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Chiropractic Services - Initial Visit Documentation Requirements

RAILROAD RETIREMENT BOARD SPECIALTY MEDICARE ADMINISTRATIVE CONTRACTOR (RRB SMAC)
PROVIDER OUTREACH AND EDUCATION



What is an Initial Visit ?

2

An initial visit refers to:

- The first date of service for a new patient
- The first visit for an established patient for a new/acute subluxation
- A visit for an established patient for the first visit of an exacerbation of a chronic subluxation

Initial Visit Documentation Requirements Components



3

Initial Visit

IOM 100-02

Chapter 15

Section 240.1.2 -
Subluxation May
Be Demonstrated
by X-Ray or
Physician's Exam

Documentation Requirements: **Initial Visit**

- ▣ History
- ▣ Description of Present Illness
- ▣ Evaluation of Musculoskeletal/Nervous System through Physical Examination (PART)
- ▣ Diagnosis
- ▣ Treatment Plan
- ▣ Objective Measures to Evaluate Treatment Effectiveness
- ▣ Date of Initial Treatment

Initial Visit Documentation Requirements

History



4

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**Section 240.1.2 -
Subluxation May
Be Demonstrated
by X-Ray or
Physician's Exam**

- 1. History as stated previously to include:
 - Symptoms causing patient to seek treatment;
 - Family history if relevant;
 - Past health history (general health, prior illness, injuries, or hospitalizations; medications; surgical history);

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Present Illness



5

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Section 240.1.2 -
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- 2. Description of the present illness including:
 - a) Symptoms causing patient to seek treatment
 - b) Mechanism of trauma;
 - c) Quality and character of symptoms/problem;
 - d) Onset, duration, intensity, frequency, location, and radiation of symptoms;
 - e) Aggravating or relieving factors;
 - f) Prior interventions, treatments, medications, secondary complaints.

Initial Visit Documentation Requirements

Exam/PART



6

Initial Visit

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Chapter 15

Section 240.1.2
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- 3. Evaluation of musculoskeletal/nervous system through physical examination.
 - Pain/tenderness is evaluated in terms of location, quality, and intensity;
 - Asymmetry/misalignment may be identified on a sectional or segmental level;
 - Range of motion abnormality results from changes in active, passive, and accessory joint movements resulting in an increase or a decrease of sectional or segmental mobility; and
 - Tissue, tone and temperature abnormality are indicated by changes in the characteristics of associated soft tissues, including skin, fascia, muscle, and ligament.

P

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Initial Visit Documentation Requirements

PART



7

Asymmetry or Misalignment

- Combine with at least one of :
 - Range of Motion Abnormality
 - Pain
 - Tissue/Tone

Range of Motion Abnormality

- Combine with at least one of :
 - Asymmetry
 - Pain
 - Tissue/Tone

Initial Visit Documentation Requirements

Diagnosis



8

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Chapter 15

**Section 240.1.2
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- 4. **Diagnosis:** The primary diagnosis must be subluxation, including the level of subluxation, either so stated or identified by a term descriptive of subluxation. Such terms may refer either to the condition of the spinal joint involved or to the direction of position assumed by the particular bone named.

Initial Visit Documentation Requirements

Vertebral Level



9

Initial Visit

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Chapter 15

Section 240.1.4

Location of
Subluxation

- The precise level of the subluxation must be specified by the chiropractor to substantiate a claim for manipulation of the spine. This designation is made in relation to the part of the spine in which the subluxation is identified:



Initial Visit Documentation Requirements

Vertebral Level



10

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Chapter 15

Section 240.1.4
Location of
Subluxation

- There are two ways in which the level of the subluxation may be specified
 - ▣ The exact bones may be listed, for example: C5, T6, L3, or right ilia
 - ▣ The area may suffice if it implies only certain bones such as:
 - Occipito-atlantal (occiput and atlas/C1)
 - Lumbo-sacral (L5 and Sacrum)
 - Sacro-iliac (sacrum and ilium)

Initial Visit Documentation Requirements

Vertebral Level



11

Area of Spine	Name of Vertebrae	Number of Vertebrae	Short Form or Other Name	Subluxation ICD - 10 Codes
Neck	Occiput Cervical Atlas Axis	7	Occ, CO C1 thru C7 C1 C2	M99.00 M99.01
Back	Dorsal or Thoracic Costovertebral Costotransverse	12	D1 thru D12 T1 thru T12 R1 thru R12 R1 thru R12	M99.02
Low Back	Lumbar	5	L1 thru L5	M99.03
Pelvis	Iliac, right and/or left		I, Si	M99.05
Sacral	Sacrum, Coccyx		S, SC	M99.04

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Initial Visit Documentation Requirements

PART and Subluxation



12

- Establishing the Relationship Between the Physical Exam and Diagnosis
 - Use guidelines on the P.A.R.T. components to support subluxation diagnosis
 - List the specific vertebrae that have a subluxation
 - Document the patient's symptoms as they relate to the subluxation

Initial Visit

Examples of Exam Supported Diagnoses



13

Diagnosis: Dysfunction, subluxation, or dislocation thoracic vertebral region

Thoracic Region Exam

- Pain - VAS 7
- Asymmetry – T4 PR
- Tissue - spasms/inflammation of thoracic paraspinals

Diagnosis: Dysfunction, subluxation, or dislocation lumbar vertebral region

Lumbar Region Exam

- Pain - VAS 9
- Decreased lumbar ROM
- Tissue – spasms/inflammation of lumbar paraspinals

Diagnosis: Dysfunction, subluxation, or dislocation pelvic vertebral region

Pelvic Region Exam

- Pain - VAS 7
- Asymmetry – Iliac, right
- Tissue – spasms/ inflammation of right gluteus minimus

Initial Visit Documentation Treatment Plan of Care



14

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Chapter 15

Section 240.1.2
Subluxation May
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- 5. Treatment Plan: The treatment plan should include the following:
 - ▣ Recommended level of care (duration and frequency of visits);
 - ▣ Specific treatment goals; and
 - ▣ Objective measures to evaluate treatment effectiveness.

Initial Visit Documentation Treatment Plan of Care



15

- Treatment Plan for Mr. John Doe: (Example)
 - Plan to treat patient 2 times a week for 8 weeks. Than re-evaluate.
 - Specific treatment goals:
 - Goal to decrease VAS to 4 or less in 3 weeks.
 - Goal to be able to walk half an hour without pain.
 - Objective measures to evaluate treatment effectiveness:
 - Numerical pain measure is acceptable as an objective measure. Example: VAS. Terms such as minimal, moderate, or severe are not acceptable as measures.
 - Time in walking until pain occurs is another objective measure.



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Initial Treatment



16

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- 6. Date of the initial treatment
 - ▣ The Initial Treatment Date represents the beginning of the treatment episode
 - ▣ It is the point at which the medical necessity should be documented and the treatment plan initiated



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Initial Visit Documentation

Manual Manipulation



17

- At present the only Medicare covered service for chiropractors is Manual Manipulation of the Spine.
- If billing this Initial Visit to Medicare as a date of treatment, the Chiropractor must also document the manual manipulation given on the day of the visit.



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Initial Visit Documentation

Manual Manipulation



18

- Document the manual treatment given on the date of service. Examples are shown below:
 - C2,T4, L5 received manual manipulation today.
 - T3 and L4 manipulated with activator.
 - Sacroiliac received treatment by Cox maneuver.
 - Diversified treatment to C4, T2, L3 and sacrum.

Initial Visit Documentation

Manual Manipulation



19

- The only service for chiropractic care with a Medicare benefit is manual chiropractic manipulative treatment (CMT):
 - ▣ CPT 98940 - CMT, spinal, one to two regions
 - ▣ CPT 98941 - CMT, spinal, three to four regions
 - ▣ CPT 98942 - CMT, spinal, five regions
- The claim must be billed with an AT modifier to signify the service is active treatment, indicating an expectation of functional improvement.

Initial Visit

General Documentation Elements



20



- All medical records require:
 - ▣ The date of service
 - ▣ The name of the beneficiary
 - ▣ That the documents be legible
 - ▣ The rendering provider must sign the notes

Chiropractic Services - Resources



21

- Chiropractor by Definition: CMS Publication 100-01, Medicare General Information, Eligibility & Entitlement Manual, Chapter 5, Section 70.6 (<http://tinyurl.com/GE100-01CH5>)
- Chiropractic Coverage: CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 30.5 (<http://tinyurl.com/BP100-02CH15>)
- Chiropractic Medical Necessity and Documentation Requirements: CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240 (<http://tinyurl.com/BP100-02CH15>)
- Chiropractic Documentation Requirements: CMS Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 220 (<http://tinyurl.com/CP100-04CH12>)
- Chiropractic Articles and Resources (<http://tinyurl.com/RRMChiro>)
- Chiropractic Frequently Asked Questions (<http://tinyurl.com/RRMChiroFAQs>)

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Chiropractic Services - Resources



22

MLN Matters® Special Edition Articles

- SE1601 - Medicare Coverage for Chiropractic Services – Medical Record Documentation Requirements for Initial and Subsequent Visits
<http://tinyurl.com/CMSMLNSE1601>
- SE1602 - Use of the Active Treatment (AT) Modifier for Chiropractic Billing
<http://tinyurl.com/CMSMLNSE1602>
- SE1603 - Educational Resources to Assist Chiropractors with Medicare Billing
<http://tinyurl.com/CMSMLNSE1603>
- SE1101 - Overview of Medicare Policy Regarding Chiropractic Services
<http://tinyurl.com/CMSMLNSE1101>

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23

Thank You!

Palmetto GBA Railroad Medicare
appreciates your interest in the subject presented.

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