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## Chiropractic Services - Subsequent Visit Documentation Requirements

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

# What is a Subsequent Visit ?



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- A subsequent visit is any date of service, after the initial visit, for the same acute subluxation or same exacerbation of chronic subluxation



# Subsequent Visit

## Documentation Requirements Components



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### Subsequent Visit

IOM 100-02

Chapter 15

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

## Documentation Requirements: Subsequent Visit

- History
- Physical exam
- Manual Manipulation

# Subsequent Visit Documentation Requirements - History



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## **Subsequent Visit**

**IOM 100-02**

**Chapter 15**

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

- ▣ 1. History
  - a) Review of chief complaint;
  - b) Changes since last visit;
  - c) System review if relevant.

# Subsequent Visit Documentation Requirements - History



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## **Subsequent Visit**

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- 1 (a) Review of chief complaint might include any of the listed;
  - Mechanism of trauma
  - Quality and character of symptoms/problems
  - Onset, duration, intensity, frequency, location, and radiation of symptoms
  - Aggravating or relieving factors
  - Prior interventions, treatments, medications, secondary complaints
  - Symptoms causing patient to seek treatment

# Subsequent Visit Documentation Requirements - History



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## Subsequent Visit

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- ▣ 1 (b) Changes since last visit might include any patient history information such as:
  - Patient reports higher/lower incidence of symptoms (i.e. pain frequency occurs less than 50% of day)
  - Patient reports increased/decreased ADL ability (i.e. less difficulty in standing for work)
  - Patient reports improving/worsening symptoms related to use of specific relieving factor (i.e. applied heat is easing muscle spasms.)

# Subsequent Visit Documentation Requirements - History



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## **Subsequent Visit**

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- 1(c) System review if relevant;
  - Review of any medical conditions or physical systems that might be affecting the spine or spinal condition being treated or systems that the treatment might be affecting. Examples might include;
    - Patient has osteoarthritis and reports a flare up with increase in pain and tension in joints.
    - Patient reports difficulty sleeping related to pain.



# Subsequent Visit

## Documentation Requirements - Physical Exam



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### **Subsequent Visit**

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Subluxation May  
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### □ 2. Physical exam

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

# Subsequent Visit

## Documentation of Physical Exam – PART



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### Subsequent Visit

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- 2 (a.) Physical exam of the area of spine involved in diagnosis:
  - P** □ Pain/tenderness evaluated in terms of location, quality, and intensity;
  - A** □ Asymmetry/misalignment identified on a sectional or segmental level;
  - R** □ Range of motion abnormality (changes in active, passive, and accessory joint movements resulting in an increase or a decrease of sectional or segmental mobility); and
  - T** □ Tissue, tone changes in the characteristics of associated soft tissues, including skin, fascia, muscle, and ligament.

# Subsequent Visit Documentation

## PART Elements



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### 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

# Subsequent Visit Documentation

## PART and Subluxation



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- 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 asymmetry/subluxation
  - ▣ Document the patient's symptoms as they relate to the subluxation

# Subsequent Visit Documentation

## Examples of Exam Supported Diagnoses



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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

# Subsequent Visit

## Assessing for Change in Condition



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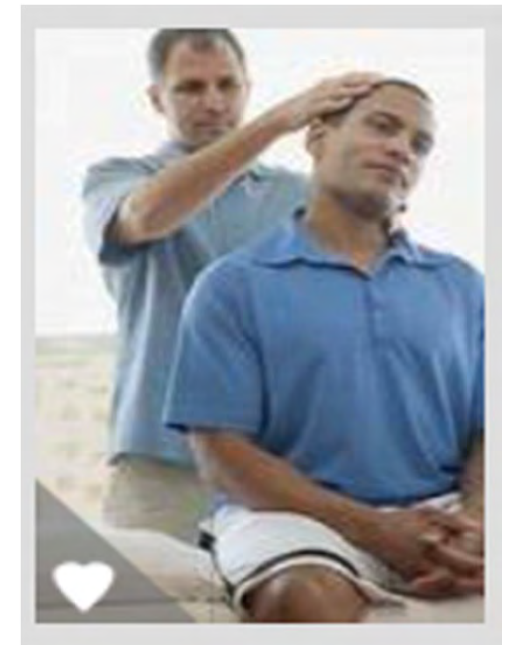
### Subsequent Visit

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

- 2 (b.) Assessment of change in patient condition since last visit.
  - ▣ Assessment of the changes from exam on last visit to the findings to today's exam.



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# Subsequent Visit Changes Since Previous Treatment



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- 2 (b.) Assessment of change in patient condition since last visit examples:
  - Patient lower back pain decreased from 8 to 6.
  - Lumbar ROM increased since last visit.
  - Muscle spasms present in lumbar paraspinals, increased hypertonicity.
  - Asymmetry continues to be palpable at L4-5.

# Subsequent Visit Evaluation of Treatment Effectiveness



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## □ **2 (c.) Evaluation of treatment effectiveness.**

From the Initial Visit Guidelines, CMS establishes use of objective measures to evaluate treatment effectiveness. Examples are:

- Pain scale – example: VAS or 0-10 scale
  - ROM measures expressed as degrees.
  - ADL measures such as sleep increased from 4 hours to 5 hours per night.
  - Walking without pain increased from 10 minutes to 20 minutes.
- Each subsequent date of service should have an evaluation of treatment effectiveness using an objective measure.



# Subsequent Visit Documentation

## Manual Manipulation



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### Subsequent Visit

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Subluxation May  
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- 3. Manual Manipulation
  - ▣ Documentation of treatment given on day of visit
  - ▣ Coverage of chiropractic service is specifically limited to treatment by means of manual manipulation, i.e., by use of the hands.



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# Subsequent Visit Documentation

## Manual Manipulation



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### Subsequent Visit

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- 3 (a.) Manual Manipulation
  - ▣ 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.



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# Subsequent Visit Documentation

## Manual Manipulation



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### Subsequent Visit

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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)

# Subsequent Visit Documentation

## Vertebral Level



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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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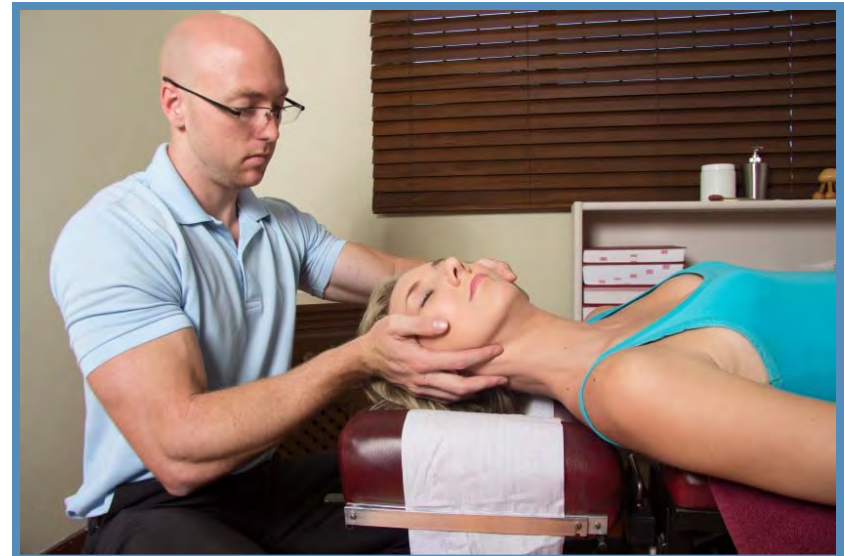
# Subsequent Visit Documentation

## Manual Manipulation



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- At present the only Medicare covered service for chiropractors is manual manipulation of the spinal levels that are subluxated.



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# Subsequent Visit Documentation

## Manual Manipulation



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- 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.

# Subsequent Visit Documentation

## Manual Manipulation



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- 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.

# Subsequent Visit General Documentation Elements



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

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# Chiropractic Services – Resources



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- 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



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## 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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# Chiropractic Services – Subsequent Visit



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## Thank You!

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

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