Rules of
Department of Economic Development
Division 70—State Board of Chiropractic Examiners
Chapter 4—Chiropractic Insurance Consultant

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Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 70—State Board of Chiropractic Examiners
Chapter 4—Chiropractic Insurance Consultant

4 CSR 70-4.010 Chiropractic Insurance Consultant

PURPOSE: This rule sets out procedures for chiropractic physicians to become certified as chiropractic insurance consultants to perform third-party reviews, compensation for third-party reviews and annual reports.

(1) All licensees who review chiropractic 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 and shall notify the board annually that they are engaged in those activities and the location where those activities are performed.

(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 reviewing files of persons other than his/her patients for the purpose of determining the adequacy or sufficiency of chiropractic treatments of the clinical indication for the treatments.

(3) All licensees must report annually to the board the number of reviews which they conduct and the amount of their income derived from claims review expressed as a percentage of their total income from the practice of chiropractic.


4 CSR 70-4.020 Application for Certification of Insurance Consultant

PURPOSE: This rule states where to obtain application forms and when to send the proof of education that is needed to become certified as an insurance consultant.

(1) Application shall be made on the form provided by the board. The application shall be signed by the applicant who shall swear that the information provided is true and correct according to the applicant’s best knowledge, information and belief.

(2) Application forms may be obtained from the board office.

(3) Prior to obtaining certification, the licensee must submit proof that s/he has satisfied the requirements of section 376.423, RSMo. The licensee shall keep copies of all records proving compliance with section 376.423, RSMo for two (2) years and shall submit them to the board if requested.


4 CSR 70-4.030 Renewal and Post-graduate Education

PURPOSE: This rule sets requirements for chiropractic insurance consultants to renew the certification and the required postgraduate education.

(1) The chiropractic insurance consultant’s certification shall be renewed annually. The board shall send a notice to each certified consultant.

(2) To renew the certification the chiropractic insurance consultant annually shall obtain twelve (12) hours of postgraduate education in insurance consulting which has been approved by the board. This postgraduate education is in addition to the postgraduate education required to renew the consultant’s chiropractic license.


MISSOURI STATE BOARD OF CHIROPRACTIC EXAMINERS
APPLICATION FOR REGISTRATION AS AN INSURANCE CONSULTANT

INSTRUCTIONS
All information requested on this application must be typed or printed. Must be legible. If more room is needed for any item below, attach a separate sheet of paper.

I hereby apply for registration as an insurance consultant in the state of Missouri, and submit for consideration the following proofs as required by the Missouri laws governing the practice of Chiropractic, and by the Rules of the State Board of Chiropractic Examiners of Missouri.

1. NAME (PRINT NAME IN FULL, INCLUDING MIDDLE NAME AND MAIDEN NAME)

SOCIAL SECURITY NUMBER

TELEPHONE NUMBER

2. PRESENT ADDRESS

3. ARE YOU CURRENTLY LICENSED TO PRACTICE CHIROPRACTIC IN MISSOURI? YES NO

LICENSE NUMBER

4. LIST OTHER STATES WHERE YOU ARE NOW OR HAVE BEEN LICENSED.

5. HAVE YOU HAD ANY COMPLAINTS FILED AGAINST YOU IN ANY STATE? (IF YES, EXPLAIN WHERE AND THE NATURE OF THE COMPLAINT)

6. HAVE YOU EVER VOLUNTARILY SURRENDERED A STATE LICENSE? (IF SO, STATE REASONS)

7. LIST ANY PROBATION, SUSPENSION OR REVOCATION OF YOUR CHIROPRACTIC LICENSE IN ANY OTHER STATE.

8. HAVE YOU EVER BEEN CHARGED, ENTERED A PLEA OF GUILTY OR NOLE CONTENDIERE, OR CONVICTED OF ANY CRIMINAL OFFENSE(S) IN MISSOURI, OR IN ANOTHER STATE, OR IN FEDERAL COURT (OTHER THAN MINOR TRAFFIC VIOLATIONS)? IF YES, ATTACH EXPLANATION STATING DATE AND PLACE OF CHARGE, PLEAS OR CONVICTION(S) AND THE NATURE OF SUCH OFFENSE(S).

9. LIST PERCENTAGE OF EARNED INCOME FROM THE PRACTICE OF CHIROPRACTIC, EXCLUDING INSURANCE CLAIMS REVIEW.

10. CERTIFICATION ENCLOSED OF SUCCESSFUL COMPLETION OF AT LEAST ONE HUNDRED (100) HOURS OF POST GRADUATE TRAINING, IN INSURANCE CLAIMS CONSULTING, WHICH TRAINING WAS PRESENTED BY A COLLEGE OF CHIROPRACTIC HAVING STATUS WITH THE COUNCIL ON CHIROPRACTIC EDUCATION.

11. CERTIFICATION ENCLOSED OF SUCCESSFUL COMPLETION OF AT LEAST ONE HUNDRED (100) HOURS TRAINING IN INSURANCE CLAIMS CONSULTING IN THE COURSE OF STUDY APPROVED BY THE STATE BOARD OF CHIROPRACTIC EXAMINERS.

Missouri Statutes 565.060 - False Official Statements. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a Class B misdemeanor.

SIGNATURE OF APPLICANT

DATE

MO 419-1777 (9-90)