# Chiropractic Medicare Documentation Checklist

## Initial Visit

- ☐ Is Medicare Primary Insurance?
  - ☐ If not, who is?
- ☐ If Auto Case (PI), does patient want to bill Medicare?
- ☐ Copy of Medicare Card and Identification
  - ☐ Copy of supplemental insurance card
  - ☐ Copy of secondary insurance card
- ☐ Notice of Non-Covered Services (Do NOT give ABN unless they are starting as a maintenance patient)
- ☐ Chiropractic Medicare History
  - ☐ Date of first visit (for this episode)
  - ☐ Symptoms
  - ☐ Past health history (Injuries, med's)
  - ☐ Mechanism of trauma
  - ☐ Location of symptoms
  - ☐ Quality/character of symptoms
  - ☐ Onset and Frequency
  - ☐ Intensity and duration
  - ☐ Aggravating or relieving factors
  - ☐ Prior treatment
  - ☐ Radiation of symptoms
  - ☐ Relevant family history

- ☐ Contraindications to Manipulation
  Manipulation MAY be contraindicated in the following conditions:
  - ☐ Relative Contraindication - A condition that adds significant risk of injury to the patient from dynamic thrust, **but does not rule out the use of dynamic thrust**. The doctor should discuss this risk with the patient and record this in the chart (note patient gave informed consent in chart)
    - Articular hyper mobility and uncertain joint stability
    - Severe demineralization of bone (e.g. progressive osteoporosis)
    - Benign bone tumors of the spine (hemangioma)
    - Bleeding disorders and anticoagulant therapy (blood thinners, e.g. Coumadin, Heparin)
    - Radiculopathy with progressive neurological signs (foot drop, bowel and bladder issues)
  - ☐ Absolute Contraindication - Dynamic thrust is **absolutely contraindicated near the site** of demonstrated subluxation and proposed manipulation in the following conditions:
    - Acute arthropathies characterized by acute inflammation and ligamentous laxity and anatomic subluxation or dislocation (acute rheumatoid arthritis/ankylosing spondylitis)
    - Acute fractures and dislocations; healed fractures or dislocations with signs of instability
    - An unstable os odontoideum (dens)
    - Malignancies that involve the vertebral column
    - Infection of bones or joints of the vertebral column
    - Signs and symptoms of myelopathy or cauda equina syndrome
    - For cervical spinal manipulations, vertebrobasilar insufficiency syndrome (George's test)
    - A significant major artery aneurysm near the proposed manipulation (Aortic)

- ☐ PART Exam – Palpation exam of <u>each</u> spinal region being treated
  - ☐ **P**ain and/or Tenderness
  - ☐ **A**lignment and/or Asymmetry (fixation, subluxation, misalignment)
  - ☐ **R**ange of Motion deficiency (use inclinometer at least initially and every 2-4 weeks after)
  - ☐ **T**issue Tone changes – static sEMG is a way to objectively document these changes

    TIP: Do document a subluxation, you must document at least 2 of the 4 components of the PART exam and 1 of the 2 needs to include the A or the R.
- ☐ X-Ray (Medicare will not cover x-rays by DC's. Charge your normal fee or refer out)
  - ☐ Taken within the past year or 3 months after first visit
  - ☐ Can use MRI/CT scan
  - ☐ If the X-Ray is taken at a hospital or outpatient facility, the report must be in chart

    TIP: Use the x-ray to determine subluxation and DJD/DDD
- ☐ Diagnosis of <u>each</u> spinal region being treated – Check your LCD from you Medicare contractor
  - ☐ Primary diagnosis (M99.01 – M99.05)
  - ☐ Secondary diagnosis (NMS condition from Medicare approved diagnosis list)

    TIP: Update diagnosis periodically by reducing the spinal areas treated over time
- ☐ Outcome Questionnaire

  **Railroad Medicare requires these to updated EVERY visit so only use baseline ADL's and pain scale**
  - ☐ QVAS
  - ☐ Functional Rating Index
  - ☐ Oswestry
  - ☐ Neck Disability Index
  - ☐ Activities of Daily Living
  - ☐ Treatment Plan

    Ex: The patient will receive a manual manipulation of the cervical spine at C5-6.
  - ☐ Estimated Duration and Frequency

    Ex: The patient will be seen three times a week for 4 weeks at which time a re-evaluation will be performed.
  - ☐ State in the chart which outcome measures are being used to evaluate treatment effectiveness
- ☐ Billing Modifiers
  - ☐ AT: Treatment is for active or acute care
  - ☐ GA: ABN has been properly administered
  - ☐ GY: Non-covered service (billed only to get a denial)
  - ☐ Q6: Locum Tenens (relief doctor, not an associate doctor who is employed by company)
- ☐ PQRS/MIPS Modifiers (See the ACA PQRS document)
  - ☐ G8730 – Pain questionnaire with follow-up treatment plan
  - ☐ G8731 – Pain questionnaire with NO follow-up treatment plan
  - ☐ G8539 – Functional outcome assessment with treatment plan
  - ☐ G8942 – Functional outcome assessment with treatment plan in last 30 days
  - ☐ G8542 – Functional outcome assessment with NO deficiencies noted and no care plan noted
  - ☐ G8543 – Functional outcome assessment with deficiencies noted and no care plan noted

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## Subsequent Visit – PART Exam

**NOTE: If you are using electronic medical records (EHR) be sure that your daily notes are not copied each day, repetitive in nature or "canned".**

- ☐ Update the subjective complaints, noting any changes.
- ☐ Objective findings
  - ☐ ROM (do not make blanket statements, e.g. 'ROM is decreased to all axis')
  - ☐ Fixations – specific level
  - ☐ Muscle Guarding – specific area/muscles
  - ☐ Changes since last visit

  TIP: Be sure to comment on ROM each visit. Ex. ROM is slightly increased in R rotation
- ☐ Treatment Rendered – list specific segments adjusted
- ☐ Post Treatment – "e.g. The patient tolerated treatment well"
- ☐ Next visit

## Re-Evaluation (Perform every 2-4 weeks)

- ☐ Perform the PART Exam
  - ☐ Ortho/Neuro test, as necessary
- ☐ VAS
- ☐ Functional Rating Index
- ☐ ROM with inclinometer evert 2-4 weeks (R)
- ☐ Static sEMG for tissue tone (T)

## Maintenance Manipulations

- ☐ Administer the ABN

  TIP: The ABN is only required when the patient reaches maintenance. The only treatment to be listed is "spinal manipulation".
- ☐ Bill the 'limiting charge' in your region for manipulations
- ☐ Charge your standard fee for all other services
- ☐ The ABN is valid for one (1) year
- ☐ You must explain the options on the form without telling the patient what to choose

  TIP: The patient may choose Option 1 when there is a secondary insurance involved
- ☐ Copy, place in chart and mail to the patients who stop coming in
- ☐ Note: Do not post-date the ABN and place in the patients file

**Remember:** Bill your normal fees for everything besides the manipulation. Do <u>not</u> issue hardship deferments to all Medicare patients. Have them pay their balance over time, if necessary. Do <u>not</u> give away free exams, x-rays or any treatment. (This is considered an illegal inducement)