, soft tissue mobilization and manipulation, and therapeutic massage. It is also based on each 15 minutes of treatment per unit. When using this code on the same day as a CMT code service, it may be necessary to append a modifier-59 (Distinct Procedure). It should also be noted that this therapy procedure attempts to improve function by direct hands on and by one-on-one patient-practitioner/therapist contact.

The goals of this particular procedure are to increase flexibility, to increase pain-free range of motion, and to get patients back to their normal daily activities.

This code 97140 continues to suffer from bad and inconsistent guidelines, edits, and laws. The CPT guidelines state that 97140 services are included in the CMT codes (9894-98942) when performed on the same spinal regions as a CMT codes. Also, Medicare NCCI edits categorized 97140 as a component of CMT, unless a modifier (e.g., -59) is used for a different region(s). However, Medicare law prohibits coverage and payment for non-CMT services. Thus, if 97140 is bundled with or into CMT, it would be a violation of Medicare law. Furthermore, the Medicare relative value units (RVU) do not include any non-spinal services for (e.g., 97140, 97112, 97124 etc.)

When using a physical medicine procedure such as 97140, four things should be documented: technique, different anatomical area from the CMT, time component, and modifier-59.

This has been a humble attempt to try to clarify and define the differences of these therapeutic procedures. It represents one person’s reading of the ACA’s Chiropractic Coding Solutions Manual and the Manual of Chiropractic Code only. It is not legal advice and should not be considered as such.

Disciplinary Actions

The Washington State Department of Health revokes or suspends the licenses, certifications, or registrations of healthcare providers in our state. The department also has the authority to immediately suspend the credentials of people prohibited from practicing in other states.

The department’s Health Systems Quality Assurance division works with boards, commissions, and advisory committees to set licensing standards for more than 80 health care professions (e.g., medical doctors, nurses, counselors).

Information about healthcare providers is on the agency’s website. Select [Provider Credential Search](#) on the Department of Health home page (www.doh.wa.gov). The site includes information about a healthcare provider’s license status, the expiration and renewal date of his or her credential, disciplinary actions, and copies of legal documents issued after July 1998. You may also get this information by calling 360-236-4700.

Consumers who think a healthcare provider acted unprofessionally are also encouraged to call and report their [complaint](#).

The Chiropractic Commission has taken the following disciplinary actions, or withdrawn charges, against Washington State licensed chiropractors.

Chelan County:

November 2013: Ended conditions on the credential of chiropractor **Jason C. Schroeder** (CH00003389).

King County:

November 2013: Charged chiropractor **Vyacheslav A. Borisenko** (CH00033992) with unprofessional conduct. Borisenko allegedly inadequately treated five patients, including exaggerating a patient's condition, taking inadequate X-rays and not providing patients with eye protection, and not documenting how conditions were resolved.

Pierce County:

October 2013: Charged chiropractor **Michael L. Milasich** (CH00000943) with unprofessional conduct. Milasich's billing for six patients allegedly doesn't match his treatment records. Charges also say Milasich didn't comply with a 2011 agreement — he did not complete a national board exam in ethics and professional boundaries within a specified period, as agreed.

December 2013: Ended probation for chiropractor **Mark D. Rutherford** (CH00002419).

Department of Health (department) News

- The Legislature asked the department to review a proposal to change the scope of practice for chiropractors to include the performance of physical examinations for sports physicals and commercial driver's licenses.

A hearing was held on August 6, 2013. The department reviewed the proposal and considered all public comments before submitting recommendations to the Legislature. The final report is now available. The department's [sunrise webpage](#) contains the final report.

- On January 1, 2014, the department lowered the [chiropractic application and license renewal fees](#) by \$100.

Commission Composition

The commission is made up of 11 chiropractors and three public members all appointed by the governor. Commissioners may serve two four-year terms. If you are interested in applying for a position on the commission, or in learning more about commissioner duties, please read the information on the website <http://www.doh.wa.gov/hsqa/Professions/Chiropractic/default.htm> or contact the program manager at 360-236-4856 or leann.yount@doh.wa.gov.

2014 Commission Meeting Dates and Locations

February 13, 2014	Department of Health – Town Center 2 111 Israel Road S.E., Room 158 Tumwater, WA 98501
April 10, 2014	Department of Health – Point Plaza East 310 Israel Road S.E., Room 152/153 Tumwater, WA 98501
June 12, 2014	Department of Health – Creekside Two 20425 72 nd Ave. S., Room 307 Kent, WA 98032
August 14, 2014	Department of Health – Point Plaza East 310 Israel Road S.E., Room 152/153 Tumwater, WA 98501
October 9, 2014	Department of Health – Point Plaza East 310 Israel Road S.E., Room 152/153 Tumwater, WA 98501
December 11, 2014	Department of Health – Point Plaza East 310 Israel Road S.E., Room 152/153 Tumwater, WA 98501

Do you have ideas or suggestions for future commission newsletters? Is there something specific that you think we should address or include? Please submit suggestions to leann.yount@doh.wa.gov.