

AMENDATORY SECTION (Amending WSR 96-16-074, filed 8/6/96, effective 9/6/96)

**WAC 246-808-540 Billing practices.** (1) A doctor of chiropractic may only bill for ((all)) provided services that are allowable under chapter 18.25 RCW and the rules adopted pursuant to the foregoing statute. The ((doctor)) chiropractor shall utilize codes ((and/or)) or descriptions of services that accurately describe the professional services rendered. Services shall be adequately documented in the patient's record as specified in WAC 246-808-560.

(2) A chiropractor shall not rebate, offer to rebate, or accept a rebate of any payment as prohibited by chapter 19.68 RCW.

(3) Future care contracts. It shall be considered unprofessional conduct for any chiropractor to enter into a contract that would result in any patient being charged a fee for care to be rendered in the future unless the contract:

(a) Is documented, dated, and signed by both parties;

(b) Includes the complete terms of the prepaid plan being offered including the specific number of treatments/services over a defined period of time. Any additional fee(s) charged during the contract term

shall be agreed to and documented before additional service is provided;

(c) States that the patient is entitled to a complete refund for any prepaid and unused chiropractic visits. All prepaid encounters, both used and unused, shall have the same monetary value when a refund is requested and calculated;

(d) The chiropractor shall also:

(i) Place any prepayment moneys received into a trust account and drawn after the services have been provided; and

(ii) Keep separate accounting of prepayment moneys and provide reports to the commission upon request.

(e) Any contract under this section shall comply with chapter 48.150 RCW.

(4) Time of service discount. Nothing in this section shall prohibit a chiropractor from offering a discount for payment at the time of service.

[Statutory Authority: Chapter 18.25 RCW. WSR 96-16-074, § 246-808-540, filed 8/6/96, effective 9/6/96.]

AMENDATORY SECTION (Amending WSR 10-15-084, filed 7/19/10, effective 8/19/10)

**WAC 246-808-560 Documentation of care.** A doctor of chiropractic ~~((must))~~ shall keep complete and accurate documentation on all patients and all patient encounters. This documentation is necessary to protect the health, well-being, and safety of the patient.

(1) The patient record ~~((must))~~ shall detail the patient's clinical history ~~((τ))~~ and the rationale for the following:

(a) Examination ~~((τ))~~ ;

(b) Diagnostic or analytical procedures ~~((τ))~~ ; and

(c) Treatment services provided.

(2) The diagnosis or clinical impression ~~((must))~~ shall be contained in the patient record, not merely recorded on billing forms or statements ~~((Subjective health status updates, whether or not symptoms are present, must be documented for every patient encounter))~~.

~~((2))~~ (3) Documentation for the initial record ~~((must))~~ shall include at a minimum:

(a) The patient's history;

(b) Subjective presentation;

(c) Examination (~~(findings)~~) or objective findings relating to the patient's presenting condition;

(d) Any diagnostic testing performed or ordered;

(e) A diagnosis or impression;

(f) Any treatment or care provided; and

(g) A plan of care.

~~((3))~~ (4) Reexaminations, being necessary to monitor the progress or update the current status of a patient, ~~((must))~~ shall be documented:

(a) At reasonable intervals sufficient to reflect the effectiveness of the treatment ~~((Reexaminations must also be documented))~~ ;

(b) Whenever there is an unexpected change in the subjective or objective status of the patient ~~((Reexamination documentation must))~~ ;

(c) To include the subjective presentation and objective findings ~~((This documentation shall also))~~ ; and

(d) To reflect changes in the patient's care and progress, and in the treatment plan.

~~((4))~~ (5) Documentation of visits between examinations ~~((must be recorded for every patient encounter. Documentation must sufficiently record all the))~~ shall include:

(a) All services provided, as well as any changes in the patient's presentation or condition.

(b) The region(s) ~~((of all treatment and, if applicable, the specific level(s)))~~ of chiropractic adjustments ~~((must be recorded in the patient encounter documentation))~~, and any other treatments.

~~((5))~~ (6) Patient ~~((records must))~~ documentation shall be legible, permanent, and ((recorded)) cited in a timely manner((-)), as well as:

(a) Documentation that is not ~~((recorded))~~ cited on the date of service ~~((must))~~ shall designate both the date of service and the date of the chart note entry((-));

(b) Corrections or additions to the patient's ~~((records must))~~ file shall be corrected by a single line drawn through the text and initialed so the original entry remains legible((-)); and

(c) In the case of computer-organized documentation, unintended entries may be identified and corrected, but ~~((must))~~ shall not be deleted from the record. Errors in spelling and grammar may be corrected and deleted.

~~((6))~~ (7) Correspondence relating to any referrals concerning the diagnosis or treatment of the patient ~~((must))~~ shall be retained in the patient record.

~~((7))~~ (8) Patient records ~~((should))~~ shall clearly identify the patient's name, date of service, facility, and the provider of services by name, initials, or signature.

(a) Documentation of each patient encounter shall include the patient's name, provider of service, and date of service.

(b) If the chiropractor uses initials, abbreviations, acronyms, or a code in the documentation, a ~~((code))~~ legend ~~((must))~~ shall be made ~~((available upon request))~~ and included in the record.

[Statutory Authority: RCW 18.25.0171 and chapter 18.25 RCW. WSR 10-15-084, § 246-808-560, filed 7/19/10, effective 8/19/10. Statutory Authority: Chapter 18.25 RCW. WSR 96-16-074, § 246-808-560, filed 8/6/96, effective 9/6/96.]

AMENDATORY SECTION (Amending WSR 96-16-074, filed 8/6/96, effective 9/6/96)

**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))~~ As a matter of patient safety, a chiropractor shall produce diagnostic quality radiographs.

(1) The chiropractor shall document in the patient record the clinical rationale substantiating the radiographic study, which may include the subjective complaints and the objective findings.

(2) Each radiographic study shall be of diagnostic quality by demonstrating adequate density, contrast, definition, and an absence of positional distortion to a degree sufficient to determine the appropriateness of chiropractic care or the need for referral to other health care providers. To the extent possible, no artifacts shall be present. If artifacts are present, the reason shall be documented in the patient record.

(3) The following shall appear on ~~((the films))~~ all radiographic studies:

(a) Patient's name and age;

(b) ~~((Doctor's name, facility name, and address))~~ Ordering chiropractor's name;

(c) Name and address of facility where radiographs were taken;

(d) Date of study;

~~((d))~~ (e) Left or right marker~~((e))~~; and

(f) Other markers as indicated~~((f))~~

~~((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) )~~.

(4) The chiropractor shall ensure the following standards are met:

(a) Sufficient views shall be obtained to comprise a minimum diagnostic series. Ancillary or specialized views may be obtained in addition to the minimum diagnostic series.

(b) Collimation shall be used to limit radiation exposure to the field of interest. Collimation shall be evident on a minimum of three

sides of the radiograph, in compliance with WAC 246-225-060. A positive beam limiting device may be used in lieu of showing collimation on three or more sides of the radiograph.

(c) When appropriate, density equalizing filtration shall be used.

(d) Gonadal shielding shall be used with patients of reproductive age when the gonads are in the direct beam, in compliance with WAC 246-225-020, except for cases when gonadal shielding may interfere with the diagnostic procedure. The frontal projection of the lumbopelvic region in females of future or current childbearing potential may be taken PA instead of AP in order to reduce gonadal exposure to radiation.

(e) The orbits should be excluded from the primary beam for standard cervical spine radiographic views. If the orbits shall be in the field of view for purposes of spinographic analysis, then appropriate lens shielding is recommended.

(5) The pregnant abdomen shall not be exposed to ionizing radiation. If clinical necessity warrants, the cervical spine and extremity radiographic studies (excluding the hips and pelvis) may be taken with full lead shielding.

(6) Radiographic findings shall be included in the patient record for every series of radiographs produced.

(7) 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.

[Statutory Authority: Chapter 18.25 RCW. WSR 96-16-074, § 246-808-565, filed 8/6/96, effective 9/6/96.]

AMENDATORY SECTION (Amending WSR 96-16-074, filed 8/6/96, effective 9/6/96)

**WAC 246-808-570 Genital, internal pelvic ((~~or prostate~~)), and breast examinations prohibited.** The physical examination to determine the necessity for chiropractic care does not include ((~~vaginal~~-(~~)~~) genital, internal pelvic((+)), or breast examinations ((~~or prostate examination~~)). Chiropractors are prohibited from performing such examinations and from directing ((~~any agent or~~)) employees to perform such examinations.

[Statutory Authority: Chapter 18.25 RCW. WSR 96-16-074, § 246-808-570, filed 8/6/96, effective 9/6/96.]

AMENDATORY SECTION (Amending WSR 96-16-074, filed 8/6/96, effective 9/6/96)

**WAC 246-808-575 (~~Intravaginal~~) Requirements for an internal coccyx adjustment ((restricted))**. (~~It shall be considered unprofessional conduct for a chiropractor to perform an adjustment of the coccyx through the vagina unless~~) An internal coccyx adjustment may be performed if the following ((conditions)) criteria are met:

(1) The (~~coccyx cannot be adjusted rectally or the patient is offered and declines the option of the rectal technique~~) patient's condition has not responded favorably to an external coccyx adjustment or the patient has been given the option and declined an external coccyx adjustment;

(2) (~~The coccyx adjustment is performed~~) An internal rectal adjustment of the coccyx may be performed with signed consent from the patient and with the use of a disposable finger cot or ((rubber)) examination glove; ((and))

(3) (~~A female attendant is present at all times the patient is examined and the coccyx adjustment is being performed.~~) An intravaginal adjustment of the coccyx may be performed if the patient and chiropractor deem that this method is more appropriate. A signed consent

from the patient and the use of a disposable finger cot or examination glove is required; and

(4) Unless the patient declines, a patient approved attendant shall be present while the patient is examined and the internal coccyx adjustment is being performed.

[Statutory Authority: Chapter 18.25 RCW. WSR 96-16-074, § 246-808-575, filed 8/6/96, effective 9/6/96.]

AMENDATORY SECTION (Amending WSR 96-16-074, filed 8/6/96, effective 9/6/96)

**WAC 246-808-580 (~~(Acupuncture-)~~) Use of needles prohibited.** No chiropractor shall (~~(÷~~

~~(1) Employ the use of~~) use needles in the chiropractic treatment of a patient (~~(÷ or~~

~~(2) Hold himself or herself out as practicing acupuncture in any form: This prohibition shall not restrict a chiropractor who is also a certified acupuncturist pursuant to chapter 18.06 RCW from practicing acupuncture, provided that the chiropractor differentiates chiropractic care from acupuncture care at all times as is required by RCW 18.25.112)) .~~

[Statutory Authority: Chapter 18.25 RCW. WSR 96-16-074, § 246-808-580, filed 8/6/96, effective 9/6/96.]

AMENDATORY SECTION (Amending WSR 96-16-074, filed 8/6/96, effective 9/6/96)

**WAC 246-808-590 Professional boundaries and sexual misconduct.**

~~((1) The chiropractor shall never engage in sexual contact or sexual activity with current clients.~~

~~(2) The chiropractor shall never engage in sexual contact or sexual activity with former clients if such contact or activity involves the abuse of the chiropractor-client relationship. Factors which the commission may consider in evaluating if the chiropractor-client relationship has been abusive include, but are not limited to:~~

~~(a) The amount of time that has passed since therapy terminated;~~

~~(b) The nature and duration of the therapy;~~

~~(c) The circumstances of cessation or termination;~~

~~(d) The former client's personal history;~~

~~(e) The former client's current mental status;~~

~~(f) The likelihood of adverse impact on the former client and others; and~~

~~(g) Any statements or actions made by the chiropractor during the course of treatment suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the former client.~~

~~(3) The chiropractor shall never engage in sexually harassing or demeaning behavior with current or former clients.)~~ (1) The following definitions apply throughout this section unless the context clearly requires otherwise.

(a) "Patient" means a person who is receiving health care or treatment, or has received health care or treatment without a termination of the chiropractor-patient relationship. The determination of when a person is a patient is made on a case-by-case basis with consideration given to a number of factors, including the nature, extent, and context of the professional relationship between the chiropractor and the person. The fact that a person is not actively receiving treatment or professional services is not the sole determining factor.

(b) "Chiropractor" means a person licensed to practice chiropractic under chapter 18.25 RCW.

(c) "Key third party" means a person in a close personal relationship with the patient and includes, but is not limited to, spouses, partners, parents, siblings, children, guardians, and proxies.

(2) A chiropractor shall not engage in sexual misconduct with a current patient or a key third party. A chiropractor commits sexual misconduct when engaging in the following behaviors with a patient or key third party:

(a) Sexual intercourse or genital to genital contact;

(b) Oral to genital contact;

(c) Genital to anal contact or oral to anal contact;

(d) Kissing in a romantic or sexual manner;

(e) Touching breasts, genitals, or any sexualized body part for any purpose other than appropriate examination or treatment;

(f) Examination or touching of genitals without using gloves;

(g) Not allowing a patient the privacy to dress or undress;

(h) Encouraging the patient to masturbate in the presence of the chiropractor or masturbation by the chiropractor while the patient is present;

(i) Offering to provide practice-related services in exchange for sexual favors;

(j) Soliciting a date; and

(k) Engaging in a conversation regarding the sexual history, preferences, or fantasies of the chiropractor, patient, or both.

(3) A chiropractor shall not engage in any of the conduct described in subsection (2) of this section with a former patient or key third party if the chiropractor:

(a) Uses or exploits the trust, knowledge, influence, or emotions derived from the professional relationship; or

(b) Uses or exploits privileged information or access to privileged information to meet the chiropractor's personal or sexual needs.

(4) Sexual misconduct also includes sexual contact with any person involving force, intimidation, or lack of consent, or a conviction of a sex offense as defined in RCW 9.94A.030.

(5) To determine whether a patient is a current patient or a former patient, the commission will analyze each case individually, and will consider a number of factors including, but not limited to, the following:

(a) Documentation of formal termination;

(b) Transfer of the patient's care to another health care provider;

(c) The length of time that has passed;

(d) The length of time of the professional relationship;

(e) The extent to which the patient has confided personal or private information to the chiropractor;

(f) The nature of the patient's health problem; and

(g) The degree of emotional dependence and vulnerability.

(6) This section does not prohibit conduct that is required for recognized diagnostic or treatment purposes if the conduct meets the standard of care appropriate to the diagnostic or treatment situation.

(7) It is not a defense that the patient, former patient, or key third party initiated or consented to the conduct, or that the conduct occurred outside the professional setting.

(8) A violation of any provision of this rule shall constitute grounds for disciplinary action.

[Statutory Authority: Chapter 18.25 RCW. WSR 96-16-074, § 246-808-590, filed 8/6/96, effective 9/6/96.]

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 246-808-545	Improper billing practices.
WAC 246-808-550	Future care contracts prohibited.
WAC 246-808-585	Clinically necessary X rays.