



ADMINISTRATIVE RULES OF MONTANA



24.126.2301 UNPROFESSIONAL CONDUCT

- (1) It is unprofessional conduct for a licensee or applicant to violate any statute, rule, or standard of care governing the practice of chiropractic.
- (2) In addition to the provisions of 37-1-316, MCA, the following is unprofessional conduct:
 - (a) committing any act of sexual abuse, sexual misconduct, or sexual exploitation regardless of whether the act is related to the licensee's practice;
 - (b) soliciting, engaging, or attempting to engage in any form of sexual relationship or sexual contact with a patient or a former patient, unless the chiropractor-patient relationship is terminated in writing and more than 90 days have passed since the termination;
 - (c) performing chiropractic services that exceed or do not support the clinical needs of the patient;
 - (d) failing to make reports and records available to the board upon request, failure to cooperate with a board investigation or knowingly giving false information to the board;
 - (e) performing an examination, chiropractic manipulation, or adjustment intra-vaginally;
 - (f) performing a sacrum/coccyx adjustment intrarectally unless the following conditions are met:
 - (i) a written consent form is signed by the patient for each adjustment. The consent form must clearly offer external adjustment options;
 - (ii) the adjustment is performed with the use of a disposable finger cot or rubber glove; and
 - (iii) a chaperone is present when the patient is examined and treated intrarectally.
 - (g) falsifying, altering, or making incorrect essential entries or failing to make essential entries of patient records;
 - (h) failing to obtain an appropriate consultation or make an appropriate referral when the problem of the patient is beyond the licensee's training, experience, or competence;
 - (i) failing to render adequate supervision, management, training, or control of auxiliary staff, interns, or licensees practicing under the licensee's supervision or control according to generally accepted standards of practice;
 - (j) failing to keep adequate patient records that are legible and contain at a minimum:
 - (i) date of service;

- (ii) pertinent history;
 - (iii) relevant symptomology;
 - (iv) physical findings;
 - (v) results of diagnostic tests;
 - (vi) clinical assessment;
 - (vii) treatment procedures; and
 - (viii) patient progress.
- (3) It is unprofessional conduct for a licensee to engage in the following billing misconduct:
- (a) giving or receiving money for referring patients to a company or another professional, also known as "fee splitting";
 - (b) charging or collecting from a private insurance company or government-funded insurance program the costs of treatment and waiving a patient's deductible or co-payment in the absence of a documented financial hardship;
 - (c) charging different fees to insurance companies and patients. A discounted fee to a patient must result in billing the same to the third-party payor; and
 - (d) charging a patient a clearly excessive fee or charging for services not rendered or not fully rendered.

Authorizing statute(s): 37-1-131, 37-1-319, 37-12-201, MCA

Implementing statute(s): 37-1-131, 37-1-141, 37-1-316, 37-1-319, 37-12-301, 37-12-322, MCA

History: Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1988 MAR p. 475, Eff. 3/11/88; AMD, 1990 MAR p. 995, Eff. 6/1/90; AMD, 1994 MAR p. 1578, Eff. 6/10/94; AMD, 1998 MAR p. 1494, Eff. 6/12/98; AMD, 2000 MAR p. 1307, Eff. 5/26/00; TRANS, from Commerce, 2003 MAR p. 2761; AMD, 2004 MAR p. 729, Eff. 4/9/04; AMD, 2008 MAR p. 1978, Eff. 9/12/08; AMD, 2009 MAR p. 2152, Eff. 11/13/09; AMD, 2016 MAR p. 733, Eff. 4/23/16; AMD, 2024 MAR p. 1462, Eff. 6/22/24.