## **OIC Rules Coordinator**

From: Becky <Becky@lakestevenschiro.com>
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**To:** OIC Rules Coordinator

**Subject:** R2025-05 First Prepublication draft comment

## External Email

I am writing to express support of the rule change that would prohibit property and casualty insurers from denying or reducing reimbursement for claims without disclosing how they come up with the rate they consider to be "usual and customary". Initially each carrier used different rates as what they considered "usual and customary" (now they are similar). Auto insurers using a "fair health database" to discount medically necessary coverage, without disclosing this to their client that their coverage will not be paid in full under the PIP or med pay policy, is not transparency. These insurers do not consider the financial difficulty the added burden of the unpaid amounts can cause to their insured and inhibit their care. Auto insurers are discounting primarily chiropractic codes without considering the 3 aspects that fall under the 98940-98943 (series) codes of pre adjustment exam, the corrective adjustment, and post adjustment exam. Insurers are using AI for claims processing decisions without reviewing the clinical documentation, medical necessity and or outcomes of chiropractic treatment. Al also cannot factor in certain contraindications to progress and risk factors patient's present with. Since chiropractic is a proven and cost-effective treatment for common sprain/strain "whiplash" injuries caused by motor vehicle collisions these insurers are increasingly targeting chiropractic billing. This rule would help to ensure that insurers process and pay medically necessary claims with transparency and accountability toward their customers who paid a premium for 100% coverage of reasonable medical coverage.

Becky Johnson
Billing/ Medical Records
Lake Stevens Chiropractic



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