

Insights Into Chiropractic

Discerning the true nature of an alternative health care method

Are Health Plans that Arbitrarily Limit Chiropractic Treatment in the Best Interest of Anyone?

INTRODUCTION

As the cost of health care skyrockets, the discovery of which therapeutic methods are most effective becomes a critical issue for individuals purchasing health care services, and for those who act as gatekeepers to health care services.

Although a large body of evidence has been accumulating that demonstrates the overwhelming superiority of conservative chiropractic treatment in select areas of health care, many individuals who make decisions regarding the access patients have to treatment by doctors of chiropractic remain uninformed of the potential benefits of chiropractic methods.

Patients fortunate enough to have health insurance policies that cover chiropractic treatment often find that those same policies place arbitrary limits on the number of visits allowed, or on the types of treatment methods provided by the chiropractor. These policies are written in such a manner so as to limit chiropractic services by one or more of the following strategies:

1. A specific dollar amount per year is allowed towards chiropractic treatment (example: \$1000 max/year) or a specific dollar maximum per treatment is allowed (example: a flat rate per day or a percentage limit of a maximum per day charge, such as 50% of up to \$50 per day).
2. Only charges for chiropractic manipulation are eligible. No other services provided by the chiropractor are reimbursable under

the plan such as X-rays, examinations, therapy, braces, etcetera.

3. A specific limited number of treatments are reimbursable under the plan contract.

4. Reimbursement for manipulative treatment is confined to that performed during general anesthesia, during a cutting operation, or while the patient is confined to a hospital.

There are many more strategies in use to limit chiropractic treatment and some of those described above are also used in combinations to further limit chiropractic utilization.

The shortcomings of these coverage limitations are often not readily apparent, however, an attempt will be made to describe some of the associated disadvantages.

HOW DO ARBITRARY LIMITS AFFECT THE TREATMENT DECISIONS MADE BY PATIENTS?

In one of the examples described above, specific maximum dollar amounts placed on chiropractic treatment are the method used to restrict access to chiropractic treatment methods. An example of how such a health care policy may adversely affect a patient's choice of health care providers is presented below.

Suppose a patient with uncertain indications for surgery were to present to either a chiropractor or a surgeon for treatment of a herniated lumbar intervertebral disc. Both the surgical and the

conservative methods have been shown to be effective in resolving this problem.(1,2,3) Typically, the surgical intervention would be reimbursable under the regular major medical coverage of the patient's policy. This benefit is typically 80% coverage subject to a deductible and possibly 100% coverage after a specific maximum out of pocket amount has been paid by the patient.

A conservative estimate for the cost of the hospital charges could run to over \$4000 for an average stay.(4) This amount would not include doctor's charges, medications, post-surgical follow-up care, etcetera, which could easily push the costs up over the \$8000 mark. The cost for chiropractic services would likely be much lower, perhaps as much as 87% lower as indicated by a recent cost comparison study.(5) However, due to the severe maximum dollar amount limits imposed by the language of the health care contract, the patient may choose the more invasive, more risky, and much more costly surgical procedure versus a chiropractic alternative.

This decision, made in the harsh light of financial obligations by the patient, may result in the patient opting for an expensive unnecessary surgical procedure that would probably leave him/her at similar recovery levels to individuals choosing the less expensive non-surgical care.(1)

Suppose, for example, a health care policy or gatekeeper physician limits the number of treatments a subscriber may receive to a maximum number of 30 per year. Let us say that in January of that year the subscriber injures their cervical spine, requiring 20 treatment sessions to reach maximum recovery. Let us next suppose that same subscriber suffers another traumatic injury, this time in July of the same year to their lower back, requiring an additional 18 treatment sessions to resolve this injury.

If a maximum number of allowable treatments clause is in effect, this patient will be without coverage for the final 8 treatment sessions required to rehabilitate their lower back! Again,

this financial burden may force the patient to choose a less effective and possibly more costly treatment alternative.

Clinical experience has demonstrated that arbitrary policy limits, such as those described above, have often resulted in patients making decisions regarding their care and treatment based solely on issues of reimbursement, rather than clinical effectiveness, overall cost effectiveness, or the inherent risks of more invasive treatment methodologies. This is an unfortunate situation, the result of which is to force a growing number of suffering patients to choose methods of treatment that are often times inferior to those used by doctors of chiropractic.

This is an especially disappointing circumstance when one realizes that a growing number of studies clearly demonstrate the superiority of chiropractic treatment versus traditional medical care in select areas of health care.(5-11,13)

CONCLUSION

It can be shown that arbitrary limits placed upon certain treatment methods may adversely affect the decision making process of those patients making choices regarding their health care.

Furthermore, many of the health care policy limits imposed on chiropractic services could be due in part to residual biases held by the insurance industry against the chiropractic profession. After all, wouldn't the insurance industry flock to encourage utilization of those methods shown to be more effective in terms of clinical results and cost effectiveness through over 50 clinically controlled trials and retrospective studies? (12,13)

This contention becomes even more evident when it is known that only about 15% of standard medical interventions have been validated by formal scientific investigation.(14) What defense of these practices can be raised by our health insurance industry when these arbitrary limits force purchasers and recipients of health care services to select forms of treatment that

may be more costly, more risky, and possibly not proven for their effectiveness?

Are health plans that arbitrarily limit chiropractic treatment in the best interest of anyone? Not if the goal of the American health care system is to provide the most effective treatment methods to the greatest number of individuals at the most affordable costs.

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