

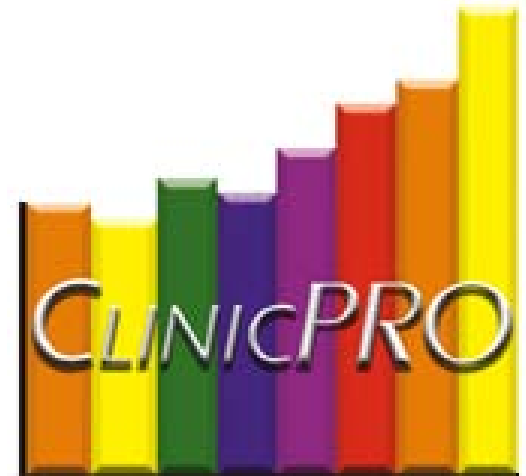
Medicare Chiropractic Documentation Guidelines

Subsequent Visits

Correct documentation is the key to passing a Medicare Chiropractic audit. This tutorial goes through the documentation guidelines step-by-step and explains them thoroughly. Screens from ClinicPro EMR Software and ICER-2-GO (in case of emergency) software are used to illustrate the documentation requirements.

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ClinicPro Software
866-333-2776



E. Documentation Requirements: Subsequent Visits.- the following documentation requirements apply whether the subluxation is demonstrated by x-ray or by physical examination:

1. History

- Review of chief complaint;*
- Changes since last visit;*
- System review if relevant.*

2. Physical exam

- Exam of area of spine involved in diagnosis;*
- Assessment of change in patient condition since last visit;*
- Evaluation of treatment effectiveness.*

3. Documentation of treatment given on day of visit.

- Date of initial visit?*
- Visit number?*

1. History

- Review of chief complaint;
- Changes since last visit;
- System review if relevant.

2. Physical exam

- Exam of area of spine involved in diagnosis;
- Assessment of change in patient condition since last visit;
- Evaluation of treatment effectiveness.
- Visit number?

EMR: WORM, EARTH 09/08/10 12:33:02 PM **** ROM DECREASE ****

Mechanism of Trauma		Pain Scale		Encounter Detail		Body Area		Level of Involvement	
Exacerbation		Pain scale: 0 of 10		Edema	Cervical ✓	Thoracic	Lumbar		
Aggravation		Pain scale: 1 of 10		Fixation	Occiput	T1	L1		
Chief Complaint		Pain scale: 2 of 10		Hypermobility	C1	T2	L2		0 = Normal
Neck pain	Headaches	Pain scale: 3 of 10		Hypomobility	C2	T3	L3		1 = Mild
Radiating into left arm	Radiating into right arm	Pain scale: 4 of 10		Inflammation	C3	T4	L4		2 = Moderate
Left Arm	Right Arm	Pain scale: 5 of 10		Pain	C4	T5	L5 ✓		3 = Moderately ✓
Radiating into left elbow	Radiating into right elbow	Pain scale: 6 of 10		ROM Decrease	C5	T6	Lumbosacral		4 = Severe
Radiating into left hand	Radiating into right hand	Pain scale: 7 of 10		Spasm	C6	T7	Sacrum		
Left Hand	Right Hand	Pain scale: 8 of 10		Swelling	C7	T8	Coccyx		
Upper Back Pain		Pain scale: 9 of 10		Tau/Tender Fibers		T9	PeMIs		
Mid-Back Pain	Sciatica	Pain scale: 10 of 10				T10			
Low Back Pain	Pelvic pain					T11			
Radiating into left leg	Radiating into right leg	100%	Resolved	Abv. Plan Update	Continue Current Care	T12			
Left Leg	Right Leg	75%	Slight improvement	Complete Plan Update	Increase (Slow Progress)				
Radiating into left knee	Radiating into right knee	50%	Moderate improvement		Increase (30-60 Day Reevaluation)				
Radiating into left foot	Radiating into right foot	25%	Marked improvement		Decrease Current Care				
Left Foot	Right Foot		No change	Comment:					
			Somewhat worse						Adjustment
			Significantly worse						Spinal Muscles
									Functional Limits

Documentation of treatment given on day of visit.

Body Area_Context			Adjustments_Option			Technique
Occiput	T1	L1	Atlas Right Posterior	PL	PR	Activator
C1	T2	L2	Atlas Left Posterior	PLI	PRI	Gonstead
C2	T3	L3	Atlas Right Anterior	PLS	PRS	Diversified
C3	T4	L4	Atlas Left Anterior	PL-La	PR-La	Thompson
C4	T5	L5		PLI-La	PRI-La	Anterior Thoracic
C5	T6			PL-T	PR-T	Side Posture
C6	T7	Sacrum		PLI-T	PRI-T	Pierce
C7	T8	Pelvis		PL-M	PR-M	Flexion Distraction
	T9			PLI-M	PRI-M	
	T10					
	T11					
	T12					

Comments

Exit

Documentation of treatment given on day of visit.

Adjustment_Exp

Technique	Body Area		
Activator	Occiput	T1	L1
Diversified	C1	T2	L2
Flexion Distraction	C2	T3	L3
Lumbar Roll	C3	T4	L4
Pettibon	C4	T5	L5
Side Posture	C5	T6	Lumbar
Thompson	C6	T7	Sacrum
Gonstead	C7	T8	Pelvis
	Cervical	T9	
		T10	
		T11	
		T12	
		Thoracic	

Comments

Exit

Encounter detail for a date of service.

The screenshot displays the 'Electronic Health Records: EARTH WORM' application window. The top navigation bar includes 'Patient List', 'Vitals', 'Documents', and 'Encounters'. The main window title is 'Encounter Notes: New from existing encounter for EARTH WORM - Daily Note (Alt)'. Below the title, there are radio buttons for 'List Report' and 'Complete Report', along with 'Select EMR' and 'Edit the EMR' buttons. The left sidebar shows a list of encounters with dates '09/08/10 12:33:02 PM' and '09/08/10 12:23:02 PM'. Below the list are buttons for 'Initial Visit', 'Visit 2 of 2', 'New Encounter', 'New from Existing', 'Edit Encounter', 'Select Report Template', 'Regenerate Report', 'Print Encounter', 'Print Patient Education', 'Report Engine', and 'Delete Encounter'. The main content area displays the following information:

ClinicPro Chiropractic
1438 North Hagadorn
East Lansing, MI 48823

Patient: EARTH WORM - 00000124
Diagnosis: 7393 LUMBAR LESION; 8473 LUMBAR SPRAIN; 7391 CERVICAL LESION; 7234 CERVICOBRACHIAL SYNDROME
Visit Date: 09/08/10
Initial Visit: 09/08/10 Visit No: 2 of 2

Encounter Detail

Pain in the left arm radiating into the elbow: A pain scale value of six has been assigned by the patient.

During the examination, edema was found in the following areas: C5, C6, C7. During today's visit, the level of involvement was given a value of 4. This indicates a severe level of involvement for him.

During the examination, a decreased range of motion was found in the following areas: Cervical, L5. The severity of his response would be listed as a three, moderately severe, on a scale from zero to four.

During the examination, swelling was found in the following areas: C7. The severity of his response would be listed as a three, moderately severe, on a scale from zero to four.

Low back pain radiating into the right leg: According to the patient, a pain scale level of eight is being experienced. This indicates a severe level of pain.

The bottom of the window features a blue bar with 'Medical History', 'Reports', 'Save', 'Cancel', and 'Exit' buttons.

2. Maintenance Therapy Under the Medicare program

Chiropractic maintenance therapy is not considered to be medically reasonable or necessary, and is therefore not payable. Maintenance therapy is defined as a treatment plan that seeks to prevent disease, promote health, and prolong and enhance the quality of life; or therapy that is performed to maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy. For information on how to indicate on a claim a treatment is or is not maintenance, see §240.1.3

Maintenance therapy includes services that seek to prevent disease, promote health and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy.

(A) Notifier(s):

(B) Patient Name:

(C) Identification Number:

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for (D) _____ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the (D) _____ below.

(D)	(E) Reason Medicare May Not Pay:	(F) Estimated Cost:

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the (D) _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

(G) OPTIONS:	Check only one box. We cannot choose a box for you.
<input type="checkbox"/>	OPTION 1. I want the (D) _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
<input type="checkbox"/>	OPTION 2. I want the (D) _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
<input type="checkbox"/>	OPTION 3. I don't want the (D) _____ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

(H) Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

(I) Signature:	(J) Date:
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Audit Triggers - Who Is Likely to Be Audited Through the CERT Program or through the regular audit procedures?

Given their stated guidelines, what are the situations that are triggering Medicare audits right now and what will determine the offices that the CERT (Comprehensive Error Rate Testing) program will likely go after? Some of the audit triggers are obvious based on the guidelines; some of these audits can be avoided. Other audit triggers are occurring because Medicare is able to keep better statistics with advanced technology. They are able to compare your office to other chiropractors in your area and in the state. While computerization has decreased your payment time, it is also increased the amount of information and data available to the insurance carriers.

1. Treating more Medicare patients than normal within a certain timeframe (usually six months.) This is a relatively new audit trigger that will affect any high volume practice.

Audit Triggers - Who Is Likely to Be Audited

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2. Excessive use of the AT modifier. Based on the NMS diagnosis code used, Medicare expects a certain number of visits before a patient is released to maintenance care. If your active care phase is much longer than normal chiropractor, this will trigger an audit.

Audit Triggers - Who Is Likely to Be Audited

3. A mismatch between the subluxation diagnosis code and the NMS code.

Audit Triggers - Who Is Likely to Be Audited

4. Excessive use of the 98942 procedure code.

Audit Triggers - Who Is Likely to Be Audited

5. A visit frequency or visit count higher than normal. Medicare compiles statistics and determines the average number of visits before a patient is released from care or switched to maintenance care. They also track how many times per week (visit frequency) is considered normal.

Audit Triggers - Who Is Likely to Be Audited

6. Failure to release patients to maintenance care. Once a condition has been corrected or a degenerative condition has stabilized, Medicare expects that the patient is released to maintenance care. They use the "duck" method of determining the maintenance care. If it looks like a duck, walks like a duck and quacks like a duck, it must be a duck.

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