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Medicare Documentation Job Aid for Chiropractic Doctors

What's Changed?

No substantive content updates.

Did you get a request from a Medicare contractor for chiropractic documentation? This tool will help you respond to documentation requests.

Documentation Basics

Chiropractic documentation should include:

Patient Information

- ☐ Include the patient's name and date of service on all documentation

Subluxation Documentation Requirements

- ☐ Include documentation of subluxation shown by x-ray or physical exam:
  - ☐ Include a CT scan and or MRI showing subluxation of spine
  - ☐ Include documentation of your review of the x-ray, MRI, or CT, noting level of subluxation
  - ☐ Include x-rays taken within 12 months before or 3 months following the beginning of treatment
    - In some cases of chronic subluxation (for example, scoliosis), Medicare may accept an older x-ray if the patient's health record shows the condition existed longer than 12 months and it's reasonable to conclude the condition is permanent

Or

- ☐ Include documentation of subluxation shown by physical examination. Documentation must show at least 2 elements of:
  - ☐ Pain
  - ☐ Asymmetry/misalignment
  - ☐ Range of motion abnormality
  - ☐ Tissue tone changes (P.A.R.T.), including 1 that falls under asymmetry/misalignment or range of motion abnormality
  - ☐ Include dated documentation of the first evaluation
  - ☐ Include primary diagnosis of subluxation (including level of subluxation)
- ☐ Include any documentation supporting medical necessity

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Initial Evaluation

- ☐ History
  - ☐ Date of initial treatment.
  - ☐ Description of current illness.
  - ☐ Symptoms related to level of subluxation causing patient to seek treatment.
  - ☐ Family history (recommended).
  - ☐ Past health history (recommended).
  - ☐ Mechanism of trauma (recommended).
  - ☐ Quality and character of symptoms or problem (recommended).
  - ☐ Onset, duration, intensity, frequency, location, and radiation of symptoms (recommended).
  - ☐ Aggravating or relieving issues (recommended).
  - ☐ Past interventions, treatments, medication, and secondary complaints (recommended).
- ☐ Contraindications (for example, risk of injury to patient from dynamic thrust or discussion of risk with patient) (recommended).
- ☐ Physical examination (P.A.R.T.).
  - ☐ Evaluation of musculoskeletal and nervous system through physical examination.
- ☐ Treatment given on day of visit (if relevant).
  - ☐ Include specific areas and levels of the spine that you manipulated.
  - ☐ Medicare may cover treatment using hand-held devices. But Medicare doesn't offer more payment or recognize an extra charge for use of the device.

Treatment Plan

- ☐ Frequency and duration of visits (recommended)
- ☐ Specific treatment goals (recommended)
- ☐ Objective measures to evaluate treatment effectiveness (recommended)

Subsequent Visits

- ☐ History
  - ☐ Review of chief complaint
  - ☐ Changes since last visit
  - ☐ System review, if relevant
- ☐ Physical examination (P.A.R.T.)
  - ☐ Assessment of change in patient's condition since last visit
  - ☐ Evaluation of treatment effectiveness
- ☐ Treatment given on day of visit (include specific areas and levels of spine that you manipulated)

General Guidelines

- ☐ Make sure medical records show that the service is a corrective treatment, not a maintenance treatment.
  - ☐ For Medicare purposes, place an AT modifier on a claim when you give active or corrective treatment for acute or chronic subluxation.
    - Don't use an AT modifier for maintenance therapy.
    - Only use an AT modifier when chiropractic manipulation is reasonable and necessary as defined by national and local policy.
    - **Note:** An AT modifier doesn't prove the service is reasonable and necessary. As always, contractors can deny a claim after medical review.

      Make sure you know these policies, along with any local coverage determination in your area, to better understand how active or corrective chiropractic services are covered.
- ☐ Include records for all dates of service on a claim.
- ☐ Make sure documentation is legible and complete, including signatures.
- ☐ Include legible signatures and credentials of professionals providing services.
  - ☐ If signatures are missing or illegible, include a completed signature attestation statement.
  - ☐ For illegible signatures, include a signature log.
  - ☐ For electronic health records, include a copy of electronic signature policy and procedures describing how notes and orders are signed and dated. Validating electronic signatures depends on getting this information.
- ☐ Include abbreviation key (if relevant).
- ☐ Include any other documentation to support medical necessity of services billed, as well as documentation specifically asked for in an additional documentation request (ADR) letter.
- ☐ Include a copy of the Advance Beneficiary Notice of Noncoverage (if relevant).

Resources

- Medicare Benefit Policy Manual, Chapter 15, Sections 30.5 and 240
- Medicare Claims Processing Manual, Chapter 12, Section 220
- MLN Matters® SE1601 Medicare Coverage for Chiropractic Services – Medical Record Documentation Requirements for Initial and Subsequent Visits
- MLN Matters® SE1603 Educational Resources to Assist Chiropractors with Medicare Billing