Notification of special needs as addressed by the Americans with Disabilities Act should be forwarded to the Missouri State Board of Chiropractic Examiners, P.O. Box 672, 3605 Missouri Boulevard, Jefferson City, Missouri 65102 or by calling (573) 751-0018 to ensure available accommodations. The text telephone for the Deaf or Hard of Hearing is 800/735-2966 or 800/735-2466 for Voice Relay Missouri.

Except to the extent disclosure is otherwise required by law, the Missouri State Board of Chiropractic Examiners is authorized to close meetings, records and votes, to the extent they relate to the following: Chapter 610.021 subsections (1), (3), (5), (7), (13), (14), and Chapter 324.001.8 and 324.001.9 RSMo.

The Board may convene in closed session at any time during the meeting. If the meeting is closed, the appropriate section will be announced to the public, with the motion and vote recorded in open session minutes.

Please see attached agenda for this meeting.

Attachment
State Board of Chiropractic Examiners
TENTATIVE AGENDA
September 20, 2012 – 8:00 a.m.
Division of Professional Registration
3605 Missouri Boulevard
Jefferson City Missouri

Call to Order
Dr. Jack Rushin, Board President

Roll Call

1. Approval of Agenda

2. Approval of Minutes
   - August 15, 2012 Board Meeting Minutes

3. Financial Report
   Loree Kessler, Executive Director

4. Regulatory Amendments

5. Retaining Patient Records
   - Correspondence from Richard Niederhauser

6. The Joint
   - Correspondence from John Leonesio

7. Diagnostic Musculoskeletal Ultrasound
   - Response from Parker

8. Dry Needling

Motion to Close

Section 610.021 subsections (14), 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant section 610.021 subsection (1) RSMo for the purpose of discussing general legal action, causes of action or litigation and any confidential or privileged communication between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsection 610.021 RSMo which authorizes this agency to go into closed session during those meetings.
At 8:15 a.m., the Missouri State Board of Chiropractic Examiners was called to order by Board President Dr. Jack Rushin at the Division of Professional Registration located at 3605 Missouri Boulevard in Jefferson City, Missouri. The executive director facilitated roll call.

**Board Members Present**  
Dr. Jack Rushin, President  
Dr. Gary Carver, Secretary  
Dr. Margaret Freihaut  
Dr. Charles Quigless

**Staff Present**  
Loree Kessler, Executive Director  
Jeanette Wilde, Processing Technician Supervisor  
Greg Mitchell, Counsel

**Visitors**  
Kathleen Wilcoxson, Executive Director MSCA

Dr. Rushin stated he would be voting in open and closed sessions.

A motion was made by Dr. Carver and seconded by Dr. Freihaut to approve the agenda. Board members voting aye: Dr. Carver, Dr. Freihaut, Dr. Quigless, and Dr. Rushin. Motion carried unanimously.

A motion as made by Dr. Carver and seconded by Dr. Freihaut to approve the August 15, 2012 open session board conference call minutes. Board members voting aye: Dr. Carver, Dr. Freihaut, Dr. Quigless, and Dr. Rushin. Motion carried unanimously.

**Financial Report**  
The executive director provided an update on the financial report reiterating the 5% budget reduction for travel and office expenses for the current fiscal year.

**Code of State Regulations**  
The state board reviewed the regulations and made recommendations for changes (see language in bold and red print). A copy of the regulatory draft is included with the minutes. A motion was made by Dr. Carver and seconded by Dr. Freihaut for the executive director to proceed with drafting the request for rulemaking.

**Retaining Patient Records**  
The board reviewed the letter from Dr. Neiderhauser regarding retention of electronically stored records. The board instructed the executive director to draft a response to Dr. Neiderhauser regarding
record retention referring to the law and regulations as well as providing the HIPPA website or applicable regulatory information.

**The Joint**
The board reviewed a letter from the business, The Joint, and instructed the executive director send a letter to the company requesting information on how records are kept, details on prepayment plans that are not forms of insurance, copy of the franchisee contract and clarification regarding whether local franchisees are indemnified especially in regards to any prepayment plans.

**Diagnostic Musculoskeletal Ultrasound**
The board reviewed the response from Parker and instructed the executive director to retain the information in the board’s electronic library.

**Dry Needling**
The board discussed dry needling as a form of trigger point therapy and whether dry needling required a license as an acupuncturist or certification by the board for licensed chiropractors. No official action taken by the board.

At 9:47 a.m., the board took a recess and reconvened at 10:00 a.m.

At 10:01 a.m., a motion was made by Dr. Carver and seconded by Dr. Freihaut to convene in closed session pursuant to section 610.021 subsections (14), 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant section 610.021 subsection (1) RSMo for the purpose of discussing general legal action, causes of action or litigation and any confidential or privileged communication between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsection 610.021 RSMo which authorizes this agency to go into closed session during those meetings. Board members voting aye: Dr. Carver, Dr. Freihaut, Dr. Quigless, and Dr. Rushin. Motion carried unanimously.

At 11:40 a.m., a motion was made by Dr. Carter and seconded by Dr. Freihaut to adjourn the meeting. Board members voting aye: Dr. Carver, Dr. Freihaut, Dr. Quigless, and Dr. Rushin. Motion carried unanimously.

The board discussed the next face to face meeting November 14, 2012. Dr. Quigless indicated he may need to attend the meeting via conference call and would check his schedule accordingly.

At 11:45 a.m., a motion was made by Dr. Carter and seconded by Dr. Freihaut to adjourn the meeting. Board members voting aye: Dr. Carver, Dr. Freihaut, Dr. Quigless, and Dr. Rushin. Motion carried unanimously.

Executive Director

Approved by State Board on October 17, 2012
20 CSR 2070-2.031 Meridian Therapy/Acupressure/Acupuncture

PURPOSE: This rule sets out the acceptable qualifications, procedures and continuing education requirements for the use of meridian therapy/acupressure/acupuncture (in this rule Meridian Therapy) by Missouri licensed chiropractors.

(1) When used in the rules of the board, the terms Meridian Therapy or acupressure or acupuncture shall mean methods of diagnosing and the treatment of a patient by stimulating specific points on or within the body by various methods including, but not limited to, manipulation, heat, cold, pressure, vibration, ultrasound, light, [electrocurrent] electro current and [shortneedle] short needle insertion for the purpose of obtaining a biopositive reflex response by nerve stimulation.

(2) Acceptable practice and use of Meridian Therapy shall be limited to those methods and procedures that are commonly taught in chiropractic colleges having status with the Council on Chiropractic Education or are methods or procedures which have been approved by the board.

(3) In order to ensure that the public health and safety are protected and to maintain high standards of trust and confidence in the chiropractic profession and ensure the proper conduct of the chiropractic practice involving the use of Meridian Therapy, the requirements contained in this rule must be met prior to one engaging in therapeutic procedures or announcing the availability of therapeutic procedures to the public.

(A) Each licensee seeking to provide Meridian Therapy in any of its aspects shall obtain a certificate from the board, which shall indicate that the licensee has complied with the provisions of this rule and has met the minimum standards contained in this rule. The application for a certificate shall be on a form provided by the board and accompanied by the required fee pursuant to 20 CSR 2070-2.090(1) (K).

(B) In addition to the other information required to be provided on the application, each applicant shall certify to the board that s/he has document one of the following; [either-(1) successfully completed]

1. Completion of at least one hundred (100) hours’ [training,] credit of undergraduate or postgraduate or a combination of each, in the use and administration of Meridian Therapy, [which training was presented] provided by a college of chiropractic having status with the Council on Chiropractic Education; or [(2) successfully completed]

2. Completion of at least one hundred (100) hours’ [training] credit in the use and administration of Meridian Therapy in a course of study approved by the board.

(C) [Effective March 1, 2005, an applicant for certification in Meridian Therapy shall pass the examination for acupuncture administered by the National Board of Chiropractic[e] Examiners (N.B.C.E.) or an exam approved by the board.] Along with meeting the one hundred (100) hours credit
in the use and administration of Meridian Therapy, an applicant shall pass an examination approved by the board. The board adopts the passing score established by the approved examinations listed below:
1. Acupuncture examination administered by the National Board of Chiropractic Examiners (NBCE); or
2. Diplomate Acupuncture Examination administered by the American Board of Chiropractic Acupuncture (ABCA).

(D) An applicant for certification in Meridian Therapy shall comply with the examination provider’s rules for test administration related to applicant conduct and shall authorize the examination provider to submit the examination results to the board along with a report of any adverse incident(s) involving the applicant’s conduct during the course of completing the examination. Any cost associated with taking the approved examination or sending results to the board shall be the applicant’s responsibility,

[(D)] (E) In order to [maintain a valid certificate in] provide Meridian Therapy, a licensee who holds a certificate at the time of [making his/her license] licensure renewal must certify to the board [that s/he has completed annually] completion of a minimum of twelve (12) hours of [postgraduate training] continuing education, approved by the board, in Meridian Therapy. This continuing education shall apply toward attainment of the twelve (12) required hours of continuing education pursuant to 20 CSR 2070-2.080(5) and shall be considered as among the formal studies category of continuing education.

[(E)] (F) If a licensee allows [his/her] the Missouri certification to lapse, the certification may be [reactivated] reinstated up to [three (3)] five (5) years after it has lapsed [upon] by submitting an application for reinstatement on a form provided by the board, accompanied by the required fee pursuant to 20 CSR 2070-2.090(1)(W), and upon the presentation to the board of twelve (12) hours of postgraduate study in Meridian Therapy, acupuncture or acupressure [for each year the certification was inactive or a maximum of thirty-six (36) hours] obtained within the twelve (12) month period immediately preceding application for reinstatement. The postgraduate study must be a course approved by the board.

[(F)] (G) If a licensee allows [his/her] the Missouri certification to lapse for more than [three (3)] five (5) years the licensee shall comply with the requirements of subsection (3) (B) and (C) of this rule, providing the hours were not used to obtain the original certification.

(4) Any licensee who shall advertise or announce to the public in any communication or solicitation that s/he engages in or provides Meridian Therapy in any of its aspects without having first complied with this rule shall be deemed to have engaged in false, misleading or deceptive advertising.


(A) Where [nondisposable] non disposable needles are used for acupuncture, the needles must be sterilized by—
1. Autoclave;
2. Dry heat sterilization; or
3. Ethylene oxide sterilization in accordance with directions of the manufacturer.

(B) Needles must be individually packaged for each patient. The individually packaged needles must either be discarded following patient treatment or sterilized according to the methods of sterilization listed in subsection (5) (A) when [nondisposable] non disposable needles are used.

(C) Needles must be disposed of according to Missouri and federal laws regarding disposal of infectious waste. In addition, all needles must be placed in rigid, leak proof and puncture resistant containers and sealed before disposal pursuant to 10 CSR 80-7.010. Noncorrosive needles must be used.
20 CSR 2070-2.060 Professional Conduct Rules
PURPOSE: This rule explains the professional conduct of licensed chiropractic physicians.

[(1) Each licensed chiropractic physician shall notify the board of his/her business and residential address and telephone number(s) and immediately shall inform the board of any change of address or telephone number within fifteen (15) days of such change. Notification shall be sent to the board at 3605 Missouri Boulevard, or PO Box 672, Jefferson City, MO 65102-0672, contacting the board office at (573) 751-2104, or sending an email to chiropractic@pr.mo.gov.
(2) A chiropractic service may be considered routine for an individual practitioner if it has the following characteristics:
(A) It is performed frequently in the doctor’s office;
(B) It is usually provided at a set fee;
(C) It is provided at little or no variance in technique; and
(D) It includes all professionally recognized components within generally accepted standards.
(3) Each licensed chiropractic physician shall inform the board of anyone who may be practicing chiropractic in Missouri without a license.
(4) A chiropractic physician, when presenting him/herself to patients and the public, is directed to determine as far as is reasonably possible and consistent with chiropractic procedures—
(A) The cause(s) of the patient’s abnormalities or deformities; and
(B) Whether chiropractic treatments are reasonably likely to improve or assist in improving these abnormalities or deformities.
(5) A licensed chiropractic physician shall not—
(A) Increase charges when a patient utilizes a third-party payment program;
(B) Report incorrect treatment dates for the purpose of obtaining payments;
(C) Report charges for services not rendered; or
(D) Report incorrectly services rendered for the purpose of obtaining greater payment than he/she is entitled to.
(6) Advertisement or Solicitation.
(A) For the purpose of this rule, the terms “advertisement” and “solicitation” shall be defined as follows:
  1. Advertisement—any form of public notice, regardless of medium, using a licensee’s name, trade name or other professional designation of the licensee or chiropractic firm;
  2. Solicitation—any form of request or plea, regardless of medium, used to entice or urge a person to use the services of a licensee or chiropractic firm;
  3. A licensee may advertise or solicit through public media, such as a telephone directory, physician’s directory, newspaper or other periodical, outdoor billboard, radio, television, or through direct mail advertising or solicitation distributed generally to persons not known to need chiropractic care of the kind provided by the chiropractor, if such advertisement or solicitation is in accordance with this section;
  4. A licensee may initiate individual written communications, not involving personal or telephone contact, to persons known or likely to need chiropractic care of the kind provided by the licensee. All such individual written communication[s] to persons known or likely to need chiropractic care of the kind provided by the licensee shall be labeled at the top of the first page with the word “SOLICITATION” and shall contain the following notice:
SOLICITATION. The determination of a need for chiropractic care and the choice of a chiropractor are extremely important decisions and should not be based solely upon advertisements, solicitations...
or self-proclaimed expertise. This notice is required by the Missouri State Board of Chiropractic Examiners.

5. A licensee may initiate personal contact, including telephone contact, with a person for the purpose of offering to provide chiropractic care subject to the provisions of subsection (6)(D) herein. Any such personal contact, including telephone contact, which is made on behalf of a licensee by any third party or parties, shall be deemed to be contact made directly by the licensee for purposes of compliance with these rules.

(B) Every [advertisement or] solicitation shall include the following:

1. The name of at least one (1) licensee responsible for its content and any potential violation of section 331.060, RSMo; and 2. The term “chiropractor,” “doctor of chiropractic,” “chiropractic physician,” or “D.C.”

(C) Advertisements and solicitations may contain:

1. The educational background of the licensee;
2. The basis on which fees are determined, including charges for specific services, so long as fees advertised remain effective for a reasonable time;
3. Available credit; and
4. Any other information that is not false, misleading or deceptive.

(D) A licensee shall not initiate an individual written communication under paragraph (6)(A)3. or personal contact, including telephone contact under paragraph (6)(A)5., if the licensee knows or reasonably should know that the physical, emotional, or mental state of the person makes it unlikely that the person would exercise reasonable judgment in employing the services of a chiropractor. A written communication sent and received or a personal contact directed to any person known to have been involved in an accident, if made within thirty (30) days after such accident, is presumed to be written at a time or made at a time when the writer knows or reasonably should know that the physical, emotional, or mental state of the person makes it unlikely that the person would exercise reasonable judgment in employing a chiropractor, unless such written communication or personal contact, including telephone contact, is directed to a close friend, relative or former patient.

(E) An advertisement or solicitation, as defined in this rule, shall not be false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed. [False, misleading and/or deceptive shall include, but not be limited to, the following contents or omissions:

1. Any untrue statement;
2. Any matter, or presentation or arrangement of any matter, in a manner or format which is false, misleading or deceptive to the public;
3. Omission of any fact which under the circumstances makes the statement false, misleading or deceptive to the public;
4. Transmission in a manner which involves coercion, intimidation, threats or harassing conduct;
5. An attempt to attract patronage in a manner which castigates, impugns, disparages, discredits or attacks other healing arts and sciences or other chiropractic physicians;
6. Any self-laudatory statements; or
7. Transmission to a person who has made known to the licensee a desire not to receive communication from the licensee.

(F) The board presumes the following forms of advertising and/or solicitation to be false, misleading and/or deceptive and in violation of subsection (6)(E) of this rule:

1. An advertisement or solicitation which contains guarantees or warranties regarding the result of a licensee’s services;
2. An advertisement or solicitation which contains testimonials about or endorsements of a licensee, unless—
A. The advertisement or solicitation complies with subsection (6)(E) of this rule; and
B. The testimonial or endorsement is made by the person who actually received the services or who has personal knowledge as to the facts stated, excepting however, testimonials and endorsements may be made by paid actors so long as the advertisement or solicitation contains a notice stating that paid actors have been used;
3. An advertisement or solicitation which is transmitted at the scene of an accident or en route to a hospital, emergency care center or other health care facility;
4. Any advertisement or solicitation using the phrase “no out-of-pocket expense,” “we accept what your insurance will pay” or any similar statement prior to the retention of services that a payment made by an insurance carrier or other third party payor with copayment or deductible features will be accepted by the licensee as payment in full, unless the advertisement shall also contain the following notice:
“This offer is only valid after the applicable insurance carrier or third party payor has been notified of the terms of the offer.” The licensee will provide written notice disclosing the terms of such offer, agreement or waiver on any billing and/or third party claim.
(G) For the purpose of this rule, all required notices shall be at least ten (10) points in height if the advertisement or solicitation is written or printed and at least eighteen (18) point font if the advertisement or solicitation is made by means of television. Notices may be oral, if the form of advertisement or solicitation will not allow it to be in printed form.
(H) A licensee shall retain for two (2) years a true and correct copy or recording of any advertisement or solicitation made by written or electronic media along with a record of when and where it was used. Upon written request, the licensee shall make the copy or recording available to the board and, if requested, shall provide to the board evidence to support any factual or objective claim contained in the advertisement or solicitation.
(7) A chiropractic office shall not be closed until the board has been provided with information which in the board’s view is sufficient to assure the board that adequate measures have been taken by the licensee or licensee’s heirs to provide for the transfer of patient records, including X-rays, to either the patient or another health care provider of the patient’s choosing or to assure the board that the patient does not desire the records delivered to him/her or another health care provider.
(8) The licensee shall retain patient records for at least seven (7) years.
(9) Failure of the licensee to comply with section 191.227, RSMo shall be considered unprofessional conduct.
(10) Minimal record keeping standards apply to all licensed chiropractic physicians, chiropractic assistants and certified chiropractic technicians. These standards also apply to those examinations advertised at a reduced fee or free (no charge) service.
(A) Adequate patient records shall be legibly maintained. Initial and follow-up services (daily records) shall consist of documentation to justify care. If abbreviations or symbols are used in the daily record keeping, a key must be provided.
(B) Minimum record keeping regarding a patient shall include patient history, symptomatology, examination, diagnosis, prognosis and treatment.
(C) Provided the board takes disciplinary action against a chiropractic physician for any reason, these minimal clinical standards will apply. It is understood that these procedures are the accepted standard(s) and anything less than this shall be considered unprofessional conduct in the practice of chiropractic.
(11) A nutritional evaluation which is in response to stimulation of the olfactory nerve receptors and those procedures including holding vitamins, minerals, herbs or any food or food product in the hand, laying vitamins, minerals, herbs or any food or food product on or near the skin and touching various areas of the skin, are unproven, could lead to errors in diagnosis and are potentially detrimental to the health of the patient being evaluated and is considered unprofessional conduct in the practice of chiropractic.

(A) Nutritional evaluation shall include history; type of dysfunction; laboratory tests, if necessary; physical diagnosis; and dietary inadequacies. Nutritional evaluation without these procedures is deemed unprofessional conduct.

(B) Nutritional evaluation which is in response to stimulation of the gustatory nerve receptors is not a diagnostic procedure but may be used as an adjunctive procedure when used in conjunction with subsection (10)(A).

(12) Any licensee who performs a chiropractic review under section 376.423, RSMo without having obtained a certification from the board or is not in compliance with 20 CSR 2070-4 of the board’s rules shall be deemed to have engaged in unprofessional conduct in the practice of chiropractic.

(13) Violation of the Health Care Payment Fraud and Abuse Act, Missouri Revised Statutes section 191.900 et seq. or the “antikickback” portions of the Medicare/Medicaid anti-fraud and abuse statute, 42 United States Code section 1320a-7b[b], by knowingly and willingly offering, paying, soliciting or receiving remuneration in order to induce business reimbursed under the Medicare or state administered health care programs will be considered unprofessional or improper conduct in the practice of chiropractic. Conduct will not be considered a violation of this rule, if the ownership or investment interest in such service meets the requirements of the “safe harbor” provisions of Title 42 Code of Federal Regulations part 1001.

(1) Each licensed chiropractic physician shall notify the board of the business and residential address and telephone number(s) and immediately shall inform the board of any change of address or telephone number within fifteen (15) days of such change. Notification shall be sent to the board at 3605 Missouri Boulevard, or PO Box 672, Jefferson City, MO 65102-0672, faxing the board office at (573) 751-0735, or sending an email to chiropractic@pr.mo.gov.

(2) A licensed chiropractic physician shall inform the board of anyone who may be practicing chiropractic in Missouri without a license.

(3) A chiropractic office shall not be closed until the board has been provided with information which in the board’s view is sufficient to assure the board that adequate measures have been taken by the licensee or licensee’s heirs to provide for the transfer of patient records, including X-rays, to either the patient or another health care provider of the patient’s choosing or to assure the board that the patient does not desire the records delivered to the patient or another health care provider.

(4) The licensee shall retain patient records for at least seven (7) years from the date of the last visit to the licensee’s office.

(5) Failure of the licensee to comply with section 191.227, RSMo shall be considered, at minimum, unprofessional conduct in the practice of chiropractic.
(6) A licensed chiropractic physician shall maintain patient records that are legible and include, at minimum, the following:
(A) Patient history;
(B) Examination;
(C) Symptomatology;
(D) Diagnosis;
(E) Prognosis and treatment;
(F) If abbreviations or symbols are used, a key to the abbreviations or symbols.

(6) Minimal record-keeping standards apply to all licensed chiropractic physicians and includes those examinations advertised at a reduced fee or free (no charge) service.
(A) Adequate patient records shall be legibly maintained. Initial and follow-up services (daily records) shall consist of documentation to justify care. If abbreviations or symbols are used in the daily record keeping, a key must be provided.
(B) Minimum record-keeping regarding a patient shall include patient history, symptomatology, examination, diagnosis, prognosis and treatment.

[(C)] (7) A licensed chiropractic physician shall not:—
[1.] (A) Increase charges when a patient utilizes a third-party payment program;
[2.] (B) Falsify treatment dates; or
[3.] (C) Falsify charges for treatment(s) not provided.

[(D)] (8) If board takes disciplinary action against a chiropractic physician for any reason, these minimal record-keeping standards will apply. It is understood that these procedures are the accepted standard(s) of practice and anything less than this shall be considered, at minimum, unprofessional conduct in the practice of chiropractic. In the event the board pursues a disciplinary action regarding a license, the record-keeping requirements within this regulation and section 33.110 RSMo shall be the accepted standards of practice and anything less than these accepted standards shall be considered, at minimum, unprofessional conduct in the practice of chiropractic.

[(7)] (9) For the purpose of this regulation, an advertisement shall be defined as any form of public notice, regardless of medium, using a licensee’s name, trade name, or other professional designation of the licensee or chiropractic business.
(A) Any advertisement shall include the name of the licensee responsible for the content of the advertisement and the term chiropractor, doctor of chiropractic, chiropractic physician, or DC.
(B) An advertisement shall not refer to phrases such as “no out-of-pocket expense,” “we accept what your insurance will pay” or any similar statement prior to the retention of services that implies that a payment made by an insurance carrier or other third party payor with copayment or deductible features will be accepted by the licensee as payment in full.

(C) The licensee shall maintain a written record of a testimonial or endorsement made by a patient receiving chiropractic treatment for a minimum of three (3) years from the date of publication or airing the advertisement to include patient’s signed consent to use the testimonial or endorsement, patient’s first and last name, and date of testimonial or endorsement. Testimonials and/or endorsements made by paid actors shall include a statement that paid actors have been used.

[(8)] [(10)] A solicitation shall be defined as any form of request or plea, regardless of medium, used to entice or urge a person to utilize a chiropractic physician. It is understood that these procedures are the accepted standard(s) of practice and anything less than this shall be considered, at minimum, unprofessional conduct in the practice of chiropractic.

(A) For the purpose of this regulation, any contact for the purpose of soliciting or offering chiropractic treatment made on behalf of a chiropractic physician by any third party or parties, shall be deemed to be contact made by the chiropractic physician.

(B) A chiropractic physician shall not solicit an individual(s) within thirty (30) days of an accident, if the chiropractic physician knows or reasonably should know that the physical, emotional, or mental state of the person makes it unlikely that the person would exercise reasonable judgment regarding chiropractic treatment.

(C) A chiropractic physician shall not solicit or transmit a solicitation at the scene of an accident or en route to a hospital, emergency care center or other health care facility.

(D) A solicitation shall not refer to phrases such as “no out-of-pocket expense,” “we accept what your insurance will pay” or any similar statement prior to the retention of services that a payment made by an insurance carrier or other third party payor with copayment or deductible features will be accepted by the licensee as payment in full.

[(10)] [(11)] Any licensee who performs a chiropractic review under section 376.423, RSMo without having obtained a certification from the board or is not in compliance with 20 CSR 2070-4 of the board’s rules shall be deemed to have engaged in unprofessional conduct in the practice of chiropractic.

(11) Violation of the Health Care Payment Fraud and Abuse Act, Missouri Revised Statutes section 191.900 et seq. or the “anti-kickback” portions of the Medicare/Medicaid anti-fraud and abuse statute, 42 United States Code section 1320a-7b[b], by knowingly and willingly offering, paying, soliciting or
receiving remuneration in order to induce business reimbursed under the Medicare or state administered health care programs will be considered, at minimum, unprofessional or improper conduct in the practice of chiropractic. Conduct will not be considered a violation of this rule, if the ownership or investment interest in such service meets the requirements of the “safe harbor” provisions of Title 42 Code of Federal Regulations part 1001.
**20 CSR 2070-2.080 Biennial License Renewal**

*PURPOSE: This rule establishes the licensure renewal requirements.*

(1) A license shall be renewed biennially contingent upon the licensee completing the required hours of continuing education as defined in 20 CSR 2070-2.080(2):

(A) For the purpose of this regulation one (1) hour of continuing education shall consist of at least fifty (50) minutes of instruction or study;

(B) A chiropractic physician issued a license within one (1) year of graduation from an approved chiropractic college shall be exempt from the continuing education requirements [for the calendar year that the license was issued] until the end of the first biennial licensure period; and

(C) A chiropractic physician at least sixty-five (65) years old and licensed in this state for at least thirty-five (35) years shall complete at least twenty-four (24) hours of formal continuing education biennially as defined in 20 CSR 2070-2.080(4). The remaining biennial hours of continuing education shall be waived.

(2) Every two (2) years (hereinafter referred to as biennially) and prior to the expiration date of a license a licensee shall complete forty-eight (48) hours of continuing education as defined in 20 CSR 2070-2.080(3) and (5). If a licensee is unable to complete the required biennial continuing education, the licensee may submit a written request to the board for an extension in order to comply with the continuing education requirement and shall pay the required late continuing education fee.

(3) At least twenty-four (24) hours of the required forty-eight (48) hours of continuing education shall be earned by attending formal continuing education programs, seminars, and/or workshops that have been approved by the board.

(A) A licensee shall obtain the required formal continuing education hours from no less than three (3) of the following formal categories:

1. Diagnostic imaging (X ray);
2. Differential or physical diagnosis or both;
3. Ethical practices. Continuing education courses acceptable for this area include topics such as professionalism, doctor-patient relationship, legal issues and responsibilities, confidentiality, and advertising;
4. Emergency procedures. Cardiopulmonary resuscitation (CPR) and/or first aid offered by the American Red Cross or other board-approved sponsoring organization shall be acceptable as meeting the continuing education requirements for this category;
5. Human immunodeficiency (HIV), infection diseases, and/or universal precautions;
6. Cerebrovascular accident (CVA) and/or transient [ischemic] ischemic attack (TIA);
7. Disc injury;
8. Aggravated spinal conditions and/or injury;
9. Record keeping and/or Subjective Objective Assessment Plan (SOAP) notes;
10. Soft tissue injury;
11. Nutrition;
12. Chiropractic principles and/or technique(s);
13. Health promotion and wellness;
14. Case studies in chiropractic that consist of presentations relating to articles published in scholarly journals, treatises, or textbooks used by board-approved Council of Chiropractic Education (CCE) colleges and/or universities and evidence-based and/or value-based studies;
15. Insurance consulting; or

(4) Continuing education hours in compliance with 20 CSR 2070-2.080(3) may be obtained via the Internet pursuant to 20 CSR 2070- 2.081(2)(A) and board approval.

[(5) The remaining continuing education hours may consist of general studies as follows:
(A) Meetings. Registered attendance at relevant professional meetings which include, but are not limited to, national, regional, state and local professional association meetings and open meetings of the State Board of Chiropractic Examiners. To earn continuing education credits in this category, roll call must be taken and recorded in the official minutes of the meeting. A maximum of six (6) continuing education credit hours are allowable in this category during each continuing education reporting period but no more than two (2) continuing education credits shall be earned per meeting. If the meeting is less than two (2) hours in duration, continuing education credits will be granted for actual attendance time but in increments of not less than one (1) hour. If the meeting has a duration of ninety (90) minutes, continuing education credits may be granted for one and one-half (1.5) hours; 
(B) Publications. Books and/or articles published by licensee in professional books, national or international journals, or periodicals. A maximum of six (6) continuing education credits are allowable in this category during each continuing education reporting period. Publications must be relevant to chiropractic to qualify for continuing education credits under this rule;
(C) Presentations. Chiropractic physicians teaching an approved postgraduate course may receive continuing education credits for teaching the course providing the instructor’s name was submitted with the course content when requesting approval of the course; 
(D) Home Study. Self-study of professional material including relevant books, journals, periodicals, videos, tapes, and other materials and preparation of relevant lectures and talks to public groups. Continuing education credits will be granted at the rate of one (1) hour for reading a national or international journal or periodical and four (4) hours for reading a book. To qualify for continuing education credits under this category, the journal, periodical or book must be related to the clinical practice of chiropractic; and
(E) Individual Study. Relevant chiropractic courses subscribed via the Internet or by other electronic means.]
(5) The remaining required continuing education hours may be obtained from one or more of following areas:

(A) Continuing education programs, seminars, and/or workshops approved by the board pursuant to 20 CSR 2070-2.080(3);

(B) Continuing education programs, seminars, and/or workshops related to the practice of chiropractic and not approved by the board for formal continuing education hours;

(C) Attending relevant professional meetings. For the purpose of this regulation one (1) of continuing education shall be obtained for each fifty (50) minutes of attending a relevant professional meeting. Such meetings can be international, national, regional, state, or local, and must be related to the practice of chiropractic;

(E) Reading scholarly material relating to the practice of chiropractic to include books, journals, periodicals, and articles relating to the practice of chiropractic whether printed, provided via the Internet or other electronic means;

(F) Writing articles for scholarly publications such as books, national or international journals and periodicals. Articles must be relevant to the practice of chiropractic; and

(F) Chiropractic physicians teaching an approved postgraduate course may receive continuing education credits for teaching the course providing the instructor’s name was submitted with the course content when requesting approval of the course.

(6) Chiropractic physicians who are faculty members at a CCE–accredited college may receive up to a maximum of forty-eight (48) hours biennially of continuing education credit for teaching or attending course(s) at a CCE-accredited chiropractic college:

(A) The areas of study shall be in compliance with 20 CSR 2070-2.080(3);

(B) For the purpose of this regulation, the faculty member must either teach or attend a course at a CCE-approved chiropractic college for a minimum of four (4) clock hours as defined in 20 CSR 2070-2.080(3);

(C) The twenty-four (24) biennial hours of general remaining continuing education study may be obtained by teaching or attending course(s) relevant to chiropractic provided by a CCE approved chiropractic college; and

(D) The chiropractic college shall be responsible for submitting course(s) to the board for approval and for verifying attendance by the teacher or faculty member.

(7) Chiropractic physicians who teach continuing education approved by the board may receive up to a maximum of four (4) hours per year of continuing education credit for teaching courses in diagnostic


Missouri State Board of Chiropractic Examiners
Open Session Minutes
September 20, 2012
Page 15
imaging, differential or physical diagnosis or both, and risk management as defined in 20 CSR 2070-2.080(3)(C)(A).

(8) Chiropractic physicians who teach continuing education approved by the board may receive **biennially** up to a maximum of twenty-four (24) hours of continuing education credit for teaching courses [in general subjects] as defined in 20 CSR 2070-2.080(3)(A) **(biennially)**.

(9) Chiropractic physicians certified by the board in Meridian Therapy/acupressure/acupuncture (MTAA) or insurance consulting who teach continuing education approved by the board may receive up to twenty-four (24) hours biennially of continuing education for teaching courses pursuant to 20 CSR 2070-2.031(3) MTAA or 20 CSR 2070-4.030(2) insurance consulting.

(10) For the purpose of this regulation the teacher or instructor must teach a minimum of four (4) clock hours as defined in 20 CSR 2070-2.080(4)(A).

(11) A renewal license will not be issued until all renewal requirements have been met. If the licensee pays the continuing education penalty fee for continuing education credits earned late, those hours shall be applied to the requirements to renew the license and not be applied to the next reporting renewal cycle. A licensee who has failed to obtain and [verify, in a timely fashion,] and document the requisite number of continuing education credits shall [not engage in the practice of chiropractic unless an extension is obtained pursuant to section (13) of this rule] be subject to disciplinary action by the board.

(12) [For the license renewal the licensee shall verify the number of continuing education credits earned during the last two (2) immediately preceding continuing education reporting periods. Effective March 1, 2009, the licensee shall verify the number of continuing education credits earned during the current biennial cycle on the renewal form provided by the board. The renewal form shall be mailed directly to the board office on or before the expiration date of the license. The licensee shall not submit the actual record of continuing education attendance to the board except in the case of a board audit.] Effective March 1, 2009, the licensee shall verify the number of continuing education credits earned during the current biennial cycle on the renewal form mailed directly to the board office or online. A renewal form mailed to the board office must be postmarked on or before the expiration date of the license to be considered in compliance with the renewal requirements. Unless requested by the board, a licensee shall not submit documentation of continuing education compliance with the renewal form.

(13) Each licensee shall maintain [full and] complete records of all continuing education credits earned for the [two (2) previous reporting periods] **previous biennial renewal cycle**, in addition to the current [reporting period] biennial cycle. Formal continuing education credit hours shall be documented by the sponsor of the approved continuing education program and provided to the licensee within thirty (30) days from the date of the
program. The licensee is responsible for maintaining [that] the record of attendance as set forth in 20 CSR 2070-2.081(2)(A)7. Continuing education credits earned through other continuing education experiences shall be documented by the licensee and such documentation shall contain, at a minimum, the number of hours earned, and these hours shall be separated in the various categories defined in 20 CSR-2070-2.080(3)(A). The board may conduct an audit of a licensee’s formal continuing education hours as defined in 20 CSR 2070-2.080(3)(A) to verify compliance with the continuing education requirement. Licensees shall assist the board in its audit by providing timely and complete responses to the board’s inquiries. A response is considered timely if received in the board office within thirty (30) days of a written request by the board for such information.

(14) A licensee who cannot complete the requisite number of continuing education credits because of personal illness, military service, or other circumstances beyond the licensee’s control which the board deems to be sufficient to impose an insurmountable hardship may apply for an extension of time to complete the continuing education requirements. Any extension of time to complete the continuing education requirements will be granted solely in the discretion of the board. The licensee must make a written application for extension of time prior to the deadline for completion of the continuing education requirement. The licensee shall provide full and complete written documentation of the grounds supporting the reasons for which an extension is sought. A licensee who requests an extension of time to complete the requisite hours of continuing education shall not engage in the active practice of chiropractic until the board grants the licensee’s request for extension and the licensee receives express written authorization to do so.

(15) [The board shall not grant continuing education credit to any licensee for attending a continuing education course if the licensee attended a subsequent course on the same subject matter during the same continuing education reporting period.]

(16) Chiropractic physicians holding a Missouri license, but not practicing in Missouri, may use the approved continuing education hours required of the state in which they practice for license renewal, without prior approval, provided that the continuing education requirement is met and provided that the continuing education falls within the definition set forth in 20 CSR 2070-2.081. If the state in which the chiropractic physician is practicing does not have continuing education requirements for renewal or licensure reinstatement, the out-of-state chiropractic physician must earn the requisite number of continuing education hours required in Missouri and the hours shall be approved by the Missouri board or offered by a college of chiropractic accredited by the CCE.

(17) In order for the board to consider waiving the continuing education requirement for license renewal, all requests for waivers due to illness must be accompanied by a written statement from a practitioner of the healing arts stating the diagnosis, prognosis and length of time the chiropractic physician will...
be unable to practice or attend an educational program. Waivers due to illness may be granted only to a licensee who has suffered a personal illness or personal disability of a nature as to prevent him/her from engaging in the active practice of chiropractic for at least the majority of the continuing education reporting period.

(18) [Reactivation/Reinstatement of License:]

[(A)] A chiropractor that has been licensed in Missouri may apply for [reactivation/]
reinstatement of an expired or inactive license upon submission of the following:

[1.] (A) Application for [reactivation/]
reinstatement;

[2. Reactivation/] (B) Reinstatement fee pursuant to 20 CSR 2070-2.090(1)(F) and renewal fee pursuant to
20 CSR 2070-2.090(1)(D);

[3.] (C) Proof that the applicant has been licensed and eligible to practice in another state for at least one (1) year preceding the application for reinstatement;

[4.] (D) Two (2) sets of fingerprints for the purpose of conducting a criminal background check by the Missouri State Highway Patrol and Federal Bureau of Investigation (FBI). The applicant shall provide proof of submission of fingerprints to the Missouri State Highway Patrol’s approved vendor(s) for both a Missouri State Highway Patrol and FBI criminal background check. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background check shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor(s). For the purpose of application for licensure, the results of the criminal background shall be received in the board office prior to the issuance of a license and shall be valid for no more than one (1) year from the date the results of the criminal background check were received in the board office;

[5.] (E) Completion of the required [annual] biennial continuing education hours for Missouri licensure renewal as defined in 20 CSR 2070-2.080(3) and (5); or

[6.] (F) Completion of the continuing education hours required by the state in which the applicant is licensed.

[(B)] (19) When a chiropractic physician applies to reinstate [or reactivate] a license that has been expired or inactive for at least five (5) years, and [he/she] the chiropractic physician has not been licensed and eligible to practice in another state for the five (5) years preceding the application for [reactivation] reinstatement the chiropractic physician must return to a CCE accredited chiropractic college for a course of study. A course of study for [reactivation] reinstatement of a license shall consist of passing a minimum of twelve (12) semester hours as follows:

1. Four (4) semester hours in chiropractic clinical reasoning;
2. Three (3) semester hours clinical diagnosis; and
3. Five (5) semester hours diagnostic imaging.

[(C)] (20) The applicant for reinstatement shall document completion of the required course of study with an official transcript from the chiropractic college.

(20) A chiropractor with a Missouri license that has been expired or inactive for less than five years from the expiration date and who has not been licensed and eligible to practice in another state during the preceding five (5) years may apply for reinstatement of the license upon submission of the following:

1. Application for reinstatement;
2. Renewal fee pursuant to 20 CSR 2070-2.090(1)(D) and reinstatement fee pursuant to 20 CSR 2070-2.090(1)(F);

3. Two (2) sets of fingerprints for the purpose of conducting a criminal background check by the Missouri State Highway Patrol and Federal Bureau of Investigation (FBI). The applicant shall provide proof of submission of fingerprints to the Missouri State Highway Patrol’s approved vendor(s) for both a Missouri State Highway Patrol and FBI criminal background check. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background check shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor(s). For the purpose of application for licensure, the results of the criminal background shall be received in the board office prior to the issuance of a license and shall be valid for no more than one (1) year from the date the results of the criminal background check were received in the board office; and

5. Completion of the required biennial continuing education hours for Missouri licensure renewal as defined in 20 CSR 2070-2.080(3) and (5).

[(19) Deadline for Renewal. (A) Applications for renewal shall be postmarked by the expiration date of the license.]

(21) Prior to the expiration date of the license, an application for renewal of a license shall be postmarked and sent via regular or overnight mail to the state board office or electronically renewed.

[(20) ] (22) Chiropractic physicians acting as associate examiners for either the state board practical examination or the regional/national practical examination (Part IV) administered by the National Board of Chiropractic Examiners (N.B.C.E.) may receive up to a maximum of twenty-four (24) hours per year of continuing education credit for the administration of the examination:

(A) For the first full day of service provided to the N.B.C.E. in administering the Part IV examination, associate examiners will be credited with four (4) hours of continuing education in differential or physical diagnosis and four (4) hours of credit in general chiropractic continuing education;

Missouri State Board of Chiropractic Examiners
Open Session Minutes
September 20, 2012
Page 19
(B) For the second full day of service provided to the N.B.C.E. in administering the Part IV examination, associate examiners will be credited with eight (8) hours of general chiropractic continuing education;
(C) If a chiropractic physician should provide less than four (4) hours of service to the N.B.C.E. in any one administration of the Part IV examination, continuing education credit will not be available to that licensee. Continuing education credits earned from administering the Part IV examination shall be in the formal continuing education category;
(D) If the associate examiner attends the examiner orientation as part of the N.B.C.E. examination administration the associate examiner is eligible for two (2) hours of continuing education in [boundary training for each full day the associate examiner participates in the N.B.C.E. administration] ethical practices as defined in 20 CSR 2070-2.080 (3)(A)3;
(E) If the associate examiner proctors the X-ray portion of the N.B.C.E. the associate examiner is eligible for one (1) hour of continuing education in X-ray for each examination session. The associate examiner shall be eligible for up to four (4) hours of continuing education credit in X-ray for proctoring the X-ray portion of the examination the entire day; and
(F) Chiropractic physicians participating in the development of Parts I–IV, physiotherapy, or acupuncture examinations administered by the N.B.C.E. may submit proof of attendance to the board for continuing education approval.

[(21)] (23) A licensee may submit an application to the board to be classified as inactive. An inactive licensee shall be defined as a chiropractic physician formally licensed by the board that has been approved for inactive status and is not engaged in the practice of chiropractic in Missouri as defined in section 331.010, RSMo.
[(22)] (24) If a bad check is received by the board to renew a license and if the replacement fee is not received prior to the expiration date of the license, the license will be not current and the licensee shall not practice until the [reactivation] reinstatement form and fee have been submitted to the board and the license has been reinstated.

[(23) Violation of any provision of this rule shall be deemed by the board to constitute misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of a chiropractic physician depending on the licensee’s conduct. In addition, a licensee who has failed to complete and report in a timely fashion the requisite hours of continuing education and engages in the active practice of chiropractic without the express written authority of the board shall be deemed to have engaged in the unauthorized practice of chiropractic.]
20 CSR 2070-2.081 Postgraduate Education

PURPOSE: This rule defines postgraduate education, sets out the requirements for sponsoring organizations and explains procedures for inactive chiropractic physicians to obtain a semester of review prior to reactivation of a license.

(1) Postgraduate study as used in this rule and as used in section 331.050, RSMo is defined as a course of study designed to instruct individuals licensed as chiropractic physicians in Missouri. The term postgraduate study may be used interchangeably with the terms continuing education and postgraduate education.

(2) For board approval of postgraduate education programs, any sponsoring organizations, sponsor or provider shall forward to the board two (2) copies of the completed application, syllabus or outline of material covered in the course and vitae on the speaker(s) fee, and any additional documentation required by the board. This material must be received in the board office at least forty-five (45) thirty (30) days prior to the seminar to receive board approval. [A request for approval of a seminar will not be considered by the board if the request is made after the seminar has occurred.]

(A) The board may consider a request for seminar approval after the seminar has occurred. The postgraduate sponsoring organization shall submit an application, documentation, and fee as required by 20 CSR 2070-2.081(2) along with an explanation why the application was not submitted at least thirty (30) days prior to the seminar.

(B) Any sponsoring organization wishing to provide continuing education via the Internet shall submit a detailed explanation of the following:

1. Delivery format explaining how the continuing education material is presented to include applicable security safeguarding the licensee’s identity;
2. Process used for gathering information for the continuing education course, to include if course material is updated, how often and who determines when such update is required;
3. Method used for monitoring attendance;
4. Time a licensee is allowed to complete the online continuing education course. The explanation must specify if a licensee has unlimited time and unlimited number of attempts to complete the continuing education course and if multiple attempts to complete the course are monitored;
5. Whether a [posttest] test, following completion of the course, is required and, if so, how the results are reported to the licensee;
6. How a licensee communicates with the sponsoring organization in the event there are questions or problems;
7. Documentation provided to the licensee when a course is completed;
8. Amount of time a sponsoring organization maintains records of a licensee completing a course of study; and
9. Names and credentials of individuals responsible for the content of the continuing education course.

[(B)] (C) A sponsoring organization wishing to provide continuing education via the Internet shall provide the board access to the online course for the purpose of reviewing areas such as content and delivery method.

(3) All postgraduate education programs shall be subject to the following criteria:

(A) The program shall meet the definition of postgraduate education as defined in section (1) of this rule;
(B) The sponsor shall properly monitor the attendance of the chiropractic physician at the program; and
(C) The sponsor shall notify the board of the date, title, hours, names of speakers and location of seminar and contact person.

(4) If any program submitted for board approval does not meet the requirements of section (3) of this rule, such program(s) will not be approved. If an application for continuing education is not approved by the board or is incomplete, the application will be returned to the continuing education sponsor with a written explanation regarding why the application was not approved or was incomplete. Upon correcting any deficiencies or omissions on the application or documentation, the sponsor may submit the application and shall pay all applicable fee as required in 20 CSR 2070-2.090(1)(O).

(5) Continuing education programs in diagnostic imaging shall be taught by a Diplomate, American Board of Chiropractic Radiology (DACBR) or a medical radiologist.

(6) A continuing education program addressing a topic or combination of topics pursuant to 20 CSR 2070-2.080(3)(formal continuing education programs, seminars and/or workshops) shall be taught by an instructor with a doctor of chiropractic degree and expertise in the subject matter to be presented.

(A) Instructors for continuing education programs addressing a topic or combination of topics pursuant to 20 CSR 2070-2.080(3) that do not have a doctor of chiropractic degree shall document training and expertise in the subject matter to be presented. Such documentation shall include:
   1. Undergraduate or graduate course work verified with a transcript; and/or
   2. Work experience, seminars, workshops or training verified with a resume or vitae.

(B) Continuing education sponsored totally or in part by a distributor, product line, or company or demonstrating, promoting, or endorsing a product or service must utilize instructors in compliance with 20 CSR 2070-2.080(6). The subject matter of the continuing education must address the diagnosis and treatment of conditions as authorized by section 331.010.1 RSMo. Product information shall not be the primary focus relating to diagnosis and/or treatment and shall be presented only as an adjunct to the course material.
(6) Any postgraduate program offered for license renewal must carry the following disclaimer: “Approval of this course is not an acknowledgement or ruling by the board that the methods taught in this course are recognized and approved by the board as the appropriate practice of chiropractic as defined in section 331.010, RSMo.” This disclaimer shall be on all brochures and handouts or on a separate piece of paper distributed at each program.

(7) All postgraduate education sponsors shall provide each licensee with a certificate verifying his/her attendance at an approved postgraduate education seminar. The certificate shall be provided to the licensee by the sponsor within thirty (30) days from the date of the licensee’s attendance at the seminar and it shall contain, at a minimum, the following information:

(A) Name, address and telephone number of the sponsoring organization;

(B) Name, address and license number of the licensee in attendance at the approved seminar;

(C) Course approval number which will be provided to the sponsor at the time the sponsor is notified by the board of its approval of the seminar;

(D) Title, date(s) and location of the seminar; and

(E) The total number of hours that the licensee was in attendance at the seminar. These hours must be reflected according to the categories defined in 20 CSR 2070-2.080(3).
20 CSR 2070-2.090 Fees

PURPOSE: This rule establishes and fixes the various fees and charges authorized by Chapter 331, RSMo.

(1) The following fees hereby are established by the State Board of Chiropractic Examiners:
   (A) Examination Fee $300*
   (B) Reexamination Fee (per section) $35 with maximum fee of $105
   (C) Application Fee $200
   (D) Renewal Fee $200
   (E) Inactive Status Fee $100
   (F) License Reinstatement Fee $100
   (G) Certificate of Corporations Fee $15
   (H) Certification of Licensure Fee $10
   (I) Section Regrade Fee (Written Practical) $25
   (J) Reevaluation Fee (Oral Practical) $50
   (K) Meridian Therapy/Acupressure/ Acupuncture Certification Application Fee $100
   (L) Preceptorship Program Application Fee $35
   (M) Insurance Consultant Certification Fee $100
   (N) Fingerprinting Fee (amount determined by the Missouri State Highway Patrol)
   (O) Continuing Education Sponsor Fee (per session) $5
   (P) Annual Continuing Education Sponsor Fee $500**
   (Q) Continuing Education Late Fee $150
   (R) Bad Check Fee $25
   (S) Temporary License Fee $100
   (T) Renewal Temporary License $25
   (U) Specialty Certification Review Fee $150
   (V) Specialist Certification Application Fee $100
   (W) Specialty Certification Reinstatement Fee $25

   *If the candidate has not taken the board examination within four (4) consecutive examinations for which the candidate would be eligible, the candidate must pay new examination fee. Candidates taking the N.B.C.E. regional/national practical examination (Part IV) will pay an examination fee directly to the N.B.C.E. This fee will be determined by the N.B.C.E. Applicants paying the three hundred dollar ($300) Examination Fee will not be charged the two hundred forty dollar ($240) Application Processing Fee.

   **This fee provides continuing education sponsors with the option of paying one (1) annual fee in lieu of paying the five dollar ($5) fee required with each session on an application for continuing education course approval. The annual fee must be paid with the first application filed by the continuing education sponsor for programs offered in any one continuing education reporting period. No additional fee will be assessed on subsequent applications for continuing education course approval filed for programs offered throughout the continuing education reporting period, regardless of the number of applications filed by the continuing education sponsor.

   (2) [All fees are nonrefundable.] A fee may be returned to an applicant or licensee, at the board’s discretion, upon the applicant’s or licensee’s written request to the board explaining the reason the fee should be returned.

   (3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.
20 CSR 2070-4.010 Chiropractic Insurance Consultant

PURPOSE: This rule sets out procedures for chiropractic physicians to become certified as chiropractic insurance consultants to perform third-party reviews, regulates compensation for third-party reviews, and requires [biennially] biennial reporting and renewal of the certification.

[(1) A licensee reviewing chiropractic billing and medical records for the purposes of determining the adequacy or sufficiency of chiropractic treatments, or the clinical indication for those treatments, must be certified to do so if the purpose for such review is to assist any health insurance or managed care entity in making a determination regarding coverage or benefits. Any licensee engaging in such practice shall be deemed an “insurance consultant” and shall be subject to the provisions of this regulation. The requirements contained within this regulation must be met prior to engaging in insurance consulting.

(A) Application shall be made on a form provided by the board and accompanied by the required fee.
(B) Prior to obtaining certification, the applicant shall submit proof of meeting the requirements of section 376.423, RSMo.
(C) Upon approval of the application for certification, the licensee shall keep copies of records reviewed proving compliance with section 376.423, RSMo, for two (2) years following review and shall submit them to the board upon request.

(2) No licensee may receive compensation from a third-party payor based in whole or in part upon the amount of fees the licensee recommends be reduced or denied when the licensee is performing services as an insurance consultant pursuant to this regulation.

(3) In order to maintain a valid certification in insurance consulting, a licensee holding a certificate at the time of license renewal shall certify to the board completion of a minimum of twelve (12) hours of continuing education in insurance consulting, approved by the board. Failure of the licensee to receive the renewal form shall not relieve the licensee of the duty to renew the certification. To renew the certification, the licensee shall:

(A) Provide the number of claim reviews conducted during the biennial renewal cycle, the percentage of their income derived from claims review when compared to total income, and the percentage of income derived from the clinical practice of chiropractic; and

(B) The continuing education shall apply toward attainment of the twelve (12) required hours of continuing education pursuant to 20 CSR 2070-2.080(5), in the general studies category of continuing education.

(4) Continuing education in the area of insurance consulting may also be submitted to the board for approval as formal continuing education hours.

(5) A certification in insurance consulting may be reinstated upon submitting an application, provided by the board, paying the required fee, and documenting twelve (12) hours of formal continuing education approved by the board. For the purpose of reinstatement of the insurance consultant certification, continuing education shall consist of the following:

(A) Four (4) hours Medicare requirements, coding, and reimbursement; and

(B) Four (4) hours Subjective Objective Assessment Plan (SOAP) notes; and

(C) Four (4) hours billing and/or coding.

(6) A licensee applying for reinstatement may submit other topics of formal continuing education to the board for review. The licensee shall be responsible for providing all documentation requested by the board and shall have the burden of demonstrating that the topics contribute to the licensee’s knowledge of insurance consulting.]
(1) A licensee reviewing chiropractic billing and treatment records for the purpose of determining the adequacy or sufficiency of chiropractic treatment(s) provided to a patient, or the clinical indication for the quantity of type of such treatment(s), must be certified by the board to do so if the purpose for such review is to assist any health insurance or managed care entity in making a determination regarding coverage or benefits. Any licensee engaging in such practice shall be deemed an insurance consultant and shall be subject to the provision of this regulation. The requirements contained herein must be met prior to engaging in insurance consulting or acting as an insurance consultant for any health insurance entity, manage care entity, or other third party payor.

(A) Application shall be made on a form provided by the board and accompanied by the required fee.

(B) Prior to obtaining the certification, the applicant shall submit proof of meeting the requirements of section 376.423, RSMo.

(C) Upon approval of the application for certification, the license shall keep copies of records reviewed proving compliance with section 376.423, RSMo for two years following review and shall submit copies of the records to the board upon request.

(2) No licensee may receive compensation from a third party payer based in whole or in part upon the amount of fees the licensee recommends to be reduced or denied when the licensee is performing services as an insurance consultant pursuant to this rule.

(3) In order to maintain a valid certification in insurance consulting, the licensee shall maintain a current Missouri license and document completion of a minimum of twelve (12) hours of continuing education in insurance consulting, approved by the board. Failure of the licensee to receive the renewal form shall not relieve the licensee of the duty to renew the certification. To renew the certification the licensee shall:

(A) Provide the number of claim reviews conducted during the biennial renewal cycle, the present of their income derived from claims review when compared to total income, and the percent of income derived from the clinical practice of chiropractic.

(B) The continuing education required for the renewal of the insurance consultant certification shall apply toward attainment of the twelve (12) required hours of continuing education pursuant to 20 CSR 2070-2080(3)(A).

(5) A certification in insurance consulting may be reinstated upon submitting an application provided by the board, paying the required fee pursuant to 20 CSR 2070-2.090(1)(W), and documenting completing twelve (12) hours of formal continuing education programs, seminars and/or workshops approved the board for insurance consulting.
(6) A licensee applying for reinstatement may submit other topics of formal continuing education to the board for review. The licensee shall be responsible for providing all documentation requested by the board and shall have the burden of demonstrating the topics contribute to the license’s knowledge of insurance consulting.
PURPOSE: This rule states the requirements and procedures for a nonresident spouse of an active duty member of the military who is transferred to this state in the course of the member’s military duty to obtain a temporary courtesy license to practice chiropractic for one hundred eighty days, subject to possible extension as provided by law.

(1) The board shall grant a temporary courtesy license to practice chiropractic without examination to a “nonresident military spouse” as defined in § 324.008.1, RSMo who provides the board the following:
   (A) A completed application form;
   (B) A non-refundable application fee, as established by 20 CSR 2015-2.090(C), made payable to the board;
   (C) Verification sent directly to the board office from a state, district or territory verifying that the applicant holds a current and active license in that state, district or territory;
   (D) Proof that the applicant has been engaged in the practice of chiropractic in a state, district or territory of the United States in which the applicant is currently licensed for at least two (2) years of the five (5) years immediately preceding the application for temporary licensure;
   (E) Verification sent directly to the board office from each state, district or territory of the United States in which the applicant has ever been licensed verifying:
      (i) The status of the applicant’s license and when licensed in that jurisdiction if there were any complaints and/or disciplinary action on the license;;
      (ii) The applicant has not committed an act in any jurisdiction where the applicant holds or held a license that would have constituted grounds for the refusal, suspension, or revocation of a license or certificate to practice at the time the act was committed; and
      (iii) The applicant has not been disciplined under the laws of a licensing or credentialing entity in another jurisdiction and is not the subject of an unresolved complaint, review procedure or disciplinary proceeding under the laws of a licensing or credentialing entity in any other jurisdiction.
   (F) Proof of submission of fingerprints to the Missouri State Highway Patrol’s approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation (FBI) fingerprint background check. Any fees due for fingerprint background checks shall be paid by the applicant directly to the fingerprint vendor or as otherwise set out in the board’s regulations;
(G) If the board is unable initially to determine if the licensing requirements of the state, district or territory in which the applicant is currently licensed are equivalent to Missouri’s licensing requirements, the applicant shall, upon request, submit documentation as necessary to assist the board in determining whether such other jurisdiction’s licensing requirements are equivalent to the licensing requirements of this state;

(H) Proof of satisfactory completion of the board written jurisprudence examination regarding the laws of the State of Missouri related to the applicant’s profession;

(I) Such additional information as the board may request to determine eligibility for a temporary courtesy license pursuant to the provisions of 20 CSR 2070-2.040(7).