

## **Chiropractic Summit V Issues Third Medicare Briefing Meeting Medicare's Documentation Requirements**

Representatives from some 35 chiropractic organizations gathered in Washington DC on May 14, 2009 to participate in the Chiropractic Summit V. The Chiropractic Summit has been an ongoing collaborative process where participants seek common solutions and formulate collective action steps to address several challenges facing the chiropractic profession.

This Chiropractic Summit functions under the auspices of a broad-based Steering Committee comprised of representatives of four major participating organizations, including:

- Dr. Lewis Bazakos, Former Board Chair, American Chiropractic Association
- Dr. Jerry DeGrado, Past President, Congress of Chiropractic State Associations
- Dr. John Maltby, Past President, International Chiropractic Association
- Dr. Frank Nicchi, President, Association of Chiropractic Colleges

Documentation continues to be the chiropractic profession's greatest weakness when it comes to Medicare reimbursement. A major focus of the Summit has been to advance efforts for improving Medicare documentation and the companion article that follows is the third in a series of articles addressing the situation.

For a service to be reimbursable through Medicare, the documentation must show clinical necessity for the patient's care. This article is intended to provide the reader a brief overview of the essential elements for required Medicare documentation.

The article will address Medicare documentation 1) requirements to demonstrate a subluxation, 2) requirements for the initial visit, and 3) requirements for subsequent visits.

### **Demonstrating Subluxation**

A subluxation may be demonstrated by either an X-ray or by physical examination (using the PART criteria).

1. X-ray – If an X-ray is used to document the subluxation, it must have been taken at a time reasonably proximate to the initiation of a course of treatment. Unless more specific X-ray evidence is warranted, an X-ray is considered reasonably proximate if it was taken no more than 12 months prior to, or three months following, the initiation of the course of chiropractic treatment.
2. Physical Examination – To demonstrate a subluxation based on the physical examination, two of the four PART criteria (described below) are required, one of which must be either **Asymmetry/misalignment** or **Range of motion abnormality**:
  - Pain/tenderness (P)
  - Asymmetry/misalignment (A)
  - Range of motion abnormality (R)
  - Tissue, tone changes (T)

**Pain and tenderness** must be documented in terms of location, quality, and intensity. Examples of ways pain may be identified include:

- Noting antalgic gait or pain-avoidance postures;
- Noting if pain is reproduced while examining the patient—“Let me know if this causes discomfort.”
- Having the patient mark their pain on a scale from 0-10;
- Asking the patient to verbally grade their pain from 0-10; and
- Using questionnaires, such as the McGill pain questionnaire.

**Asymmetry/misalignment** may be identified on a sectional or segmental level. Examples of ways asymmetry/misalignment can be identified include:

- Observing the patient’s posture or analyzing gait;
- Using static palpation; and
- Using diagnostic imaging.

**Range of motion abnormality** represents changes in active, passive, and accessory joint movements resulting in an increase or decrease of sectional or segmental mobility. Examples of ways range of motion abnormalities can be identified include:

- Observing an increase or decrease in the patient’s range of motion;
- Using motion palpation to identify “fixed” segments;
- X-raying the patient using bending views; and
- Using goniometers or inclinometers.

**Tissue tone changes** represent alterations in the characteristics of contiguous and associated soft tissues including skin, fascia, muscle, and ligament. Examples of ways tissue changes can be identified include:

- Observing tissue tone, texture and temperature to include spasm, inflammation, swelling, and/or rigidity;
- Palpating hypertonicity, hypotonicity, spasm, tautness, rigidity, and/or flaccidity; and
- Testing for scoliosis contracture and/or muscle strength.

**Reminder:** Identifying a subluxation by using the PART criteria requires identifying at least two of the four PART components through physical examination. In addition, one of those two must be “A” (Asymmetry/misalignment) or “R” (Range of motion abnormality).

### **Initial Visit**

1. Date
2. History
  - Statement of general health (include vital signs)
  - Family history, if relevant
  - Past health history
    - Prior injuries/traumas
    - Prior surgeries
    - Prior hospitalizations
    - Current medications
  - Check for contraindications
  - Description of present illness

- Symptoms causing patient to seek treatment—these symptoms must bear a direct causal relationship to the level of subluxation
  - Mechanism of trauma
  - Quality and character
  - Onset, duration, intensity, frequency, location, and referral/radiation
  - Aggravating and relieving factors
  - Prior interventions, treatments, and medications
  - Secondary complaints
3. Physical Evaluation
  4. Diagnosis
    - Primary (required to be subluxation for Medicare reimbursement)
    - Secondary (must be a neuromusculoskeletal condition with a direct causal relationship to the primary diagnosis)
  5. Treatment Plan
    - Recommended level of care (duration and frequency of visits)
    - Specific treatment goals
    - Objective measures to evaluate treatment effectiveness
  6. Signature/Initials (legal requirement to authenticate records)

### **Subsequent Visits**

1. Date
2. History
  - Review of chief complaint
  - Changes since last visit
  - System review, if relevant
3. Physical exam
  - Examination of area of spine involved in diagnosis
  - Assessment of change in patient condition since last visit
4. Evaluation of treatment effectiveness
5. Treatment given on day of visit
6. Signature/Initials (legal requirement to authenticate records)

---

The members of the Summit Subcommittee on Documentation are Dr. Carl Cleveland III, Dr. John Maltby, Ms. Susan McClelland, Dr. Ritch Miller, Mr. David O'Bryon, and Dr. Frank Nicchi. Ms. McClelland served as principal author of this article with contributions from members of the subcommittee.

For additional information on improving Medicare documentation, members of the profession are urged to access the Summit Steering Committee endorsed *Proper Medicare Documentation* webinar at <http://www.acatoday.org/online>.