

OIC Rules Coordinator

From: Integrity Chiropractic <connect@integrity-dc.com>
Sent: Friday, August 1, 2025 2:25 PM
To: OIC Rules Coordinator
Subject: R2025-05 First Prepublication Draft Comment

External Email

Dear Commissioner Kuderer,

While you have likely read a numerous amount of these emails, I am hoping mine brings a balanced analysis to the situation that may offer some insight to help bring about constructive change.

Coming from a past career in engineering, one irritant about the health care industry is that you have billable procedure codes which may or may not be reflective of the time and actual care provided to servicing the patient which I am sure you are aware of.

In the chiropractic profession, most chiropractors provide spinal manipulations as a primary mode of care and there is a series of codes (989XX) that represents this. At some point in the past, the industry decided that if a chiropractor decides to do any soft tissue work, and if that soft tissue work is adjacent or attaches to a joint that the chiropractor decides to manipulate, it will be considered a bundled service. This is problematic because the reality is that injuries are often not one-dimensional and joint and muscular issues are often intertwined. As someone who has lived with chronic pain and has been treating as a chiropractor for 10 years, I know that doing a 1-2 minute spinal manipulation will not be enough to solve the problem for many patient's problems, especially someone who was injured in a car accident. In my practice, I will often spend 10-20 minutes working soft tissue in an area before I do a manipulation- if I even do a manipulation. Most major insurance carriers these days pay between \$35-80 for manipulation work. With current insurance rules, the spinal manipulation alone is worth just the same as the 10, 20, or 30 minutes of soft tissue work that accompanies it. The doctor then has to decide, do I do this work or not? I presume most of my colleagues would not- but that is their right. However, is it fair for any insurance company to value the work as being the same monetary value among all practitioners? On the basis of physical labor and time, I don't see how you could as you wouldn't do this in other industries without some sort of signed labor agreement or contract. As a result, if you were to devalue work based on an index, what makes up the values on this index? It is based on skills, credentials, experience, or just an average of an arbitrary territorial line drawn? Do we have a process in which to dispute and come to an agreement on what the cost of services should be or is it simply we must accept what you dictate? Does your index consider inflation and the increasing costs of running a business each year?

In my experience with working with Liberty Mutual/Safeco over the past two years, I have found that I have often had fees truncated based on their geographical index, with no clear and easy route to address grievances except with the adjuster who may or may not be understanding or even available. Furthermore, I have learned that their adjusters often work in teams and units- which means for one client your fees can be paid in full, while for another they will be truncated. This is concerning, as this means the index is a variable index- again with no way to have easy discourse about it. This has resulted in lots of wasted time, and often more monetary value spent by my staff and their staff than the shortage in fees that we are trying to recoup. I understand as a

business; you must always evaluate spending and control costs- but you should also recognize value when it is in the best interest to your business and clientele.

To make a final point about costs- the insurance company may consider soft tissue work with spinal manipulation a bundled service, but often time they will not question billing massage therapy (a different code) with spinal manipulation on the same day. This is the typical model of practice for most chiropractors that treat auto injuries. This often entails a higher fee- which the casualty insurance company will often pay because it does not invoke any sort of bundled service rule. Again, if the insurance company's goal is to save money, it should recognize value when it sees it and pay the bundled work that may come at a lesser total fee than combined work. This is where better documentation review is needed on their end as a whole- as if they carefully read the chart notes we are required to provide each visit, they would clearly see it.

When I opened my practice, I decided that I wanted to provide care at a very high level while maintaining fees that help keep my care accessible to people. Generally, most people would assume that a cash-practice means higher fees, but I have strived to keep my fees very reasonable. That said, I generally view the way I work as based on time, like most other professions. As a result, I usually only bill a 2 procedure codes for an hour of work, but they may be at a higher cost. I take on auto accident cases because the casualty insurance companies generally have been uncomplicated and fair in paying the bills and there is not much administrative burden compared to working with commercial insurance companies. I pass my reasonable fees onto them as well with no high fee sheet and time-of-service payment games. At this point, I can state that I will likely try to avoid taking Liberty Mutual and Safeco patients due to the administrative burden they have placed on me.

Ultimately, Liberty Mutual and Safeco's practices will affect the patients they insure- because it will limit their options for getting quality care in their time of need.

Thank you very much for your time.

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