

Foot Levelers Proudly Presents:

Dr. K.S.J. Murkowski

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DIAGNOSIS, DOCUMENTATION, MEDICARE COMPLIANCE,  
ICD 9 & ICD 10

### Contact Info:

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## Know Your Zones

“Knowledge is Power”

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Should Attorneys, Insurance Companies, and IME's tell you how to play the game?

Who's game is it anyhow?

Know your “ZONES” to cover and BILL  
CORRECTLY to “SCORE” (Document)  
And WIN!!!



## Are You Held Hostage?

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Do you know why business is down 31% for Chiropractors across the country? It is because the game has changed.

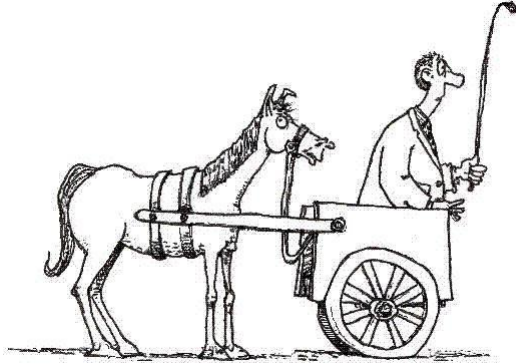
Are any of the following happening to you...

- Not getting the referrals from attorneys you deserve?
- Forced to deal with insurance capping and IME cutoffs?
- Angry with the way this game is sometimes played and unable to change it?
- Fed up that not enough people realize that you are the #1 expert for whiplash cases

Learn the rules and you can be the New Sheriff in town!!!!

I think I know what the problem is...

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Let's Discuss It

## The Future

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The Doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease.

- Thomas Edison

No matter how thin you make a pancake, it still has two sides.

- Ben Veniste, Attorney Former Watergate Prosecutor

One or more vertebrae may not go out of place very much, and if they do, they are likely to produce serious complication and even death, if (they are) not properly adjusted...

- Hippocrates

S W E A R

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S – Success

W – With

E – Education

A – And

R – Reason

“TURN THE MAGIC PRISM”

What is Chiropractic?

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P A L S

P - Philosophy

A - Art

L - Legal (State Law)

S - Science

## What is DC/CA Malpractice?

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D - Duty

B-D – Breach of Duty

I - Injury

F – Financial Loss

L – Law (Legal – Standards of Care/Practice)

IC (6) - Informed Consent(s)

HIPPA

Chart/SOAP NOTES – 12 Office Visits – Standards of Care/Practice

## Affordable Care Act

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Alabama: \$600 per year

Alaska: 12 Visits per year

Arizona: 20 Visits per year

Arkansas: 30 Visits per year

Connecticut: 20 Visits per year

Delaware: 30 Visits per year

Florida: 26 Visits per year

Georgia: 20 Visits per year

Idaho: \$800 per year

Illinois: \$1,000 per year

Indiana: 12 Visits per year

Kansas: No Limit

Kentucky: 12 Visits per year

Louisiana: 12 Visits per year

Maine: 40 Visits per year

Massachusetts: 12 Visits per year

Michigan: 30 Visits per year

Mississippi: 20 Visits per year

Missouri: 26 Visits per year

Montana: \$600 Per year

Nebraska: 20 Visits per year

Nevada: 12 Visits per year

New Hampshire: 12 Visits per year

New Jersey: 30 Visits per year

New Mexico: \$1500 per year

New York: No Limit

North Carolina: 30 Visits per year

Ohio: 12 Visits per year

Oklahoma: 25 Visits per year

Pennsylvania: 20 Visits per year

Rhode Island: 12 Visits per year

Tennessee: 20 Visits per year

Texas: 35 Visits per year

Vermont: 12 Visits per year

Virginia: 30 Visits per year

Washington: 10 Visits per year

West Virginia: No Limits

Wyoming: 15 Visits per year



## Affordable Care Act

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2014 - Non-discrimination in health care: No health plan or insurer may discriminate against any health provider acting within the scope of that provider's license or certification under applicable State Law.

This will ensure that insurance companies cannot unfairly exclude Doctors of Chiropractic or acupuncturists from practicing under the capacity of their training and licensure on a Federal level.

Provision is a federal protection applicable to ERISA and other plans established or regulated under the bill. Just as the HIPPA protections now apply across the board, the non-discrimination provision will be applicable to all health benefit plans both insured and self-insured.

## Affordable Care Act

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"Sec. 2706. NON-DISCRIMINATION IN HEALTH CARE.,

"(a). PROVIDERS. – A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable State law." This section shall not require that a group health plan or health insurance issuer contract with any health care provider willing to abide by the terms and conditions for participation established by the plan or issuer. Nothing in this section shall be construed as preventing a group health plan, a health insurance issuer, or the Secretary from establishing varying reimbursement rates based on quality or performance measures.

"(b) INDIVIDUALS. – The provision of section 1558 of the Patient Protection and Affordable Care Act (relating to non-discrimination) shall apply with respect to a group health plan or health insurance issuer offering group or individual health insurance coverage."

## Affordable Care Act

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An official state legal counsel was asked the following 3 questions about the provider non-discrimination provision, section 2706, in the health reform law will impact his state's health care reform activities:

Question 1:

If providing an essential health benefit/service is within the scope of a Chiropractic Physician's or acupuncturists license e.g., primary care treatment of illness/injury, home health care, in patient rehab, X-rays, other imaging/diagnostics (MRI, CT, PET) wellness services/chronic disease management, smoking cessation, diabetes education, allergy testing, screening pap tests, prostate cancer screening, pediatric service etc., can an insurer deny payment to a participating Chiropractic Physician who provided one of these essential health benefits/services based solely on that provider's license or discipline?

ANSWER: NO

## Affordable Care Act

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Question 2:

Put another way, would an insurer violate federal law if that insurer refuses to pay for an essential health benefit/service provided by a participating Chiropractic Physician or Acupuncturist when providing that service is within that provider's scope of practice to deliver because he or she is not a medical/osteopathic physician?

ANSWER: YES

Question 3:

If a particular essential health benefit/service is within the scope of practice of a participating health care provider (e.g. Chiropractic Physicians, Naturopathic Physicians, nurse practitioners, acupuncturists, etc.) would an insurer violate Section 2706 of the PPACA federal law if an insurer refused payment for that service because the participating provider was not considered a "primary care physician/provider?"

ANSWER: YES

## Affordable Care Act

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Recent information from United Health Care and Optum health is they will as of 2014 pay for services within scope with no discrimination.

Additionally, the United States Office of Personnel Management found that multi-state health plans being considered for state insurance exchanges must comply with the provider non-discrimination protection provided by Section 2706 of the Patient Protection and Affordable Care Act (PPACA). This is truly remarkable and ground breaking, as it lays the foundation for 2015 when the exchanges will be implemented.

Given that in some states almost 70% of insurance enrollees are covered under ERISA (which will not be Section 2706 compliant), the two opinions above will change the access to and coverage of CHIROPRACTIC and acupuncture for millions of patients.

## Fraud

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**Definition:** The intentional deception or misrepresentation that could result in unnecessary costs to health care contract/programs.

Examples:

1. Misrepresenting the service provider – Specialty
2. Misrepresenting patient service provided – Using 99204/99205 for new patients without documentation
3. Same as #2 – Using 99214/99215 on all established patients without documentation
4. Billing for substandard/unnecessary services
5. Billing for services or supplies not rendered
6. Misrepresenting the patient's diagnosis (ICD Codes)
7. Unbundling (Exams, X-rays, Care, etc.)
8. Upcoding of regions and diagnosis (Using 98942 on all claims without necessary documentation)
9. Down Coding (Using 98940 on all claims to avoid audits) THAT HURTS ALL OF US!!!!!!!



## Fraud

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10. Alteration of Claims to obtain higher payment
11. Duplicate submission of claims
12. Breach of contracts/agreements
13. Over-Utilization of health care services and rehabilitation
14. Signing blank certificates of medical necessity
15. Giving off work slips – Without documentation
16. Not sending patient back to work when ready (Monday Syndrome)
17. Advertising free services
18. Offering large gifts or cash for referrals
19. excessive referrals to one facility (Attorneys, X-rays, Testing Centers, Etc.)
20. Kickback – pay offs for referrals
21. Not having full disclosure to patients

## 12 Reasons for a visit from the Fraud Squad

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1. Failing to effectively deal with employee/patient complaints
2. Free services – Advertised – Given
3. MD-DC Practice (Purpose to avoid DC reimbursement – Cuts/Limitations)
4. Failing to follow third party payor rules
5. Failing to properly code, document diagnosis (ICD) Services (CPT)
6. Failing to properly document clinic services – Rehabilitation
7. Advertising – Implied – Contracts – Misleading
8. Use of outside billing and/or collection companies with monitoring
9. Failing to properly establish medical necessity
10. Failing to properly respond to 3<sup>rd</sup> party questions of medical necessity and treatment plans
11. Maintaining on-going relationships (Attorneys, Consultants, Mobile Labs, Etc.)
12. Failing to repay any misbilled services or overpayments

These include acting in:

- a) Deliberate Ignorance
- b) Reckless disregard of anything listed

# Federal Compliance

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Anti-Kickback

Marketing/Advertising

Stark Rules – Review

## Advertising – Fraud Safety Checks - Disclaimer

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1. Do NOT advertise a free service and then bill the patient or their insurance, it's FRAUD!
2. Be sure that you put a disclaimer on all advertising for those potential patients. It is illegal to solicit. Know state laws (prevent fraud)
3. On Auto Accidents or P.I. Injuries
4. REMUNERATION FOR REFERRALS IS ILLEGAL. It can distort Health Care decision making, cause overutilization of Clinical Services or Supplies (Durable Medical Codes 97\_\_\_\_) increase costs to Federal Health Care Programs. Violates Federal Insurance (Medicare) results in unfair competition by shutting out competitors, Doctors who are willing to do FMLA.
5. Be Careful – Beware – of companies who want to come to your office and pay you to refer your patients, for special testing and/or procedures specifically with no out of pocket expense.

## Advertising – Fraud Safety Checks - Disclaimer

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6. Developing office policies to address arrangements with other Health Care Providers and Suppliers. Doctors should implement measures to avoid offering inappropriate inducements to patients. Examples of such inducements include routinely waiving coinsurance or deductibles without a Good Faith determination that the patient is in financial need or failing to make reasonable efforts to collect cost-sharing amount.
7. Soliciting, accepting, or offering ANY gift or gratuity of more than a nominal value to or from those who may benefit from a physician practice's referral of Federal Health Care Programs business.
8. Posted and/or sign fee schedule for all clinical services. Verify fee's with National Publication (PFR)

## 21 Basic Steps of an Effective Compliance Program

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1. Conduct a staff meeting to discuss the 8 target areas
2. Review state laws and state insurance programs
3. Review Federal rules and regulations regarding Medicare, Medicaid, and other Par programs
4. Review Office Manual and Written Policy statements
5. Review current ICD, CPT, HCPCS, codes and modifiers. Be sure DCs/CAs are trained in proper use of codes
6. Conduct internal auditing and monitoring on office protocol
7. Review Claims Submission Audits. Conduct regular audits Billing and Patient Records

## 21 Basic Steps of an Effective Compliance Program

8. Bills for accuracy on Coding ICD. All should accurately reflect all the clinical services (CPT) rendered & documented
9. Review Daily Documentation to be sure all is complete (Be sure you are using P.A.R.T. guidelines Medicaid/Medicare)
10. Review all services or durable items are reasonable, necessary and documentation in care plan
11. Review and make sure no incentives for unnecessary services exist
12. Implementing compliance and practices standards, with a good office procedure manual (ie., C4E or MPC Manual)
13. Designate a compliance officer. Post name (and picture if possible) in general area
14. Conduct appropriate staff training and education. Document all training and education in employee's file

## 21 Basic Steps of an Effective Compliance Program

15. All employees must receive training on how to perform their jobs (written job description) in compliance with the Standards of Care and Practice and applicable State and Federal Regulations.
16. All employees must understand that Compliance is a condition for continued employment
17. All employees must understand that confidentiality is a condition for continued employment
18. Review how to respond appropriately to detect offenses/violations, and develop corrective action and document
19. Review procedure and protocols for open lines of communications. Openly discuss why any problem happened in the first place, correct the problem immediately, and take steps to ensure it doesn't happen in the future
20. Review what disciplinary standards will be enforced through written standards in the office manual
21. Review that all employees can speak to the Compliance Officer and/or the Clinic Owner/Director at any time

**J. Edward Russel,**  
Doctor of Chiropractic Medicine, Lansing, Michigan,  
announces that he has:

**PLED GUILTY TO HEALTH CARE FRAUD**  
in violation of 18 United States Code Section 1347.

On April 16, 2002, I was charged in federal court with health care fraud for billing Blue Cross Blue Shield Michigan and Medicare for services never rendered and for billing massage therapy services as if chiropractic treatments were rendered.

I pled guilty on May 16, 2002.

My sentencing was held on August 26, 2002. As a result of my conviction: (1) I have been sentenced to 10 months in custody (5 months community sanction center / 5 months home detention with electronic monitoring); (2) I must repay Blue Cross Blue Shield Michigan \$70,000 and repay Medicare \$1,000 in restitution for my fraudulent conduct; (3) I will be excluded from participating in any federal health care program (Medicare, Medicaid) for at least five years; (4) I must pay an additional criminal fine of \$30,000; and (5) I may lose my chiropractic license.

**HEALTH CARE FRAUD DOES NOT PAY**

The Health Care Fraud Unit of the United States Attorney's Office in the Western District of Michigan works closely with the Federal Bureau of Investigation, the Department of Health and Human Services - Office of Inspector General, the Postal Inspection Service, the State of Michigan Medicaid Fraud Control Unit, and various insurance companies' benefit integrity departments to investigate and prosecute health care providers who violate federal law. If you know any person or entity engaged in health care fraud, please call one of these agencies.

Paid Advertisement, required by the U.S. District Court

October 2002

**MICHAEL STETZ,**  
Doctor of Chiropractic Medicine, Lansing, Michigan, announces that he has

**PLED GUILTY TO HEALTH CARE FRAUD**  
in violation of 18 United States Code Section 1347

On November 7, 2000, I was charged in federal court with a 5-count felony indictment alleging that I had defrauded Blue Cross Blue Shield of Michigan, and Medicare, by billing massage therapy services as chiropractic manipulative treatments.

I pled guilty on November 13, 2000.

My sentencing was held on February 12, 2001. As a result of my conviction, (1) I must repay Blue Cross Blue Shield Of Michigan \$17,750.00, and repay Medicare \$1,577.00, as restitution for my fraudulent conduct; (2) I will be excluded from participating in any federal health care program (Medicare, Medicaid) for at least five years; and (3) I have been sentenced to two years' probation, the first six months consisting of home confinement with electronic monitoring, and a criminal fine of \$10,000.00.

**HEALTH CARE FRAUD DOES NOT PAY**

The Health Care Fraud Unit of the United States Attorney's Office in the Western District of Michigan works closely with the Federal Bureau of Investigation, the Department of Health and Human Services - Office of Inspector General, the Postal Inspection Service, the State of Michigan Medicaid Fraud Control Unit, and various insurance companies' benefit integrity departments to investigate and prosecute health care providers who violate federal law. If you know any person or entity engaged in health care fraud, please call one of these agencies.

(Paid Advertisement, required by the U.S. District Court)

The Daily

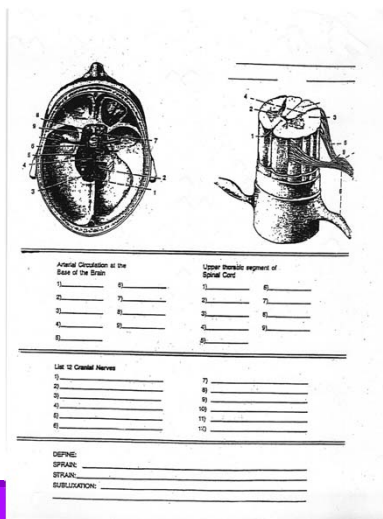
## Modern Malpractice Protection

- Why will your Chiropractic philosophy, science and are get 1 out of 6 D.C.'s accused of malpractice.
- Why do cash practice D.C.'s get sued more than insurance practice D.C.'s?
- The new malpractice traps – HIPAA – Sexual Harassment – Deviation Standards of Care/Standards of Practice
- Protect yourself – Protect your Staff – Protect Chiropractic: Learn the New "Modern Malpractice Protection" Techniques
- Dr. Murkowski will share all from actual malpractice cases he has worked on!

## Unhelpful Phrases in Advertising

- Immediate Relief
- Painless
- Chiropractic care can bring relief from pain without drugs or surgery
- The complete health care center
- Relief is just minutes away
- Knowing, skilled, and gentle Chiropractic care
- To relieve pain and restore health
- Specializing in difficult and chronic cases
- Ruptured, herniated, or slipped discs
- Pain relief specialists who can help

## Please fill this in, Doctor.....



Arterial circulation at the base of the Brain

Upper Thoracic segment of the Spinal Cord

12 Cranial Nerves

Define: Sprain

Strain

Subluxation

## HIP DEEP IN H.I.P.A.A

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Were you compliant on 9/23/13?

HIPAA Changes

- Business Associates
- Breach Reporting
- Encrypt Data at Rest
- Individual Rights
  - Electronic Copies
  - Limit Access of Insurers for Cash Patients
  - Marketing
  - E-Mails Through Patient Portals

## H.I.P.A.A. = OFFICE SUBLUXATION

## HIPPA Changes Business Associate Agreements

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Business Associates are:

- Required to implement and comply with the Security Rule.
- Required to report a discovered security incident or privacy breach to the covered entity and help you report properly.
- Subject to same penalties as a covered entity for violations of the security rules.
- To sign updated Business Associate and Agreements that incorporate specific security and privacy provisions.

## HIPAA Changes Breach Reporting

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- Breach means the acquisition, access, use, or disclosure of protected health information in a manner not permitted under subpart E [HIPAA Privacy Rule] of this part [45 CFR 164] which compromises the security or privacy of the protected health information.
- The breach rules have three exclusions and a probability test to determine risk.
- If a breach occurs, the covered entity must do a risk assessment.

## HIPAA Changes Breach Reporting

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### Individual Notification

- Must notify affected individuals after discovery of breach.
- Without unreasonable delay, no later than 60 days.
- Notice must be written form; 1<sup>st</sup> class mail or email.
- If more than 10 out-of-date contact information then:
  - Notice on home page of your website.
  - Notice in major print on broadcast media.
- Notification must include, to the extent possible:
  - Description of information involved in breach.
  - Steps affected individuals should take to protect themselves from potential harm.
  - What you are doing to investigate the breach, mitigate harm, and prevent from further breaches.
  - Your contact information.



## HIPAA Changes Breach Reporting

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### Media Notification

- A breach affecting more than 500 residents of a state or jurisdiction are required to provide notice to prominent media outlets serving the state or jurisdiction.
- Same information and time frame as individual notification.

### Notice to Secretary

- Covered entities (you) must notify the Secretary (of HHS) of breaches of unsecured protected health information.
- If >500, without unreasonable delay, no more than 60 days.
- If <500, no later than 60 days after the end of the year of discovery.
- Web based reporting,  
[www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/index.html](http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/index.html)

## HIPAA Changes Breach Reporting

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### Notification by a Business Associate

- If a breach of unsecured protected health information occurs at or by a business associate, the business associate must notify the covered entity following the discovery of the breach. A business associate must provide notice to the covered entity without unreasonable delay and no later than 60 days from the discovery of the breach. To the extent possible, the business associate should provide the covered entity with the identification of each individual affected by the breach as well as any information required to be provided by the covered entity in its notification to affected individuals.

## HIPAA Changes Encrypt Data at Rest

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- Protected Health Information (PHI) is not unsecured if it is rendered unusable, unreadable, or indecipherable to unauthorized individuals.
- Encryption processes that meet National Institute of Standards and Technology (NIST) in Special Publication 800-111 and Special Publication 800-52.

## HIPAA Changes Individual Rights

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- Electronic Copies
- Limit Access of Insurers for Cash Patients
- Marketing
- E-Mails Through Patient Portals

**MPC**  
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Dr. K.S.J. Markowski  
President

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Individual  
Practice Consultants

Multi-Practice Consultants  
Medical Claims Review

Independent  
Medical Evaluations

Managed Care  
Consultants  
P.P.O. Consultants

ADREK Certified  
NADRP Member

F.I.C.A.

**Get Hip to HIPPA!**  
Test your knowledge....  
Take the HIPAA Quiz!

1. HIPAA stands for:
  - a. Healthcare Implementation Privacy and Accountability Act
  - b. Health Information Privacy and Accountability Act
  - c. Health Insurance Penalty and Arbitration Act
  - d. Health Insurance Portability and Accountability Act
2. True/False: Under the new HIPAA Law your Sign in Sheet "must not" have the patient's name on it.
3. True/False: You can call a patient from the waiting room by name, and ask how their condition (i.e. injured) is before getting to the treatment room.
4. True/False: Patient files/Travel cards may be left on the front desk at the end of the day.
5. True/False: You can have a "Birthday" board in the waiting room with patients pictures, names and birthdays posted on it.
6. True/False: You can waive patient co-pays and deductibles under certain conditions.
7. True/False: Your patients don't need to sign a written "Informed Consent" in order to give them care (adjustments, nutrition, p.l., or rehab). Oral explanations and consent is enough.
8. True/False: The final HIPAA regulations grant all patients 2 new rights in regards to their PHI (protected health information).
9. True/False: You are required to have a patient's written permission before sending them an appointment reminder via email.
10. True/False: Faking Patient Health Information to a 3rd Party is now a violation of the HIPAA Law.

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## HIPAA 13 Point Checklist for you...Be Ready!

- Choose a Compliance Officer
- Choose a Compliance Officer Consultant
- Read your HIPAA Compliance Manual
- Train your employees (weekly-monthly)
- File employee signatures on HIPAA Documents
- Have an employee training log book
- Post the HIPAA Notice of Health Information
- Have patient Notice of Privacy Practice for patient to sign
- Obtain a baseline audit of Privacy Rules
- Have Disclosure ready of PHI
- Have Business Associate Letters
- Have Business Associate Agreement
- Have Fax and E-Mail Disclosures

## Dr. Murkowski's 13 Office "Adjustments" To correct "HIPAA" Subluxations in the Office

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- |  |  |
|--|--|
| 1. Understand HIPAA is a Law                       | 8. Protect your office, business associates & vendors.           |
| 2. Understand HIPAA is a government program.       | 9. HIPAA train yourself, staff and patients.                     |
| 3. Accept the fact that you MUST comply.           | 10. Take precautions and security steps.                         |
| 4. Accept the fact that you MUST work the program. | 11. Pick HIPAA consultants wisely.                               |
| 5. Take the "Action Steps" for you and your staff. | 12. Know government programs and penalties (Knowledge is Power). |
| 6. Take the "Action Steps" for your patients.      | 13. Practice 2002 Chiropractic HIPAA & Patient respect.          |
| 7. Protect your office and patient files.          |  |

**Prepare, take the Action Steps, Correct all your Subluxations!**

## "REMEMBER"

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Yesterday (Practice Methods)  
Is History  
Tomorrow (Practice Methods)  
Is a Mystery  
Today is a Gift (Learn New Methods)  
From God....Its  
The "Present" – use it wisely!

## Additional Suggestions...

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- Office Policy for Chiropractic (Informed Consent)
- Office Policy for Physical Therapy and/or Physical Therapeutics
- Office Policy for Rehabilitation
- Office Policy for Billing
- Office Policy for Charging/Charge Limits
- Office Arbitration Agreement
- Office Policy for Employees for Sick Days
- Office Policy for Employees for Off Days – Holidays – Vacation Days
- Office Policy for Dismissal

## Eight Kinds of Patients

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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

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DOCUMENT    DOCUMENT    DOCUMENT    DOCUMENT

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## Screening High Risk Patients

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### BUSINESS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12..

### CLINICAL

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

## What the new patient brings in...

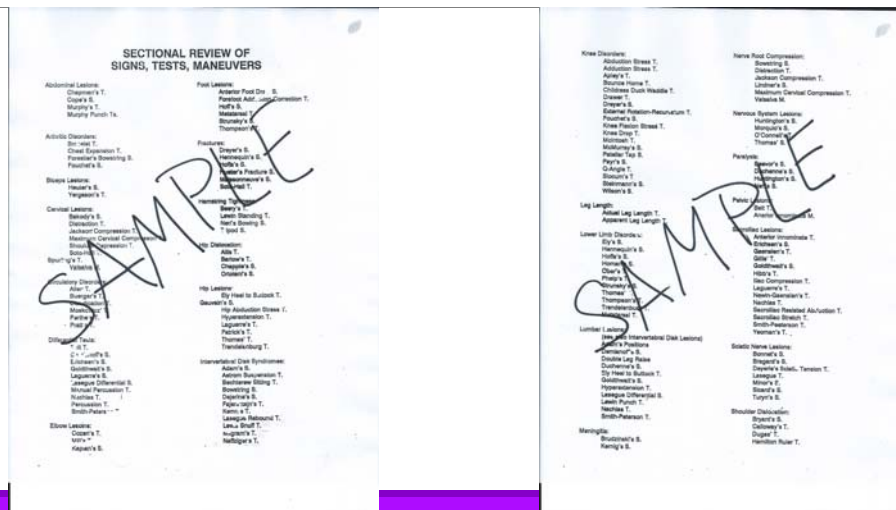
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- 1.
- 2.
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- 6.

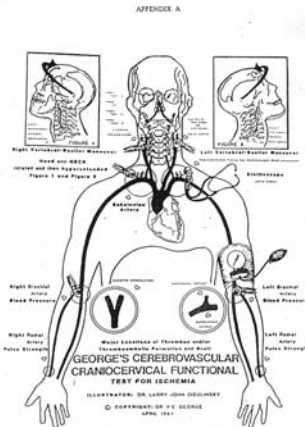
# How to discuss finances without using the money...

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

## Sectional Review of Signs, Tests, Maneuvers



# George's Cerebrovascular Cranio-cervical Functional (Test for Ischemia)



Page Two:

6. Subclavian Artery Bruit Test (each artery)  
Place the stethoscope over the supraclavicular fossa and have the patient hold their breath for a few seconds and listen for an audible blowing or a squirting sound. If present, record the findings.

SUBCLAVIAN ARTERY BRUIT..... (Left or right) (audible).....

PART III. CAROTID ARTERY STENOSIS/OCCUSION  
Palpate the left and right carotid bifurcation and determine if the pulsation are:  
Left Carotid Bifurcation..... (normal) (feeble) (absent)  
Right Carotid Bifurcation..... (normal) (feeble) (absent)  
Place the stethoscope over the left and right carotid bifurcation and determine if any bruit are present, and record the following: (blowing or squirting sound)  
Left Carotid Artery Bruit..... (none present) (audible)  
Right Carotid Artery Bruit..... (none present) (audible)

\* If either a bruit, feeble or absent pulse is elicited, then this may be strong evidence of vascular pathology, possible thrombus or thromboembolic stage. Other possibilities are morphological or deficient unilateral circulation routing to the anterior brain circulation.

\* Special Note:  
If either a suspected subclavian or carotid stenosis or occlusion is elicited ~~do not~~ perform PART IV.

PART IV. VERTEBRAL-BASILAR ARTERY FUNCTIONAL MANEUVERS  
This is a motion induced compression test of the vertebral arteries to determine pathophysiological ischemic reactions. These reactions include VERTIGO/DIZZINESS/VISUAL BLUAINING/NOISEA/PHONOSIS/STYLAGES. The maneuvers are as follows:

LEFT FUNCTIONAL MANEUVER.  
Have the patient turn his/her head as far left as possible and hyperextend the head on the neck for 3 seconds. Observe for any ischemic reactions.  
If no reactions are elicited then proceed with the right maneuver.  
Ischemic Reaction..... (none) (Type of Reaction)

RIGHT FUNCTIONAL MANEUVER.  
Have the patient turn his/her head as far right as possible and hyperextend the head on the neck for 3 to 5 seconds. Observe for any ischemic reactions.  
Ischemic Reaction..... (none) (Type of Reaction)

Copyright  
F.E. George, D.C., August 1930

## Radiographic Studies

Davis Series should be routine procedure and includes the following projections:

### Antero-Postero Open Mouth which Reveals

- Atlanto-Occipital Articulations
- Atlas Lateral Masses
- Atlanto-Axial Articulations
- The body of axis
- The odontoid process

### Antero-Posterior Closed Mouth

- The lower 5 cervical bodies
- Corresponding intervertebral spaces
- Transverse processes
- Covertebral articulations

### Neutral Lateral View

- Symmetry of the cervical curve
- Cervical bodies
- Apophyseal articulations
- Spinous processes
- Hypo-hyperlordosis

### Flexion View

- Symmetry of the cervical curve
- Range of motion
- Areas of greatest stress and strain

### Extension View

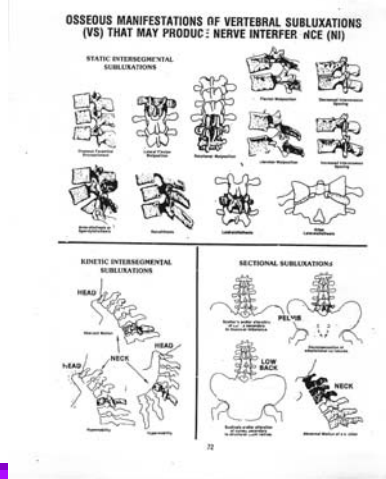
- Symmetry of the cervical curve
- Range of motion
- Areas of greatest stress and strain

### Two Oblique Views

- Intervertebral foreman
- Oblique study of vertebral bodies
- Osteoarthritis of the covertebral joints



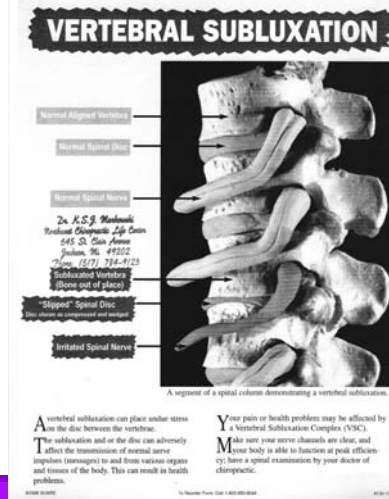
## Osseous Manifestations of Vertebral Subluxations (VS) That May Produce Nerve Interference (NI)



## DIAGNOSIS

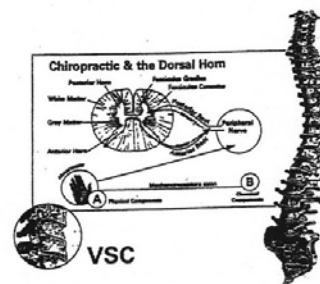
- This is essentially what the carrier knows about out patient and level of care is determined from the current ICD codes
- Uncomplicated diagnosis = less care
- Greater severity = increased necessity of services

## Vertebral Subluxation



## The Vertebral Subluxation Complex

The Chiropractic Subluxation Complex is any alteration of the biochemical and neuro-physiological dynamics of contiguous spinal and paraspinal structures which can cause neuronal disturbances and interrupt the body's inherent recuperative power. (Allopathic subluxation maybe other, multiple and/or illdefined dislocations or partial dislocations.)



# The Vertebral Subluxation Complex

---

## ➤ VSC 8 Physical Components

- Osseous
- Connective Tissue
  - Muscles
  - Ligaments – Fascia
- Disc
- Neurological
- Altered Biochemical
  - I.E. Kyphosis Scoliosis
- Lymphatic
- Circulatory
- Visceral

## ➤ VSC 8 Chemical Components

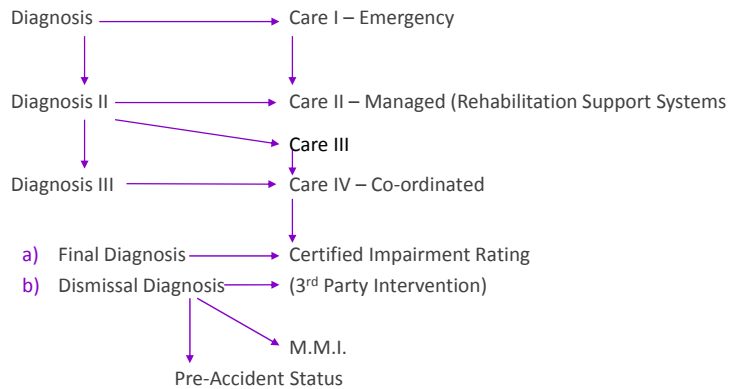
- Nociceptive Irritants
  - Traumatism
  - Chemical
    - Lactic Acid
    - Potassium Ions
    - Prostaglandin E-2
    - Leukotriene B-4
    - Glycosaminoglycans
    - Histamine
    - 5-Hydroxytryptamine
    - Bradykinin

---

“One of my primary goals in teaching is for the DC, CA and Patients to understand the VSC and its 8 Physical and 8 Chemical Components, (Nociceptive Irritants), and how total primary Chiropractic care can help.”

*KSJ Murkowski, BS, DC, DCT, FICA past ACA/ACAACA Chairman  
World Health Organization ICD-10-CM*

## Concepts



## Medical Necessity VS Clinical Appropriateness

### *Billing a Wall of Protection*

#### NECESSARY PATIENT DOCUMENTATION

|            |            |                   |              |
|------------|------------|-------------------|--------------|
| 1. MPC-101 | 5. MPC-105 | 9. MPC-1 MIN SOAP | 13. MPC-113A |
| 2. MPC-104 | 6. MPC-107 | 10. MPC-110       | 14. MPC-114A |
| 3. MPC-104 | 7. MPC-107 | 11. MPC-111       | 15. MPC-115A |
| 4. MPC-105 | 8. MPC-108 | 12. MPC-112       | 16. MPC-116A |

#### Reinforcing Walls of Protection

|                  |                  |                |               |
|------------------|------------------|----------------|---------------|
| 17. MPC-117 EM   | 19. MPC-199 Ouch | 21. MPC-121    | 23. MPC-B2 PA |
|                  |                  | PT Update Exam |               |
| 18. MPC-         | 20. MPC-120      | 22. MPC-B1     | 24. HIPAA     |
| Informed Consent | CH Update        | Office Policy  |               |

Bonus Review

Soap VS Chart – P.A.R.T. VS HER - EMR

**New Patient Telephone Information**

**CONFIDENTIAL**

Taken by \_\_\_\_\_  
 Date \_\_\_\_\_  
 Referred by \_\_\_\_\_  
 Emergency? ☐ Yes ☐ No  
 Patient Name \_\_\_\_\_ Patient Clinic ID# \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_

Major Complaint(s) \_\_\_\_\_  
 Is this related to: ☐ Auto Collision ☐ Personal Injury ☐ Work ☐ Other \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 What club do you work? \_\_\_\_\_ Office Location \_\_\_\_\_  
 Appointment Day/Time \_\_\_\_\_ Patient Is: ☐ Patient: New ☐ Patient: Taken by \_\_\_\_\_  
 Additional Information \_\_\_\_\_

**INSURANCE INFORMATION**  
 Insurance Company \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Deductible ☐ Per Year ☐ Per Incident ☐ Per Diagnosis \_\_\_\_\_  
 Per Member \_\_\_\_\_ Per Family \_\_\_\_\_ Co-Payment \_\_\_\_\_  
 Fiscal Year / Fiscal Year \_\_\_\_\_  
 Additional Information \_\_\_\_\_

**PERSONAL INJURY INFORMATION**  
 Date of Injury \_\_\_\_\_  
 Place \_\_\_\_\_  
 Time \_\_\_\_\_  
 Injury \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Claim Number \_\_\_\_\_  
 Name of Insurance Agent \_\_\_\_\_  
 Insurance Phone Number \_\_\_\_\_  
 Have Benefits Been Requested? ☐ Yes ☐ No  
 Is this a No-Fault State? ☐ Yes ☐ No Is this a PPO? ☐ Yes ☐ No  
 Patient will bring: ☐ Injury Report ☐ Hospital Report ☐ Doctor's Report ☐ Accident Report ☐ Accident Photos ☐ \_\_\_\_\_

**WORKER'S COMPENSATION**  
 Date of Injury \_\_\_\_\_  
 Place/Employer \_\_\_\_\_  
 Time of Injury \_\_\_\_\_  
 Injury was Reported to: \_\_\_\_\_  
 Title \_\_\_\_\_  
 Copy of Injury Report Available? ☐ Yes ☐ No  
 Patient's Job Description \_\_\_\_\_  
 Patient Sent to Company Doctor/Hospital? ☐ Yes ☐ No  
 Doctor/Hospital Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Patient authorized? ☐ Yes ☐ No  
 Patient will bring: ☐ Injury Report ☐ Hospital Report ☐ Doctor's Report ☐ Job Description ☐ Authorization \_\_\_\_\_

**UTILITY BILLING INFORMATION**  
 Name of Patient \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**NEW PATIENT TELEPHONE INFORMATION**  
 101

**Insurance Information and Verification**

**CONFIDENTIAL**

Date \_\_\_\_\_  
 Insured \_\_\_\_\_  
 Insured's Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Patient's Address \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Sex ☐ Male ☐ Female  
 Primary Insurance Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 Secondary Insurance Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship of Patient to Insured ☐ Same person ☐ Child ☐ Other \_\_\_\_\_  
 Where are claims to be submitted if additional insurance is needed? \_\_\_\_\_  
 (Home/Work/Accident Date: \_\_\_\_\_ AM ☐ PM ☐)  
 Social Security # \_\_\_\_\_ Group # \_\_\_\_\_  
 Insured's Employer \_\_\_\_\_  
 Who is the primary contact? \_\_\_\_\_  
 Title \_\_\_\_\_

**GROUP INSURANCE**  
 Was this verification tape recorded? ☐ Yes ☐ No  
 Is there coverage for Chiropractic care? ☐ Yes ☐ No  
 Amount of Deductible \$ \_\_\_\_\_  
 How deductible been met? ☐ Yes ☐ No  
 Coverage after deductible: \_\_\_\_\_  
 When is next deductible due? \_\_\_\_\_  
 Is there a maximum yearly benefit? \_\_\_\_\_  
 Is there a maximum visit limit? \_\_\_\_\_  
 Amount of X-ray coverage \$ \_\_\_\_\_  
 Are diagnostic applied to deductible? ☐ Yes ☐ No  
 Does the policy cover:  
☐ Exercise ☐ Nutritional Support  
☐ Spinal Manipulations ☐ Cervical pillow(s)  
☐ Physical Medicine & Reconstructive Procedures ☐ Infrared heat, etc.  
☐ Chiropractic Support ☐ Intersegmental traction  
☐ Traction device therapy ☐ Other \_\_\_\_\_  
 An optical exam required? ☐ Yes ☐ No  
 Does your company have or assign benefits to the doctor?  
☐ Yes ☐ No  
 Is there an accident rider? ☐ Yes ☐ No  
 Full name of person you spoke with \_\_\_\_\_  
 Coverage was stated as follows: \_\_\_\_\_

**WORKER'S COMPENSATION**  
 Employer Name \_\_\_\_\_  
 Employee Name \_\_\_\_\_  
 Date of Injury \_\_\_\_\_  
 Injury \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Claim Number \_\_\_\_\_  
 Name of Insurance Agent \_\_\_\_\_  
 Insurance Phone Number \_\_\_\_\_  
 Have Benefits Been Requested? ☐ Yes ☐ No  
 Is this a No-Fault State? ☐ Yes ☐ No Is this a PPO? ☐ Yes ☐ No  
 Patient will bring: ☐ Injury Report ☐ Hospital Report ☐ Doctor's Report ☐ Accident Report ☐ Accident Photos ☐ \_\_\_\_\_

**AUTO ACCIDENT**  
 Has accident been reported to insurance company? ☐ Yes ☐ No  
 Is auto insurance:  
☐ Primary ☐ Secondary (If secondary use Group Insurance Information at left)  
 Was a police report made? ☐ Yes ☐ No  
 Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Is there a deductible? ☐ Yes ☐ No If yes, how much? \$ \_\_\_\_\_  
 Has an application for benefits been filed? ☐ Yes ☐ No

**PERSONAL INJURY**  
 Has injury been reported to insurance company? ☐ Yes ☐ No  
 Is there a deductible? ☐ Yes ☐ No If yes, how much? \$ \_\_\_\_\_  
 Has an application for benefits been filed? ☐ Yes ☐ No

**INSURANCE INFORMATION AND VERIFICATION**  
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**IMPORTANT:**

1. If you are a **NEW PATIENT**, please notify receptionist.
2. Report all **NEW INJURIES** immediately! Ask for "Ouch" Form.
3. Please advise Receptionist of any **NEW INSURANCES**.
4. Report **CHANGE OF ADDRESS**.
5. Report all **NEW PHONE NUMBERS** or **CELL PHONE NUMBERS**.
6. Please turn off Cell Phones and Pagers.
7. Please report any Handicap or Special Needs to the Receptionist.

**HIPAA**  
Protected Health Information  
Authorized Access Only

HIPAA  
 Protected Health Information  
 Authorized Access Only

## Page Number

Day \_\_\_\_\_ Date \_\_\_\_\_ District Name \_\_\_\_\_  
 Sign name or use clinic ID number. Please indicate method of payment for today's services when you sign in.

**SAMPLE ONLY**

Help us help your friends ►

- **SHARE** your experience with **Chiropractic**.
- Tell them **Chiropractic gets results**; "It works, and that's what counts!"
- Refer them here for **quality Chiropractic care** with **affordable fees/plans**.

CONFIDENTIAL

WELCOME - COOPER SIGN IN REGISTER

1036



**HFPA**  
 Protected Health Information  
 Authorized Access Only

Patient's Clinic ID # \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Sex \_\_\_\_\_ GM, QM, AF, Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced  
 Occupation \_\_\_\_\_ Skill 1 2 3 Job Description \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_  
 Address \_\_\_\_\_

|                            |                    |
|----------------------------|--------------------|
| Hours Worked               | Employer Phone     |
| Spouse's Name              | Children/Ages      |
| Spouse's Date of Birth     | Social Security #  |
| Spouse's Occupation        | Spouse's Employer  |
| Spouse's Insurance         | Why do we think we |
| Name of Last Child Support | Name of Last       |

**FOR OFFICE  
USE ONLY:**

**ACCIDENT INFORMATION**

Pain Due to Injury? ☐ Yes ☐ No

Accident Due to: ☐ Auto Collision ☐ Personal Injury ☐ Work-Related ☐ Neck ☐ Low Back ☐ Arms

Report Made? ☐ Yes ☐ No ☐ Mid Back ☐ Eyes ☐ Legs

Agency Name \_\_\_\_\_ Worst In: ☐ A.I.D. ☐ \_\_\_\_\_  
Agency Phone \_\_\_\_\_

PROTECTED INFORMATION

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_  
E-Mail \_\_\_\_\_

Best Time to Call \_\_\_\_\_ Subscriber Name \_\_\_\_\_  
 1) Emergency Contact \_\_\_\_\_ Subscriber Social Security # \_\_\_\_\_  
 Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Subscriber Date of Birth \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 2) Emergency Contact \_\_\_\_\_  
 Group Number \_\_\_\_\_  
 Insurance Handbook copied? ☐ Yes ☐ No  
 Insurance Policy copied? ☐ Yes ☐ No

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Insurance Card copied? ☐ Yes ☐ No  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ ☐ Mastercard \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ ☐ Visa \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

**AUTHORIZATION / ASSIGNMENT**

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
Patient Signature OCHA Signature

**CONFIDENTIAL**

NEW PATIENT REGISTRATION

1040



[illegible]

Place asterisk (\*) (Provisionally), \* (Provisionally), in front of all the following signs and symptoms. Leave blank if not applicable.

A complete history and present history of your health will facilitate care.

CONFIRM

TALL

**GENERAL EXAMINATIONS**

|       |                  |       |                |
|-------|------------------|-------|----------------|
| 78-0  | Head Examination | 78-1  | Neck           |
| 78-2  | Face             | 78-3  | Throat         |
| 78-4  | Eyes             | 78-5  | Ears           |
| 78-6  | Nose             | 78-7  | Throat         |
| 78-8  | Stomach          | 78-9  | Rectum         |
| 78-10 | Genitals         | 78-11 | Perineum       |
| 78-12 | Extremities      | 78-13 | Spine          |
| 78-14 | Neurological     | 78-15 | Cardiovascular |
| 78-16 | Respiratory      | 78-17 | Urinary        |
| 78-18 | Endocrine        | 78-19 | Other          |

**ENTRANCE-MEDICAL**

|       |                      |       |                            |
|-------|----------------------|-------|----------------------------|
| 78-20 | Chief Complaint      | 78-21 | History of Present Illness |
| 78-22 | Presenting Symptoms  | 78-23 | History of Past Illness    |
| 78-24 | Family History       | 78-25 | Personal History           |
| 78-26 | Physical Examination | 78-27 | Review of Systems          |
| 78-28 | Diagnosis            | 78-29 | Prognosis                  |
| 78-30 | Recommendations      | 78-31 | Other                      |

**DISCHARGE/PHYSICIAN**

|        |                       |        |                       |
|--------|-----------------------|--------|-----------------------|
| 78-32  | Physician's Report    | 78-33  | Physician's Signature |
| 78-34  | Physician's Date      | 78-35  | Physician's Title     |
| 78-36  | Physician's Address   | 78-37  | Physician's Phone     |
| 78-38  | Physician's Fax       | 78-39  | Physician's Email     |
| 78-40  | Physician's Signature | 78-41  | Physician's Title     |
| 78-42  | Physician's Date      | 78-43  | Physician's Address   |
| 78-44  | Physician's Phone     | 78-45  | Physician's Fax       |
| 78-46  | Physician's Email     | 78-47  | Physician's Signature |
| 78-48  | Physician's Title     | 78-49  | Physician's Date      |
| 78-50  | Physician's Address   | 78-51  | Physician's Phone     |
| 78-52  | Physician's Fax       | 78-53  | Physician's Email     |
| 78-54  | Physician's Signature | 78-55  | Physician's Title     |
| 78-56  | Physician's Date      | 78-57  | Physician's Address   |
| 78-58  | Physician's Phone     | 78-59  | Physician's Fax       |
| 78-60  | Physician's Email     | 78-61  | Physician's Signature |
| 78-62  | Physician's Title     | 78-63  | Physician's Date      |
| 78-64  | Physician's Address   | 78-65  | Physician's Phone     |
| 78-66  | Physician's Fax       | 78-67  | Physician's Email     |
| 78-68  | Physician's Signature | 78-69  | Physician's Title     |
| 78-70  | Physician's Date      | 78-71  | Physician's Address   |
| 78-72  | Physician's Phone     | 78-73  | Physician's Fax       |
| 78-74  | Physician's Email     | 78-75  | Physician's Signature |
| 78-76  | Physician's Title     | 78-77  | Physician's Date      |
| 78-78  | Physician's Address   | 78-79  | Physician's Phone     |
| 78-80  | Physician's Fax       | 78-81  | Physician's Email     |
| 78-82  | Physician's Signature | 78-83  | Physician's Title     |
| 78-84  | Physician's Date      | 78-85  | Physician's Address   |
| 78-86  | Physician's Phone     | 78-87  | Physician's Fax       |
| 78-88  | Physician's Email     | 78-89  | Physician's Signature |
| 78-90  | Physician's Title     | 78-91  | Physician's Date      |
| 78-92  | Physician's Address   | 78-93  | Physician's Phone     |
| 78-94  | Physician's Fax       | 78-95  | Physician's Email     |
| 78-96  | Physician's Signature | 78-97  | Physician's Title     |
| 78-98  | Physician's Date      | 78-99  | Physician's Address   |
| 78-100 | Physician's Phone     | 78-101 | Physician's Fax       |
| 78-102 | Physician's Email     | 78-103 | Physician's Signature |
| 78-104 | Physician's Title     | 78-105 | Physician's Date      |
| 78-106 | Physician's Address   | 78-107 | Physician's Phone     |
| 78-108 | Physician's Fax       | 78-109 | Physician's Email     |
| 78-110 | Physician's Signature | 78-111 | Physician's Title     |
| 78-112 | Physician's Date      | 78-113 | Physician's Address   |
| 78-114 | Physician's Phone     | 78-115 | Physician's Fax       |
| 78-116 | Physician's Email     | 78-117 | Physician's Signature |
| 78-118 | Physician's Title     | 78-119 | Physician's Date      |
| 78-120 | Physician's Address   | 78-121 | Physician's Phone     |
| 78-122 | Physician's Fax       | 78-123 | Physician's Email     |
| 78-124 | Physician's Signature | 78-125 | Physician's Title     |
| 78-126 | Physician's Date      | 78-127 | Physician's Address   |
| 78-128 | Physician's Phone     | 78-129 | Physician's Fax       |
| 78-130 | Physician's Email     | 78-131 | Physician's Signature |
| 78-132 | Physician's Title     | 78-133 | Physician's Date      |
| 78-134 | Physician's Address   | 78-135 | Physician's Phone     |
| 78-136 | Physician's Fax       | 78-137 | Physician's Email     |
| 78-138 | Physician's Signature | 78-139 | Physician's Title     |
| 78-140 | Physician's Date      | 78-141 | Physician's Address   |
| 78-142 | Physician's Phone     | 78-143 | Physician's Fax       |
| 78-144 | Physician's Email     | 78-145 | Physician's Signature |
| 78-146 | Physician's Title     | 78-147 | Physician's Date      |
| 78-148 | Physician's Address   | 78-149 | Physician's Phone     |
| 78-150 | Physician's Fax       | 78-151 | Physician's Email     |
| 78-152 | Physician's Signature | 78-153 | Physician's Title     |
| 78-154 | Physician's Date      | 78-155 | Physician's Address   |
| 78-156 | Physician's Phone     | 78-157 | Physician's Fax       |
| 78-158 | Physician's Email     | 78-159 | Physician's Signature |
| 78-160 | Physician's Title     | 78-161 | Physician's Date      |
| 78-162 | Physician's Address   | 78-163 | Physician's Phone     |
| 78-164 | Physician's Fax       | 78-165 | Physician's Email     |
| 78-166 | Physician's Signature | 78-167 | Physician's Title     |
| 78-168 | Physician's Date      | 78-169 | Physician's Address   |
| 78-170 | Physician's Phone     | 78-171 | Physician's Fax       |
| 78-172 | Physician's Email     | 78-173 | Physician's Signature |
| 78-174 | Physician's Title     | 78-175 | Physician's Date      |
| 78-176 | Physician's Address   |        |                       |




[illegible][illegible]



## 35

| Patient Treatment Plan  |  | <small>NPIA<br/>Protected Health Information<br/>Authorized Access Only</small><br><b>CONFIDENTIAL</b> |
|---|--|--|
| <b>PATIENT INFORMATION</b>  |  |  |
| Patient/Clinic ID # _____   | Phone (Home) _____<br>Phone (Work) _____         | <input type="checkbox"/> Initial Care<br><input type="checkbox"/> Extension of Care                    |
| Name _____  | Title _____                                      | <input type="checkbox"/> Supportive Care<br><input type="checkbox"/> Wellness/Effective                |
| Address _____   | Injury/Damage Date _____<br>Re-Injury Date _____ | <input type="checkbox"/> Re-Assessment<br><input type="checkbox"/> Termination of Care                 |
| Date of Birth _____   | Insurance Co. _____                              |  |
| Social Security # _____   | Cases # _____                                    |  |
| <b>CLINIC / DOCTOR INFORMATION</b>  |  |  |
| Clinic Name _____   | Address _____                                    |  |
| Dr. Name _____  |  |  |
| Diagnosis or nature of illness or injury / I.C.D. Codes   |  |  |
| 1. _____  | 5. _____   | <input type="checkbox"/> Accident  |
| 2. _____  | 6. _____   | <input type="checkbox"/> Personal Injury   |
| 3. _____  | 7. _____   | <input type="checkbox"/> Work/Accident   |
| 4. _____  | 8. _____   | <input type="checkbox"/> Other _____   |
| Secondary Diagnosis _____   |  |  |
| VSC Levels: Occ C1 2 3 4 5 6 7 (R/L) T1 2 3 4 5 6 7 8 9 10 11 12 (L/R) C1-C2 _____ Coccyx / Hips R/L _____  |  |  |
| Recommended Treatment Frequency:  |  |  |
| <input type="checkbox"/> Daily _____ w/notes  | <input type="checkbox"/> 2x Week _____           | <input type="checkbox"/> 1x Week _____   |
| <input type="checkbox"/> 3x Week _____ w/notes  | <input type="checkbox"/> 1x Week _____           | <input type="checkbox"/> 1x Week _____ w/notes   |
| CATEGORY OF CARE: <input type="checkbox"/> Active <input type="checkbox"/> Supportive <input type="checkbox"/> Rehabilitative <input type="checkbox"/> Preventive                                     |  |  |
| SHORT TERM GOALS: Reassessment _____ weeks/months _____ No Improvement _____ No _____ No _____  |  |  |
| LIFESTYLE MODIFICATION: <input type="checkbox"/> No Recommendations _____   |  |  |
| EXERCISES: <input type="checkbox"/> No Recommendations _____  |  |  |
| STRUCTURAL SUPPORT: <input type="checkbox"/> Cervical Pillow <input type="checkbox"/> Cervical Traction <input type="checkbox"/> Lumbar Pillow <input type="checkbox"/> Foot Levelers/Orthotics       |  |  |
| EXTREMITY: <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Ankle <input type="checkbox"/> Foot |  |  |
| NUTRITIONAL SUPPORT: <input type="checkbox"/> No Recommendations _____  |  |  |
| RESTRICTIONS: <input type="checkbox"/> None <input type="checkbox"/> Guarded Movement <input type="checkbox"/> Athletic Activity  |  |  |
| PATIENT EMPLOYMENT: <input type="checkbox"/> None <input type="checkbox"/> Light Duty From _____ To _____ <input type="checkbox"/> Full Duty From _____ To _____                                      |  |  |
| FACTORS DELAYING PATIENT RESPONSE: _____  |  |  |
| Doctor Signature _____ Date _____   |  |  |

P A T I E N T   T R E A T M E N T   P L A N



## Patient Care Guidelines

*General Care • Auto Collision  
Personal Injury • Worker's Comp*

**CONFIDENTIAL**

Date \_\_\_\_\_

Patient/Clinic ID # \_\_\_\_\_

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Other Information \_\_\_\_\_

I, \_\_\_\_\_ hereby agree to be treated by  
(Dr./Clinic) \_\_\_\_\_

\_\_\_\_\_ for the condition and/or \_\_\_\_\_ diagnosis  
explained to me on \_\_\_\_\_ for the condition and/or \_\_\_\_\_  
\_\_\_\_\_ today's Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

I hereby further agree to maintain and cooperate with the above named Doctor and/or Clinic  
staff recommendations for Chiropractic \_\_\_\_\_ of the Spinal Condition (VSC)  
diagnosed from my exam or the injuries \_\_\_\_\_ sustained on \_\_\_\_\_

In the event of excessive pain or discomfort without notification or authorization to the above  
named Doctor or Clinic, I understand that I have no right to demand and/or  
symptomatic relief or compensation for my injuries. Therefore, my Doctor or Clinic  
can then notify my \_\_\_\_\_ insurance agent, \_\_\_\_\_ and lawyers that I am no  
longer being treated and I have returned to work with no restrictions and/or limitations.

I hereby further agree upon such notification of office policy to my employer and/or attorney and/or  
insurance carriers, that I will pay upon demand, all bills incurred for my treatment to date.

I clearly understand this "office policy" and that all past, present and future bills incurred at this  
Clinic are my responsibility for payment. I hereby agree to pay all bills upon demand and my  
doctor will not be involved in any 3rd Party disputes. Billing for all Clinical and rehabilitation  
services is done as a courtesy and I understand there is no guarantee of third party payment.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor/Staff Signature

\_\_\_\_\_  
Date

**SAMPLE ONLY**

**PATIENT CARE GUIDELINES**

North Pacific Chiropractic 317738 6/08

CONFIDENTIAL

### 3rd Visit Patient Questionnaire

HIPAA  
Protected Health Information  
Authorized Access Only

Patient/Clinic ID # \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ Social Security \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex / Staff \_\_\_\_\_

Our goal as your Primary Chiropractic Health Care Facility is to help you and your family with your Vertebral Subluxation Complex (VSC) and related spinal health problems. First, we recognize that your time is very important. It is our goal to treat each patient with care and respect, and that our doctor(s) and staff are fulfilling your goals through your personalized treatment plan. Please read the questions below and mark the appropriate box.

YES NO

☐ ☐ Were you treated with respect and kindness on the telephone when you scheduled your initial appointment?

☐ ☐ Did you have any problems completing our office forms?

☐ ☐ Were you pleased with your examination(s) and/or diagnostic tests?

☐ ☐ Did you understand the results of your examination(s), X-rays and/or other tests?

☐ ☐ Did you have any questions about your recommended care schedule that were not answered?

☐ ☐ Is there any reason why you cannot follow the recommended care schedule?

☐ ☐ Is there any new or additional information about your problem that our office should know?

☐ ☐ Do you feel the need to discuss anything with the doctor?

☐ ☐ Do you understand your financial obligations?

☐ ☐ Do you feel the need to discuss anything with the doctor?

Your comments are welcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The doctor welcomes the opportunity to discuss this information with you. Thank you for your time and input.

Staff Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Chiropractor Signature \_\_\_\_\_ Date \_\_\_\_\_

Small Practice Guidelines 01/2009-01/10

3RD VISIT PATIENT QUESTIONNAIRE

112

CONFIDENTIAL

### Patient Progress Report / Counseling and Coordination of Care

HIPAA  
Protected Health Information  
Authorized Access Only

Date \_\_\_\_\_ Date of Advancement \_\_\_\_\_  
 Patient/Clinic ID # \_\_\_\_\_ Date of Last Exam \_\_\_\_\_ Date of Last X-ray \_\_\_\_\_  
 Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Last Invert Exam \_\_\_\_\_ Date of Last 3rd Party Report \_\_\_\_\_

Please list your present complaints and pain level on a 0 - 10 scale

| ADMITTING MAJOR COMPLAINTS (Regions) |  | RESPONSE TO TREATMENT |  |
|--------------------------------------|--|-----------------------|--|
| 1. Neck                              | <input type="checkbox"/> Improved <input type="checkbox"/> Steady <input type="checkbox"/> Slow <input type="checkbox"/> Erratic <input type="checkbox"/> Poor |                       |  |
| 2. Mid Back                          | <input type="checkbox"/> Improved <input type="checkbox"/> Steady <input type="checkbox"/> Slow <input type="checkbox"/> Erratic <input type="checkbox"/> Poor |                       |  |
| 3. Low Back                          | <input type="checkbox"/> Improved <input type="checkbox"/> Steady <input type="checkbox"/> Slow <input type="checkbox"/> Erratic <input type="checkbox"/> Poor |                       |  |
| 4. Hips                              | <input type="checkbox"/> Improved <input type="checkbox"/> Steady <input type="checkbox"/> Slow <input type="checkbox"/> Erratic <input type="checkbox"/> Poor |                       |  |
| 5. Arms                              | <input type="checkbox"/> Improved <input type="checkbox"/> Steady <input type="checkbox"/> Slow <input type="checkbox"/> Erratic <input type="checkbox"/> Poor |                       |  |
| 6. Legs                              | <input type="checkbox"/> Improved <input type="checkbox"/> Steady <input type="checkbox"/> Slow <input type="checkbox"/> Erratic <input type="checkbox"/> Poor |                       |  |
| 7. _____                             | <input type="checkbox"/> Improved <input type="checkbox"/> Steady <input type="checkbox"/> Slow <input type="checkbox"/> Erratic <input type="checkbox"/> Poor |                       |  |
| 8. _____                             | <input type="checkbox"/> Improved <input type="checkbox"/> Steady <input type="checkbox"/> Slow <input type="checkbox"/> Erratic <input type="checkbox"/> Poor |                       |  |
| 9. _____                             | <input type="checkbox"/> Improved <input type="checkbox"/> Steady <input type="checkbox"/> Slow <input type="checkbox"/> Erratic <input type="checkbox"/> Poor |                       |  |
| 10. _____                            | <input type="checkbox"/> Improved <input type="checkbox"/> Steady <input type="checkbox"/> Slow <input type="checkbox"/> Erratic <input type="checkbox"/> Poor |                       |  |
| 11. _____                            | <input type="checkbox"/> Improved <input type="checkbox"/> Steady <input type="checkbox"/> Slow <input type="checkbox"/> Erratic <input type="checkbox"/> Poor |                       |  |
| 12. _____                            | <input type="checkbox"/> Improved <input type="checkbox"/> Steady <input type="checkbox"/> Slow <input type="checkbox"/> Erratic <input type="checkbox"/> Poor |                       |  |

NEW COMPLAINTS (if any)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

PROGNOSIS:

☐ 1) Complete recovery with \_\_\_\_\_

☐ 2) Recovery with slight improvement \_\_\_\_\_

☐ 3) Improving as well as can be expected considering severity \_\_\_\_\_

☐ 4) Recovery delayed by: \_\_\_\_\_

☐ 5) Patient complications / recalcitrance: \_\_\_\_\_

Additional Treatment Needed: \_\_\_\_\_

VSC Levels: Out C1 2 3 4 5 6 7 (B) / T1 2 3 4 5 6 7 8 9 10 11 / D11 / L1 2 3 4 5 6 7 / SAC / Coccyx / Hip / RI / LI

Can: \_\_\_\_\_

Rehabilitation: \_\_\_\_\_

PT: \_\_\_\_\_

Nutrition: \_\_\_\_\_

Foot Levelers/Orthotics: \_\_\_\_\_

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Doctor Signature \_\_\_\_\_ Date \_\_\_\_\_

SN: Time Spent Counseling and Coordination of Care D&PT \_\_\_\_\_

☐ 99111 (3 minutes) ☐ 99112 (10 minutes) ☐ 99121 (10 minutes) ☐ 99122 (20 minutes)

\_\_\_\_\_ Date \_\_\_\_\_

Author's recommendation for use after 1/28/10

PATIENT PROGRESS REPORT/COORDINATION OF CARE

113





# Progress Report / Counseling and Coordination of Care

Note: This form is recommended for chronic / wellness patient / family.

Date \_\_\_\_\_ Date of Appointment \_\_\_\_\_  
 Patient/Clinic ID# \_\_\_\_\_ Date of Last Exam \_\_\_\_\_ Date of Last X-ray \_\_\_\_\_  
 Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Last Progress Exam \_\_\_\_\_ Date of Last 3rd Party Report \_\_\_\_\_

HIPAA  
 Protected Health Information  
 Authorized Access Only

Please answer all questions that apply.

- Any questions about your spinal condition or progress to date? \_\_\_\_\_
- What symptoms have improved? \_\_\_\_\_  
 Has there been a Case History Review? ☐ Yes ☐ No Has there been a Last Progress Report Review? ☐ Yes ☐ No
- Changes in General:  
☐ A. Stronger ☐ B. More Alert ☐ C. More Relaxed ☐ D. More Restful
- Things That are Easier / List to Normal (15 minutes, i.e., 1 1/2 hour walking, then most rest)  
☐ A. Walking \_\_\_\_\_ min. ☐ E. Lifting \_\_\_\_\_ Ba/Ags. ☐ I. Ability to Sleep \_\_\_\_\_ %  
☐ B. Working \_\_\_\_\_ min. ☐ F. Bending \_\_\_\_\_ min. ☐ J. Neck or Neck Arches \_\_\_\_\_ %  
☐ C. Sitting \_\_\_\_\_ min. ☐ G. Standing \_\_\_\_\_ min. ☐ K. Carrying \_\_\_\_\_ %  
☐ D. Handling \_\_\_\_\_ min. ☐ H. Reaching \_\_\_\_\_ min. ☐ L. Climbing \_\_\_\_\_ %
- Things that have improved / To What %  
☐ A. Nerves \_\_\_\_\_ % ☐ F. Balance \_\_\_\_\_ % ☐ I. Ability to Sleep \_\_\_\_\_ %  
☐ B. Digestion \_\_\_\_\_ % ☐ G. Blood Pressure \_\_\_\_\_ % ☐ J. Neck or Neck Arches \_\_\_\_\_ %  
☐ C. Elimination \_\_\_\_\_ % ☐ H. Carrying \_\_\_\_\_ % ☐ K. Climbing \_\_\_\_\_ %  
☐ D. Circulation \_\_\_\_\_ % ☐ L. Reaching \_\_\_\_\_ % ☐ M. Walking \_\_\_\_\_ %
- How do you classify your condition? ☐ Fair ☐ Good ☐ Excellent
- Have you referred anyone to chiropractic care to help with your condition?  
 Who (name) \_\_\_\_\_
- Comments \_\_\_\_\_

Would you give us your "Personal Testimonial" and please let us know Chiropractic Health Care has helped you so that we may use it in "Sharing" with others who are in doubt about the natural health and Chiropractic? ☐ Yes ☐ No

Thank you for your time and effort in completing this form, it will be of great help to us in our efforts to provide the best possible health care for our patients.

Doctor Signature \_\_\_\_\_ Patient Signature \_\_\_\_\_

50% Time Spent Counseling and Coordination of Care (COC) \_\_\_\_\_

☐ 90211 (10 minutes) ☐ 90213 (15 minutes) ☐ 90215 (40 minutes) \_\_\_\_\_

☐ 90212 (10 minutes) ☐ 90214 (25 minutes) \_\_\_\_\_

VSC Levels: Occ (1) 2 3 4 5 6 7 (8) / T1 2 3 4 5 6 7 8 9 10 11 12 (13) / L1 2 3 4 5 (6) / SAC / Gaitys / Hips / Lt Lt

Author: \_\_\_\_\_ Date: \_\_\_\_\_

CONFIDENTIAL - PROGRESS/COUNSELING AND COORDINATION OF CARE - 113

## Patient / 3rd Party E/M Counseling Record



HIPAA  
 Protected Health Information  
 Authorized Access Only

Date \_\_\_\_\_ Date of Appointment \_\_\_\_\_  
 Patient/Clinic ID# \_\_\_\_\_ Patient Completion/History \_\_\_\_\_  
 Patient Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Diagnosis/ICD \_\_\_\_\_  
 1 \_\_\_\_\_ 2 \_\_\_\_\_  
 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_  
 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_ 13 \_\_\_\_\_  
 Low Back Lt 2 3 4 5 (6) Sacrum Coccyx Hips Rt Lt Anus Rt Lt Legs Rt Lt

Spinal Regions: Occ Neck C1 2 3 4 5 6 7 (8) Mid Back T1 2 3 4 5 6 7 8 9 10 11 12 (13)  
 Low Back Lt 2 3 4 5 (6) Sacrum Coccyx Hips Rt Lt Anus Rt Lt Legs Rt Lt

COUNSELING AND/OR COORDINATION CARE / RECOMMENDATIONS

Neck \_\_\_\_\_ Multiple Daily ☐ Weekly ☐ Monthly ☐  
 Mid Back \_\_\_\_\_ ☐ Daily ☐ Bi-weekly ☐ Other \_\_\_\_\_  
 Low Back \_\_\_\_\_  
 Hips \_\_\_\_\_ Re-Evaluation Scheduled \_\_\_\_\_  
 Arms \_\_\_\_\_ Comments \_\_\_\_\_  
 Legs \_\_\_\_\_  
 Other \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
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 Re-Evaluation Scheduled \_\_\_\_\_  
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 Re-Evaluation Scheduled \_\_\_\_\_  
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 Re-Evaluation Scheduled \_\_\_\_\_  
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 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

Treatment \_\_\_\_\_  
 Re-Evaluation Scheduled \_\_\_\_\_  
 Comments \_\_\_\_\_

CONFIDENTIAL - CHIROPRACTIC CARE/E/M COUNSELING RECORD - 117

**CONFIDENTIAL**

**Ouch Form**  
NPIA Protected Health Information  
Authorized Access Only

Accidents • Aches • Allergies • Bumps • Colds • Constipation • Falls  
Fatigue • Headaches • Indigestion • Nervelessness • Self-Administered  
Treatment • Sleeplessness • Slightness • Stomach Trouble • Tension

**DATE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_  
**Patient/Clinic ID #** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Other** \_\_\_\_\_

**CHANGE OF CONDITION REPORT (HISTORY)**  
 If you have experienced a sudden change in your physical condition, we would like to know about it. We want your statement to be the best possible for your present state. A complete accounting of any condition you have felt, and any accidents or injuries you have had recently, even if you experienced no apparent reaction, will help us help you more. Please provide us with the information requested below.

List any out-of-the-ordinary pains, discomforts, or other symptoms you have experienced since your last visit:

What have you done to try to relieve your symptoms?

List any falls, accidents or other incidents that occurred since your last visit:

**SEVERITY OF PAIN**  
 Use region of pain and circle severity number: (1 = least, 10 = greatest)

**MARK PAIN REGION**  
 Burning • Stabbing • Sharp • Cramping

**BACK PAIN**  
 Neck \_\_\_\_\_ Shoulder \_\_\_\_\_ Elbow \_\_\_\_\_ Wrist \_\_\_\_\_ Hand \_\_\_\_\_  
 Forearm \_\_\_\_\_ Upper Arm \_\_\_\_\_ Lower Arm \_\_\_\_\_ Hip \_\_\_\_\_ Knee \_\_\_\_\_ Ankle \_\_\_\_\_ Foot \_\_\_\_\_

**EXAM / COURSE**  
 Head \_\_\_\_\_ Neck \_\_\_\_\_ Shoulder \_\_\_\_\_ Elbow \_\_\_\_\_ Wrist \_\_\_\_\_ Hand \_\_\_\_\_  
 Forearm \_\_\_\_\_ Upper Arm \_\_\_\_\_ Lower Arm \_\_\_\_\_ Hip \_\_\_\_\_ Knee \_\_\_\_\_ Ankle \_\_\_\_\_ Foot \_\_\_\_\_

**DOCTOR'S DECISION**

**NEW PATIENT**  
☐ 99201 (10 minutes)  
☐ 99202 (20 minutes)  
☐ 99203 (30 minutes)  
☐ 99204 (45 minutes)  
☐ 99205 (60 minutes)

**ESTABLISHED PATIENT**  
☐ 99211 (10 minutes)  
☐ 99212 (15 minutes)  
☐ 99213 (15 minutes)  
☐ 99214 (20 minutes)  
☐ 99215 (30 minutes)  
☐ 99216 (45 minutes)  
☐ 99217 (60 minutes)

CPT Modifiers may be added to above (E.g., -25)

**RECOMMENDATIONS / COORDINATION CARE**  
☐ Exam  
☐ X-ray  
☐ Lab  
☐ ECG  
☐ Foot Lesions / Orthotics  
☐ Other \_\_\_\_\_  
 Doctor's Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**OUCH FORM**

**CONFIDENTIAL**

**Case History Update**  
NPIA Protected Health Information  
Authorized Access Only

In order for us to best serve you, and so that we may bring your original case history up to date, please provide us with the following information. PLEASE PRINT.

**DATE** \_\_\_\_\_ **Patient/Clinic ID #** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**Work Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_ **Cell / Pager** \_\_\_\_\_

1) Is your visit today due to an accident? ☐ Yes ☐ No

2) List present complaints / pain / regions.  
 Neck \_\_\_\_\_  
 Mid-Back \_\_\_\_\_  
 Low Back \_\_\_\_\_  
 Hip \_\_\_\_\_  
 Arms/Legs \_\_\_\_\_  
 Other \_\_\_\_\_

3) Duration of present condition / pain.  
☐ Less than 1 week ☐ 1-4 weeks ☐ 1-3 months ☐ 4-6 months ☐ 7-12 months ☐ More than 1 year

4) What do you believe caused this?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5) Describe any falls, injuries or accidents.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6) Since your last visit here, have you consulted another doctor?  
☐ Yes ☐ No ☐ Why \_\_\_\_\_

Doctor's Name \_\_\_\_\_  
 Doctor's Address \_\_\_\_\_  
 Treatment received \_\_\_\_\_  
 Medications \_\_\_\_\_  
 Therapies \_\_\_\_\_  
 Other Information Only: Past Diagnosis \_\_\_\_\_

**LAST EXAM** \_\_\_\_\_ **LAST X-RAYS** \_\_\_\_\_

**LAST VSC LEVELS** (See 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 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1015, 1016, 1017, 1018, 1019, 1020, 1021, 1022, 1023, 1024, 1025, 1026, 1027, 1028, 1029, 1030, 1031, 1032, 1033, 1034, 1035, 1036, 1037, 1038, 1039, 1040, 1041, 1042, 1043, 1044, 1045, 1046, 1047, 1048, 1049, 1050, 1051, 1052, 1053, 1054, 1055, 1056, 1057, 1058, 1059, 1060, 1061, 1062, 1063, 1064, 1065, 1066, 1067, 1068, 1069, 1070, 1071, 1072, 1073, 1074, 1075, 1076, 1077, 1078, 1079, 1080, 1081, 1082, 1083, 1084, 1085, 1086, 1087, 1088, 1089, 1090, 1091, 1092, 1093, 1094, 1095, 1096, 1097, 1098, 1099, 1100, 1101, 1102, 1103, 1104, 1105, 1106, 1107, 1108, 1109, 1110, 1111, 1112, 1113, 1114, 1115, 1116, 1117, 1118, 1119, 1120, 1121, 1122, 1123, 1124, 1125, 1126, 1127, 1128, 1129, 1130, 1131, 1132, 1133, 1134, 1135, 1136, 1137, 1138, 1139, 1140, 1141, 1142, 1143, 1144, 1145, 1146, 1147, 1148, 1149, 1150, 1151, 1152, 1153, 1154, 1155, 1156, 1157, 1158, 1159, 1160, 1161, 1162, 1163, 1164, 1165, 1166, 1167, 1168, 1169, 1170, 1171, 1172, 1173, 1174, 1175, 1176, 1177, 1178, 1179, 1180, 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# Patient Updated Pain Drawing

**PAINA**  
Paindraw North America  
Authorized Access Only

Date: \_\_\_\_\_  
 Patient: \_\_\_\_\_  
 Physician/Clinic ID #: \_\_\_\_\_  
 Accidents? ☐ Yes ☐ No    Type: ☐ Auto Collision ☐ Personal Injury ☐ Worker's Compensation

Reason for Visit: \_\_\_\_\_  
 Symptoms Susred \_\_\_\_\_  
 Symptoms Getting Worse ☐ Yes ☐ No ☐ Same  
 Last Visit to Clinic: \_\_\_\_\_ Last Doctor Visit: \_\_\_\_\_ Last Exam / X-ray: \_\_\_\_\_

**MARK PAIN AREA**

- \*\*\* = Burning
- AAA = Gushing
- = Sharp
- III = Constant
- XXX = Other

**MARK AREA**

- A = Achre
- N = Numbness
- F = Pain
- S = Sensation
- T = Tenderness
- D = Tingling

Please mark one of pain on the drawing using the code below shown.

| HELPS                    | POSITION         | HURTS                    | HELPS                    | POSITION       | HURTS                    | HELPS                    | POSITION         | HURTS                    |
|--------------------------|------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|------------------|--------------------------|
| <input type="checkbox"/> | Bending Forward  | <input type="checkbox"/> | <input type="checkbox"/> | Lying on Side  | <input type="checkbox"/> | <input type="checkbox"/> | Walking          | <input type="checkbox"/> |
| <input type="checkbox"/> | Bending Backward | <input type="checkbox"/> | <input type="checkbox"/> | Sitting        | <input type="checkbox"/> | <input type="checkbox"/> | Other: Downside: | <input type="checkbox"/> |
| <input type="checkbox"/> | Twisting Leg     | <input type="checkbox"/> | <input type="checkbox"/> | Standing       | <input type="checkbox"/> | <input type="checkbox"/> |                  | <input type="checkbox"/> |
| <input type="checkbox"/> | Driving          | <input type="checkbox"/> | <input type="checkbox"/> | Swimming       | <input type="checkbox"/> | <input type="checkbox"/> |                  | <input type="checkbox"/> |
| <input type="checkbox"/> | Lifting          | <input type="checkbox"/> | <input type="checkbox"/> | Stretching Leg | <input type="checkbox"/> | <input type="checkbox"/> |                  | <input type="checkbox"/> |
| <input type="checkbox"/> | Lying Face Down  | <input type="checkbox"/> | <input type="checkbox"/> | Turning Body   | <input type="checkbox"/> | <input type="checkbox"/> |                  | <input type="checkbox"/> |
| <input type="checkbox"/> | Lying on Back    | <input type="checkbox"/> | <input type="checkbox"/> | Turning Head   | <input type="checkbox"/> | <input type="checkbox"/> |                  | <input type="checkbox"/> |

**SEVERITY OF PAIN**  
 List type of pain and severity number  
 # = (0 = greatest)

|      | Noch | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|------|------|---|---|---|---|---|---|---|---|---|----|
| Neck |      |   |   |   |   |   |   |   |   |   |    |
| Head |      |   |   |   |   |   |   |   |   |   |    |
| Back |      |   |   |   |   |   |   |   |   |   |    |
| Arms |      |   |   |   |   |   |   |   |   |   |    |
| Legs |      |   |   |   |   |   |   |   |   |   |    |

**REGIONS**

|      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|------|---|---|---|---|---|---|---|---|---|----|
| Neck |   |   |   |   |   |   |   |   |   |    |
| Head |   |   |   |   |   |   |   |   |   |    |
| Back |   |   |   |   |   |   |   |   |   |    |
| Arms |   |   |   |   |   |   |   |   |   |    |
| Legs |   |   |   |   |   |   |   |   |   |    |

Previous Neck Pain # \_\_\_\_\_ Pain Now # \_\_\_\_\_  
 Previous Mid-Neck Pain # \_\_\_\_\_ Pain Now # \_\_\_\_\_  
 Previous Low-Back Pain # \_\_\_\_\_ Pain Now # \_\_\_\_\_  
 Previous Hip Pain # \_\_\_\_\_ Pain Now # \_\_\_\_\_  
 Previous Arm Pain # \_\_\_\_\_ Pain Now # \_\_\_\_\_  
 Previous Leg Pain # \_\_\_\_\_ Pain Now # \_\_\_\_\_

Model Form Number: 07/1986-0020

# Patient Update Examination Information

HPHA  
Protected Health Information  
Authorized Access Only

## PATIENT INFORMATION

Patient's Clinic ID #: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Care # \_\_\_\_\_

Doctor Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Email \_\_\_\_\_

Injury/Illness Date \_\_\_\_\_

Re-Injury Date \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Chain # \_\_\_\_\_

Patient Height \_\_\_\_\_

Patient Weight \_\_\_\_\_

☐ Emergency

☐ Initial Care

☐ Extension of Care

☐ Supervisory Care

☐ Wellness / Preventive

☐ Re-Assessment

☐ Other \_\_\_\_\_

☐ Continuation of Care

## PATIENT STANDING

|                              | R. | L. | Remarks |
|------------------------------|----|----|---------|
| Head Tilt                    |    |    |         |
| Shoulder High On             |    |    |         |
| Elbow High On                |    |    |         |
| Donal-Sumbar Flexion         | 55 |    |         |
| Donal-Sumbar Extension       | 33 |    |         |
| Donal-Sumbar Lateral Flexion | 40 |    |         |
| Donal-Sumbar Rotation        | 35 |    |         |

## PATIENT SUPINE (LYING ON BACK)

|                            | R. | L. | Remarks |
|----------------------------|----|----|---------|
| Control Leg Check          |    |    |         |
| Pressure Leg Check         |    |    |         |
| Distal C.                  |    |    |         |
| Distal P.                  |    |    |         |
| Legs Set _____             |    |    |         |
| Bruggen's Test _____       |    |    |         |
| Palpate Posterior _____    |    |    |         |
| Lowering Extremities _____ |    |    |         |
| Sit up _____               |    |    |         |

Brassclaw-Test \_\_\_\_\_

Hamberg Test \_\_\_\_\_

## PATIENT SEATED

Isotonic \_\_\_\_\_ Diastolic \_\_\_\_\_ Pulse \_\_\_\_\_

| Areas of Tenderness      | R. | L. | Remarks |
|--------------------------|----|----|---------|
| Cervical                 |    |    |         |
| Shoulder                 |    |    |         |
| Lumbar                   |    |    |         |
| Cervical Flexion         |    |    |         |
| Cervical Extension       |    |    |         |
| Cervical Lateral Flexion | 50 |    |         |
| Cervical Rotation        | 35 |    |         |

## PATIENT LYING FACE DOWN

|                            |  |  |  |
|----------------------------|--|--|--|
| Postural Compensation Test |  |  |  |
| Reflexes                   |  |  |  |
| Biceps R _____ L _____     |  |  |  |
| Triceps R _____ L _____    |  |  |  |
| Patellar                   |  |  |  |

Spinal Ligament \_\_\_\_\_

Distal \_\_\_\_\_

## DOCTOR / PATIENT COUNSELING AND COORDINATION OF CARE

Cons Adult \_\_\_\_\_

Last Exam \_\_\_\_\_

Last X-ray \_\_\_\_\_

Last Refill \_\_\_\_\_

Last Test \_\_\_\_\_

Last Adjuster \_\_\_\_\_

Last Refill \_\_\_\_\_

EMT/ST Time Spent Counseling  
and Coordination of Care \_\_\_\_\_

☐ P0211 (3 minutes)

☐ P0212 (30 minutes)

## DOCTOR COMMENTS

New VVC Lando - Out C 2 3 4 5 6 7 (R) / 3 2 3 4 5 6 7 8 9 10 11 (L) 12 (13)

L 2 3 4 5 6 7 / SAC / Cough / Hip 80 12

New VVC Lando - Out C 2 3 4 5 6 7 (R) / 3 2 3 4 5 6 7 8 9 10 11 (L) 12 (13)

L 2 3 4 5 6 7 / SAC / Cough / Hip 80 12

☐ P0213 (15 minutes)

☐ P0214 (30 minutes)

☐ P0215 (45 minutes)

\*Note: Review CPT Code Modifier -25

West-Pointe Chiropractic (10/2018)

- 1) **Sprain** – Ligamentous injury at the fibroosseous junction or intersubstance disruption. A sudden or severe twisting of a joint with stretching or tearing of ligaments; also; a sprained condition. (21,29-40,42-45).
- 2) **Strain** – Muscle injury most commonly at the fibromuscular interface. When concerned with the peripheral muscles and tendons sprains and strains are identified as separate injuries and in a three stage gradations: first, second & third degree sprain and similarly for strain. In regards to vertebral and paravertebral ligaments and tendons consensus exists between authors and the definitions are quite vague. (21,29-40,42-45)
- 3) **Enthesopathy** – A painful degenerative pathological process that results in deposition of poorly organized tissue, degeneration and Tendons at the fibroosseous interface and transition towards loss of function. (21,29-40,42-45)
- 4) **Tendonosis/Ligamentosis** – A focal area of degenerative changes due to a failure of cell matrix adaptation to excessive load and tissue hypoxia with a strong tendency to chronic recurrent pain and dysfunction. (21,29-40,42-45)
- 5) **Pathologic Ligament Laxity** – A post – traumatic or congenital condition leading to painful hypermobility of the axial and peripheral joints. (7,8,10-24,17-23,29-40)

**M<sub>WATER</sub> P<sub>RACTICE</sub> C<sub>OUNSELLORS</sub>**

Dr. R.S. Markowski  
President

**Corporate Consultants**

**Individual Practice Consultants**

**Malpractice Consultants**

**Medical Claims Reviews**

**Independent Medical Examinations**

**Managed Care Consultants**

**P.F.D. Consultants**

**ADBB Certified**

**NADEP Member**

**P.L.C.A.**

- How many types of patients are there?  
A) 1) B) 2) C) 3) D) 4)
- How many diagnoses are needed minimally?  
A) 1) B) 2) C) 3) D) 4)
- What is the worst diagnosis?  
A) 1) B) 2) C) 3) D) 4)
- What is the best diagnosis?  
A) 1) B) 2) C) 3) D) 4)
- What is sublocation?  
A) 1) B) 2) C) 3) D) 4)
- What are the 8 Physical Components of a VSC?  
A) 1) B) 2) C) 3) D) 4)
- What are the 8 Chemical Components of a VSC?  
A) 1) B) 2) C) 3) D) 4)
- When a provider accepts assignment, must accept the insurance payment as full payment. T F
- A patient cannot be put in collection while still under active care. T F
- CPT codes are only used on personal injury, work comp and auto. T F
- ICD stand for "International Chiropractic Diagnosis". T F
- Blue Cross is an insurance company. T F
- The patient should not call the insurance commissioner if there is a problem with payment. T F
- Medicare only covers 12 visits. T F
- Medicare is not required to give you a "Carrier's Claim Manual". T F
- Under Medicare, Chiropractors can "drop out" of Medicare programs and cut all legal fees by treating patients for free. T F
- If the patient receives an insurance payment and you had an assignment of benefits on the claim, you must collect the balance from the patient. T F
- Billing for the follow up exam and/or x-rays is not necessary to document progress. T F
- Using the same levels of service for each patient will help to avoid a practice being audited. T F
- Using ICD components diagnosis and CPT component procedure billing doesn't help get better payment. T F
- You should not send an interim report or narrative until the insurance company requests one. T F

645 St. Clair • Jackson, Michigan 49202 • (517) 784-9123 • Fax (517) 784-9130

## ICD-9 Diagnosis For Medicare Billing

739-Non-Allopathic Lesions, Not elsewhere Classified Includes: Segmental dysfunction, somatic dysfunction  
 739.0-Head Region  
 739.1-Cervical Region – Cervicothoracic region  
 739.2-Thoracic Region – Thoracolumbar region  
 739.3-Lumbar Region – Lumbosacral region  
 739.4-Sacral Region – Sacrococcygeal region, Sacroiliac region  
 739.5-Pelvic Region – Hip region, Pubic region

839-Other, Multiple, Ill-defined dislocations  
 839.0-Cervical Vertebra, Closed (Cervical Spine, Neck)  
 839.00-Cervical Vertebra, Unspecified  
 839.01-First Cervical Vertebra  
 839.02-Second Cervical Vertebra  
 839.03-Third Cervical Vertebra  
 839.04-Fourth Cervical Vertebra  
 839.05-Fifth Cervical Vertebra  
 839.06-Sixth Cervical Vertebra  
 839.07-Seventh Cervical Vertebra  
 839.08-Multiple Cervical Vertebra

839.2-Thoracic and Lumbar Vertebra, Closed

839.20-Lumbar Vertebra  
 839.21-Thoracic Vertebra  
 Dorsal (Thoracic) Vertebra

839.4-Other Vertebra, Closed  
 839.40-Vertebra, Unspecified Unit (Spine NOS)  
 839.41-Coccyx  
 839.42-Sacrum (Sacroiliac joint)  
 839.49-Other

839.6-Other Location, Closed  
 839.61-Sternum (Sternoclavicular joint)  
 839.69-Other (Pelvis)

## Common Diagnosis Codes

### CERVICAL SPINE

353.0 Cervical Rib Syndrome  
 353.2 Cervical Nerve Root Lesion  
 720.1 Spinal Enthesopathy  
 721.0 Cervical Spondylosis  
 721.1 Spondylosis with Myelopathy  
 722.4 Degeneration of Cervical IVD  
 722.71 Disc with myelopathy  
 722.81 Postlaminectomy Syndrome  
 722.91 Calcification of Cervical Disc  
 723.0 Cervical Spinal Stenosis  
 723.1 Cervicalgia  
 723.2 Cervicocranial Syndrome  
 723.3 Cervicalbrachial Syndrome  
 723.4 Brachial Neuritis  
 723.4 Cervical Radiculitis  
 723.5 Torticollis  
 729.1 Myofascitis  
 737.10 Acquired Kyphosis, loss of curve  
 756.10 Cervical Vertebral Anomaly  
 756.2 Cervical Rib  
 847.0 Cervical Sprain or Strain  
 953.0 Cervical Nerve Root Injury

### THORACIC SPINE

353.0 Thoracic Outlet Syndrome  
 353.3 Thoracic Nerve Root Lesion  
 720.1 Spinal Enthesopathy  
 721.2 Spondylosis  
 722.11 Intervertebral Disc  
 722.31 Schmorl's nodes  
 722.72 Disc with Myelopathy  
 722.82 Postlaminectomy Syndrome  
 724.1 Pain in Thoracic spine  
 724.4 Neuritis or Radiculitis  
 729.1 Myofascitis  
 737.10 Acquired Kyphosis  
 737.20 Lordosis  
 737.34 Scoliosis, thoracogenic  
 847.1 Thoracic Sprain or Strain

### LUMBAR/LUMBOSACRAL SPINE

353.4 Lumbosacral nerve root lesion  
 721.3 Spondylosis  
 722.10 Intervertebral Disc  
 722.32 Schmorl's nodes  
 722.52 Degeneration of Lumbar Disc  
 722.73 Disc with myelopathy  
 722.93 Calcification of Lumbar Disc  
 724.2 Lumbalgia  
 724.3 Sciatica  
 724.4 Neuritis or Radiculitis  
 724.5 Backache, unspecified.  
 Vertebrogenic Syndrome  
 729.1 Myofascitis  
 737.10 Kyphosis  
 737.20 Lordosis  
 846.0 Lumbosacral Sprain or Strain  
 847.2 Lumbar Sprain or Strain

### SACROILIAC

720.2 Sacroilitis  
 724.6 Disorders of Sacroiliac Joint  
 736.81 Unequal Leg Length (acquired)  
 846.1 Sacroiliac Sprain or Strain

### COCCYX

724.70 Unspecified Disorder of the Coccyx  
 724.71 Hypermobility of Coccyx  
 724.79 Coccygodynia  
 847.4 Coccyx Sprain or Strain

## Common Diagnosis Codes

### MISCELLANEOUS

346.00 Migraine  
 307.81 Tension Headache  
 784.0 Headache  
 524.60 TMJ Dysfunction  
 524.61 TMJ Adhesions/ankylosis  
 524.62 TMJ Arthralgia  
 710.4 Polymyositis  
 718.5 Ankylosis: (.1) shoulder,  
 (.2) elbow, (.3) wrist,  
 (.4) fingers, (.5) hip,  
 (.6) knee, (.7) ankle, foot  
 719.7 Difficulty walking  
 720.0 Rheumatoid Arthritis  
 721.90 Spondylitis Osteoarthritis  
 721.7 Traumatic Spondylitis  
 724.9 Ankylosis, Spine  
 733.00 Osteoporosis  
 728.85 Muscle Spasm  
 729.0 Rheumatism Fibrositis unsp.  
 729.2 Neuralgia, Neuritis, Radiculitis  
 729.4 Fascitis  
 756.12 Spondylolisthesis  
 782.0 Parosmia

### SUBLUXATION CODES

#### 739 Nonallopathic Lesions

739.0 Head region  
 739.1 Cervical region  
 739.2 Thoracic region  
 739.3 Lumbar region  
 739.4 Sacral region  
 739.5 Pelvic region  
 739.8 Rib (Costo-Thoracic)

#### 839 III-Defined Dislocations

839.00 Cervical vertebra, unspecified  
 839.01 First cervical vertebra  
 839.02 Second cervical vertebra  
 839.03 Third cervical vertebra  
 839.04 Fourth cervical vertebra  
 839.05 Fifth cervical vertebra  
 839.06 Sixth cervical vertebra  
 839.07 Seventh cervical vertebra  
 839.08 Multiple cervical vertebra

#### 839.2 Thoracic and Lumbar Vertebra, closed

839.20 Lumbar vertebra (specify level)  
 839.21 Thoracic vertebra (specify level)  
 Dorsal (thoracic) vertebra

#### 839.4 Other Vertebra, closed

839.40 Vertebra, unspecified site, Spine NOS  
 839.41 Coccyx  
 839.42 Sacrum, Sacroiliac (joint)

#### 839.6 Other Location, closed

839.61 Sternum, Sternoclavicular joint  
 839.69 Pelvis

## Common Diagnosis Codes

### SHOULDER

719.21 Synovitis, villonodular  
726.10 Bursitis, Tenosynovitis  
726.2 Periarthritis  
840.0 - 840.9 Sprain or Strain

### WRIST

354.0 Carpal Tunnel Syndrome  
719.25 Synovitis, villonodular  
727.00 Tenosynovitis  
842.00 - 842.09 Sprain or Strain

### FOOT

719.27 Synovitis, villonodular  
726.79 Bursitis  
727.06 Tenosynovitis  
845.10 - 845.19 Sprain or Strain

### ELBOW AND FOREARM

719.22 Synovitis, villonodular  
726.31 Medial Epicondylitis  
726.32 Lateral Epicondylitis  
727.00 Tenosynovitis (NOS)  
841.0 - 841.9 Sprain or strain

### HIP AND THIGH

719.25 Synovitis, villonodular  
726.5 Bursitis  
727.00 Tenosynovitis  
843.0 Sprain or Strain

### ANKLE

719.27 Synovitis, villonodular  
726.79 Bursitis  
727.06 Tenosynovitis  
845.00 - 845.09 Sprain or Strain

## Common Diagnosis Codes Cont...

### SPINAL CURVATURE

737.10 Kyphosis, acquired  
737.20 Lordosis, acquired  
737.30 Scoliosis and kyphoscoliosis, idiopathic  
737.34 Thoracogenic scoliosis  
737.8 Other curvature of the spine  
737.9 Unspecified curvature of spine  
738.2 Acquired deformity of the neck  
738.4 Acquired spondylolisthesis  
756.12 Spondylolisthesis  
736.81 Unequal leg length, acquired  
781.91 Loss of height  
781.92 Abnormal posture

### X-RAY

721.0 Cervical spondylosis w/o myelopathy  
721.1 Cervical spondylosis with myelopathy  
721.2 Thoracic spondylosis w/o myelopathy  
721.3 Lumbar spondylosis w/o myelopathy  
721.41 Thoracic spondylosis with myelopathy  
721.42 Lumbar spondylosis with myelopathy  
722.4 Degeneration of cervical disc  
722.51 Degeneration of thoracic or thoracolumbar disc  
722.52 Degeneration of lumbar or lumbosacral disc  
722.6 Degeneration of disc unspecified

### MUSCLE

728.81 Interstitial myositis  
728.85 Spasm of muscle  
728.87 Muscle weakness, generalized  
728.9 Other disorders of muscle  
729.0 Rheumatism, unspecified and fibrositis  
729.1 Myalgia and myositis  
728.11 Progressive myositis ossificans  
728.12 Traumatic Myositis ossificans  
728.2 Muscular wasting  
729.4 Fasciitis, unspecified  
729.82 Cramp in limbs  
728.90 Enthesopathy of unspecified site

### LIGAMENT

728.4 Laxity of ligament  
728.5 Hypermobility syndrome  
728.89 Calcification of ligament  
717.9 Relaxation of joint

### PAIN

338.11 Acute pain due to trauma  
338.19 Other acute pain  
338.21 Chronic pain due to trauma  
338.29 Other chronic pain  
780.96 Generalized pain NOS  
719.4x Joint pain (5<sup>th</sup> digit will dictate joint)

### MISCELLANEOUS

780.71 Chronic Fatigue Syndrome  
780.79 Other malaise or fatigue  
782.0 Numbness, tingling etc  
782.3 Edema  
278.00 Obesity  
278.01 Severe Obesity  
300.4 Depression  
250.00 Diabetes  
780.52 Insomnia, unspecified  
733.00 Osteoporosis, unspecified  
733.01 Senile Osteoporosis  
733.02 Idiopathic osteoporosis  
780.4 Dizziness and Giddiness  
386.10 Peripheral vertigo  
386.11 Benign paroxysmal positional vertigo

### LATE EFFECTS

905.7 Late effect of strain and sprain  
905.8 Late effect of tendon injury  
907.3 Late effect of injury to nerve root  
907.3 Late effect of injury to nerve of upper limb  
907.5 Late effect of injury to nerve of lower limb

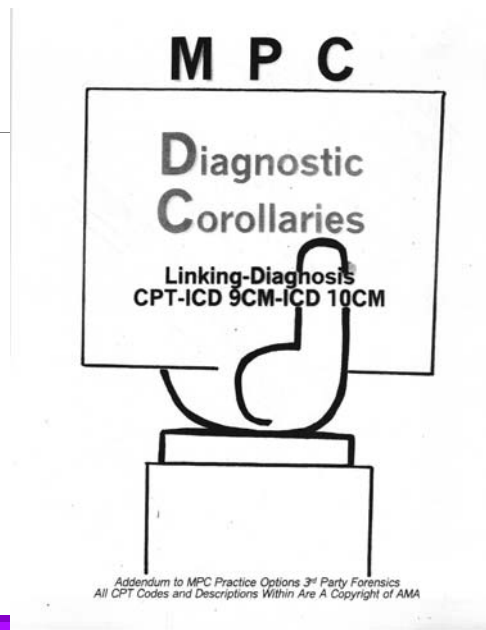
## Sample Diagnosis---DX BANK-Go To Bank

### Primary

839.05 Subluxation of C-5 Vertebra  
 722.4 Degeneration Cervical Disc  
 729.2 Radiculitis  
 737.1 Kyphosis (Acquired)  
 723.1 Neck Pain  
 723.5 Torticollis  
 353.0 Irritation Brachial Plexus

### Secondary

839.20 Subluxation of L-5 Vertebra  
 722.1 Displacement Lumbar Disc  
 782.0 Parasthesia  
 737.3 Scoliosis  
 724.4 Neuritis  
 724.3 Sciatica





## Physical Medicine and Rehabilitation

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Physical medicine is the diagnosis, treatment and prevention of disease with the aid of physical agents such as light, heat, cold, water, or electricity or with mechanical devices. Physical medicine services may be provided by physicians or physical therapists. Physical medicine and rehabilitation codes are divided into three sections; Modalities, Procedures, and Tests and Measurements. Other services performed by medical professionals specializing in physical medicine and/or physical therapy include; muscle testing, range of joint motion, electromyography, biofeedback training EMG, and transcutaneous nerve stimulation (TNS).

## Physical Medicine and Rehabilitation

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### **Coding Rules**

- 1) The physician or therapist is required to be in constant attendance when reporting codes for modalities and procedures.
- 2) The physical medicine procedure codes specify treatment to one area, for the initial 30 minutes, and provide codes to report each additional 15 minutes of treatment.

### **Special Physical Medicine Coding Issues**

Many worker's compensation and casualty health insurance companies use pre-CPT coding systems, such as CRVs, and do not use any form of diagnostic coding, relying instead on special reports to justify the procedures performed and services provided. As the majority of physical medicine services are performed for accidents and injuries, many that are work-related, the medical professionals performing these services must be informed of the specific reporting requirements in the areas that they practice.

## Physical Medicine and Rehabilitation

### Correct Coding Guidelines

1) With one exception providers should not report more than one physical medicine and rehabilitation therapy service for the same 15 minute time period. (The only exception involves a "supervised modality" defined by CPT codes 97010-97028 which may be reported for the same 15 minute time period as other therapy services). Some CPT codes for physical medicine and rehabilitation services include an amount of time in their code descriptors. Some NCCI edits pair a "timed" CPT code with another "timed" CPT code or a non-timed CPT code. These edits may be bypassed with modifier 59 if the two procedures of a code pair edit are performed in different timed intervals even if sequential during the same patient encounter. NCCI does not include all edits pairing two physical medicine and rehabilitation services (excepting "supervised modality" services) even though they should never be reported for the same 15 minute time period.

2) NCCI contains edits with column one codes of the physical medicine and rehabilitation therapy services and column two codes of the physical therapy and occupational therapy re-evaluation CPT codes of 97002 and 97004 respectively. The re-evaluation services should not be routinely reported during a planned course of physical or occupational therapy. However, if the patient's status should change and a re-evaluation is medically reasonable and necessary, it may be reported with modifier 59 appended to CPT code 97002 or 97004 as appropriate.

## Physical Medicine and Rehabilitation

3) The procedure coded as CPT code 97755 (assistive technology assessment...direct one-on-one contact by provider, with written report, each 15 minutes) is intended for use on severely impaired patients requiring adaptive technology. For example, a patient with the use of only one or no limbs might require the use of high level adaptive technology.

4) The NCCI edit with column one CPT code 97140 (Manual therapy techniques, one & more regions, each 15 minutes) and column two CPT code 97530 (Therapeutic activities, direct patient contact, each 15 minutes) is often bypassed by utilizing modifier 59. Use of modifier 59 with the column two CPT code 97530 of this NCCI edit is appropriate only if the two procedures are performed in distinctly different 15 minute intervals. The two codes cannot be reported together if performed during the same 15 minute time interval.

5) Based on CPT coding system instructions selective debridement (CPT codes 97597, 97598) should not be reported in conjunction with surgical debridement (CPT codes 11040-11044). Physicians cannot report these codes separately on the same date of service. However, under OPPS a facility may report these codes separately if the selective debridement and surgical debridement are performed on two separate and distinct wounds. The two procedures may be performed by the same practitioner or two separate practitioners and may be performed at the same or separate patient encounters on the same date of service.

The same principle applies to CPT code 97602 which is payable under OPPS.



## 97001 Physical Therapy Evaluation

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715.15 Osteoarthritis localized primary involving pelvic region

716.90 Unspecified arthropathy site unspecified

716.96 Unspecified arthropathy involving lower leg

719.41 Pain in joint involving shoulder region

721.3 Lumbosacral spondylosis without myelopathy

722.10 Displacement of lumbar intervertebral disc without myelopathy

722.52 Degeneration of lumbar or lumbosacral intervertebral disc

**PLEASE SEE DX  
GOLD BOOKS  
FOR MORE  
ICD CODES**

RVUs: Transitioned NonFacility Total 1.96 Transitioned Facility Total 1.96

Medicare Policies: No payment adjustment rules for multiple procedures apply, 150% payment adjustment for bilateral procedures does not apply, payment for assistant surgeon subject to documentation of medical necessity.

## 97002 Physical Therapy Re-Evaluation

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715.15 Osteoarthritis localized primary involving pelvic region and thigh

716.90 Unspecified arthropathy site unspecified

719.41 Pain in joint involving shoulder region

723.4 Brachial neuritis or radiculitis nos

724.1 Pain in thoracic spine

724.2 Lumbago

**PLEASE SEE DX  
GOLD BOOKS  
FOR MORE  
ICD CODES**

RVUs: Transitioned NonFacility Total 1.06 Transitioned Facility Total 1.06

Medicare Policies: No payment adjustment rules for multiple procedures apply, 150% payment adjustment for bilateral procedures does not apply, payment for assistant surgeon subject to documentation of medical necessity.

## 97010 Application of a modality to one or more areas; hot or cold packs

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353.1 Lumbosacral plexus lesions  
 353.4 Lumbosacral root lesions not elsewhere classified  
 715.00 Osteoarthritis generalized involving unspecified site  
 720.2 Sacroiliitis not elsewhere classified  
 721.0 Cervical spondylosis without myelopathy  
 721.3 Lumbosacral spondylosis without myelopathy  
 722.0 Displacement of cervical intervertebral disc without myelopathy  
 722.10 Displacement of lumbar intervertebral disc site unspecified without myelopathy  
 722.2 Degeneration of cervical intervertebral disc  
 722.51 Degeneration of thoracic or thoracolumbar intervertebral disc  
 722.52 Degeneration of lumbar or lumbosacral intervertebral disc  
 722.73 Intervertebral disc disorder with myelopathy lumbar region  
 723.1 Cervicalgia  
 723.2 Cervicocranial syndrome

RVUs: Transitioned NonFacility Total 0.14 Transitioned Facility Total 0.14  
 Medicare Policies: Bundled code-no separate payment made.

**PLEASE SEE DX  
 GOLD BOOKS  
 FOR MORE  
 ICD CODES**

## 97012 Application of a modality to one or more areas; traction, mechanical

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353.1 Lumbosacral plexus lesions  
 353.2 Cervical root lesions not elsewhere classified  
 715.00 Osteoarthritis generalized involving unspecified site  
 721.0 Cervical spondylosis without myelopathy  
 721.3 Lumbosacral spondylosis without myelopathy  
 722.0 Displacement of cervical intervertebral disc without myelopathy  
 722.10 Displacement of lumbar intervertebral disc without myelopathy  
 722.2 Displacement of intervertebral disc site unspecified without myelopathy  
 722.4 Degeneration of cervical intervertebral disc  
 722.51 Degeneration of thoracic or thoracolumbar intervertebral disc  
 722.52 Degeneration of lumbar or lumbosacral intervertebral disc

RVUs: Transitioned NonFacility Total 0.41 Transitioned Facility Total 0.41  
 Medicare Policies: No payment adjustment rules for multiple procedures apply, 150% payment adjustment for bilateral procedures does not apply, payment for assistant surgeon subject to documentation of medical necessity.

**PLEASE SEE DX  
 GOLD BOOKS  
 FOR MORE  
 ICD CODES**

## 97014 Application of a modality to one or more areas; electrical stimulation (unattended)

353.1 Lumbosacral plexus lesions  
 353.4 Lumbosacral root lesions not elsewhere specified  
 715.00 Osteoarthritis generalized involving specified site  
 720.2 Sacroilitis not elsewhere specified  
 721.0 Cervical spondylosis without myelopathy  
 721.3 Lumbosacral spondylosis without myelopathy  
 722.0 Displacement of cervical intervertebral disc without myelopathy  
 722.10 Displacement of lumbar intervertebral disc without myelopathy  
 722.4 Degeneration of cervical intervertebral disc  
 722.51 Degeneration of thoracic or thoracolumbar intervertebral disc  
 722.52 Degeneration of lumbar or lumbosacral intervertebral disc  
 722.73 Intervertebral disc disorder with myelopathy lumbar region

**PLEASE SEE DX  
 GOLD BOOKS  
 FOR MORE  
 ICD CODES**

RVUs: Transitioned NonFacility Total 0.38 Transitioned Facility Total 0.38  
 Medicare Policies: No valid for Medicare

## The Dangers of Pre-Paid Care Plans

Doctors should be aware that patient prepayment plans could expose them to criminal or civil liability. At this time, opinions of numerous state insurance commissioners and a recent bulletin from the National Association of Insurance Commissioners (NAIC) have held these plans to be illegal.

The basis of these rulings is that the operation of a prepayment plan constitutes the business of insurance. As such, anyone engaged in this business must be licensed either as an insurance company, a health maintenance organization, or a similar entity. Offering some of these plans without a license may be illegal.

Insurance is defined as an activity that shifts the risk of loss from an insurer, and distributes that loss potential among a larger group through the payment of a lesser amount. In patient prepayment plans, the doctor assumes the risk that the actual cost of care will exceed the amount charged. He/she also assumes that there will be a number of patients who over-utilize the benefits, but that they will be balanced by those who under-utilize. Patients rely on the fact that they will be able to obtain all needed care for a set fee. .

Recently, the National Council for Chiropractic Attorneys reported that suits against chiropractors, by patients in prepayment plans, has been one of the top five causes for malpractice actions since 1988. Further, the NAIC has predicted these plans to be an increasing enforcement priority by state insurance departments.

To avoid risk, doctors should cease the usage of any unlicensed prepayment plans.

## 2012 HHS Guidelines

There are two slightly different versions of the federal poverty measure:

The [poverty thresholds](#), and The [poverty guidelines](#).

The **poverty thresholds** are the original version of the federal poverty measure. They are updated each year by the **Census Bureau** (although they were [originally developed by Mollie Orshansky](#) of the Social Security Administration). The thresholds are used mainly for **statistical** purposes — for instance, preparing estimates of the number of Americans in poverty each year. (In other words, all official poverty population figures are calculated using the poverty thresholds, not the guidelines.) [Poverty thresholds since 1973 \(and for selected earlier years\)](#) and [weighted average poverty thresholds since 1959](#) are available on the Census Bureau's Web site. For an example of how the Census Bureau applies the thresholds to a family's income to determine its poverty status, see "[How the Census Bureau Measures Poverty](#)" on the Census Bureau's web site.

The **poverty guidelines** are the other version of the federal poverty measure. They are issued each year in the *Federal Register* by the **Department of Health and Human Services (HHS)**. The guidelines are a simplification of the poverty thresholds for use for **administrative** purposes — for instance, determining financial eligibility for certain federal programs. The [Federal Register notice of the 2012 poverty guidelines](#) is available.

The poverty guidelines are sometimes loosely referred to as the "federal poverty level" (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

Key differences between poverty thresholds and poverty guidelines are outlined in a table under [Frequently Asked Questions](#) (FAQs). See also the [discussion of this topic](#) on the Institute for Research on Poverty's web site.

## 2012 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

| Persons in family/household   | Poverty guideline |
|---|-------------------|
| 1   | \$11,170          |
| 2   | 15,130            |
| 3   | 19,090            |
| 4   | 23,050            |
| 5   | 27,010            |
| 6   | 30,970            |
| 7   | 34,930            |
| 8   | 38,890            |
| For families/households with more than 8 persons, add \$3,960 for each additional person. |                   |

## 2012 Poverty Guidelines for Alaska

| <b>Persons in family/household</b>  | <b>Poverty guideline</b> |
|---|--------------------------|
| <b>1</b>  | \$13,970                 |
| <b>2</b>  | 18,920                   |
| <b>3</b>  | 23,870                   |
| <b>4</b>  | 28,820                   |
| <b>5</b>  | 33,770                   |
| <b>6</b>  | 38,720                   |
| <b>7</b>  | 43,670                   |
| <b>8</b>  | 48,620                   |
| For families/households with more than 8 persons, add \$4,950 for each additional person. |                          |

## 2012 Poverty Guidelines for Hawaii

| <b>Persons in family/household</b>  | <b>Poverty guideline</b> |
|---|--------------------------|
| <b>1</b>  | \$12,860                 |
| <b>2</b>  | 17,410                   |
| <b>3</b>  | 21,960                   |
| <b>4</b>  | 26,510                   |
| <b>5</b>  | 31,060                   |
| <b>6</b>  | 35,610                   |
| <b>7</b>  | 40,160                   |
| <b>8</b>  | 44,710                   |
| For families/households with more than 8 persons, add \$4,550 for each additional person. |                          |





# Chiropractic Advanced Beneficiary Notice

## HHS.gov U.S. Department of Health & Human Services New rule protects patient privacy, secures health information

For Immediate Release 01/17/13

The U.S. Department of Health and Human Services (HHS) moved forward today to strengthen the privacy and security protections for health information established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The final omnibus rule greatly enhances a patient's privacy protections, provides individuals new rights to their health information, and strengthens the government's ability to enforce the law.

"Much has changed in health care since HIPAA was enacted over fifteen years ago," said HHS Secretary Kathleen Sebelius. "The new rule will help protect patient privacy and safeguard patients' health information in an ever expanding digital age."

The changes in the final rulemaking provide the public with increased protection and control of personal health information. The HIPAA Privacy and Security Rules have focused on health care providers, health plans and other entities that process health insurance claims. The changes announced today expand many of the requirements to business associates of these entities that receive protected health information, such as contractors and subcontractors. Some of the largest breaches reported to HHS have involved business associates. Penalties are increased for noncompliance based on the level of negligence with a maximum penalty of \$1.5 million per violation. The changes also strengthen the Health Information Technology for Economic and Clinical Health (HITECH) Breach Notification requirements by clarifying when breaches of unsecured health information must be reported to HHS.

Individual rights are expanded in important ways. Patients can ask for a copy of their electronic medical record in an electronic form. When individuals pay by cash they can instruct their provider not to share information about their treatment with their health plan. The final omnibus rule sets new limits on how information is used and disclosed for marketing and fundraising purposes and prohibits the sale of an individual's health information without their permission.

"This final omnibus rule marks the most sweeping changes to the HIPAA Privacy and Security Rules since they were first implemented," said HHS Office for Civil Rights Director Leon Rodriguez. "These changes not only greatly enhance a patient's privacy rights and protections, but also strengthen the ability of my office to vigorously enforce the HIPAA privacy and security protections, regardless of whether the information is being held by a health plan, a health care provider, or one of their business associates."

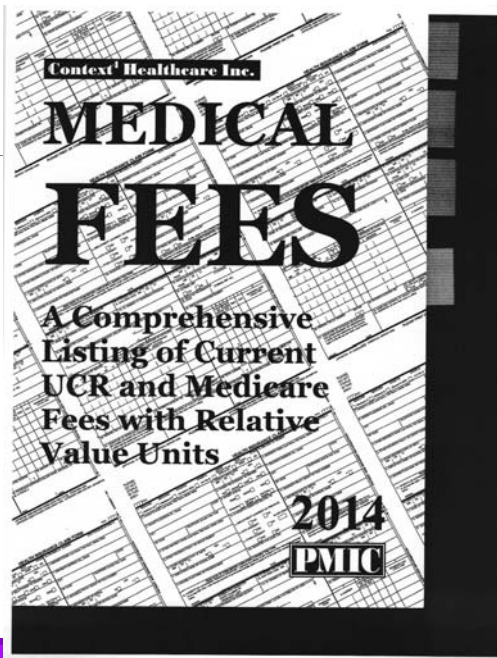
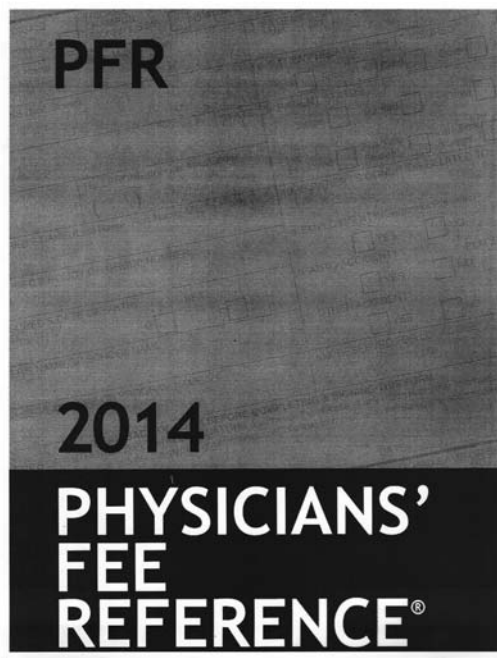
The final rule also reduces burden by streamlining individuals' ability to authorize the use of their health information for research purposes. The rule makes it easier for parents and others to give permission to share proof of a child's immunization with a school and gives covered entities and business associates up to one year after the 180-day compliance date to modify contracts to comply with the rule.

The final omnibus rule is based on statutory changes under the HITECH Act, enacted as part of the American Recovery and Reinvestment Act of 2009, and the Genetic Information Nondiscrimination Act of 2008 (GINA) which clarifies that genetic information is protected under the HIPAA Privacy Rule and prohibits most health plans from using or disclosing genetic information for underwriting purposes.

The Rulemaking announced today may be viewed in the Federal Register at <https://www.federalregister.gov/public-inspection>.

Contact: HHS Press Office  
202-690-6343





Physicians' Fee Reference<sup>1</sup>

2013

|   | Medicare National RVU | Fee    | 50% | 75% | 90% |
|---|-----------------------|--------|-----|-----|-----|
| <b>◆ 96570</b> Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s). Includes necessary 30-minute secondary treatment to ablate for endobronchial or bronchoscopic procedures of lung and gastrointestinal tract.<br><b>◆ 96571</b> Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s). Each additional 15 minutes (LSE separately in addition to time for endobronchial or bronchoscopic procedures of lung and gastrointestinal tract). | 1.87                  | 55.82  | 120 | 181 | 214 |
| <b>◆ 96571</b> Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s). Each additional 15 minutes (LSE separately in addition to time for endobronchial or bronchoscopic procedures of lung and gastrointestinal tract).  | 0.77                  | 26.20  | 55  | 107 | 129 |
| <b>Special Dermatological Procedures</b>  |                       |        |     |     |     |
| <b>96900</b> Actinic keratosis (ultraviolet light)  | 0.68                  | 22.11  | 44  | 87  | 70  |
| <b>96902</b> Mohs micrographic examination of skin (plucked or clipped for the examiner) (including hair collected by the patient) to determine margins and/or anagen counts, or structural hair shaft abnormality  | 0.82                  | 27.43  | 48  | 93  | 74  |
| <b>96904</b> Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevus, or patients with a personal or familial history of melanoma  | 2.14                  | 72.81  | 115 | 158 | 189 |
| <b>96910</b> Photodynamic therapy, for and abysmal B (Duke's treatment) or perianth and ultraviolet B   | 2.04                  | 70.21  | 100 | 133 | 152 |
| <b>96912</b> Photodynamic therapy (perianth and ultraviolet A (PUVA))   | 2.87                  | 97.63  | 130 | 174 | 219 |
| <b>96913</b> Photodynamic therapy (Duke's treatment and PUVA) for severe photodermatologic symptoms requiring at least 48 hours of care under direct supervision of the physician (includes application of medication and dressings)  | 4.54                  | 157.48 | 189 | 275 | 321 |
| <b>96920</b> Laser treatment for inflammatory skin disease (psoriasis): total area less than 250 sq cm  | 4.66                  | 159.53 | 277 | 360 | 472 |
| <b>96921</b> Laser treatment for inflammatory skin disease (psoriasis): 250 sq cm to 500 sq cm  | 5.13                  | 174.54 | 279 | 375 | 486 |
| <b>96922</b> Laser treatment for inflammatory skin disease (psoriasis): over 500 sq cm  | 7.11                  | 241.90 | 426 | 579 | 694 |
| <b>96930</b> Unlisted special dermatologic service or procedure   | -                     | -      | 36  | 55  | 65  |
| <b>Physical Medicine and Rehabilitation</b>   |                       |        |     |     |     |
| <b>97001</b> Physical therapy evaluation  | 2.02                  | 74.85  | 131 | 187 | 215 |
| <b>97002</b> Physical therapy re-evaluation   | 1.34                  | 42.19  | 72  | 81  | 121 |
| <b>97003</b> Occupational therapy evaluation  | 2.45                  | 84.72  | 141 | 179 | 213 |
| <b>97004</b> Occupational therapy re-evaluation   | 1.87                  | 63.42  | 83  | 110 | 129 |
| <b>97005</b> Athletic testing evaluation  | 0.6                   | 12.7   | 15  | 15  | 15  |
| <b>97006</b> Athletic testing re-evaluation   | -                     | -      | 81  | 75  | 93  |
| <b>Modalities</b>   |                       |        |     |     |     |
| <b>Supervised</b>   |                       |        |     |     |     |
| <b>97110</b> Application of a modality to 1 or more areas: hot or cold packs  | 0.18                  | 6.12   | 28  | 36  | 45  |
| <b>97112</b> Application of a modality to 1 or more areas: traction, mechanical   | 0.47                  | 15.99  | 38  | 48  | 58  |
| <b>97114</b> Application of a modality to 1 or more areas: electrical stimulation (superficial)   | 0.47                  | 15.99  | 39  | 39  | 51  |
| <b>97116</b> Application of a modality to 1 or more areas: pneumatic devices  | 0.58                  | 19.72  | 38  | 47  | 59  |
| <b>97118</b> Application of a modality to 1 or more areas: paraffin bath  | 0.21                  | 7.29   | 29  | 40  | 51  |
| <b>97122</b> Application of a modality to 1 or more areas: whirlpool  | 0.73                  | 23.82  | 39  | 50  | 63  |
| <b>97124</b> Application of a modality to 1 or more areas: ultraviolet (eg, narrowband)   | 0.18                  | 6.46   | 31  | 39  | 52  |
| <b>97126</b> Application of a modality to 1 or more areas: infrared   | 0.18                  | 6.12   | 27  | 38  | 48  |
| <b>97128</b> Application of a modality to 1 or more areas: ultrasound   | 0.22                  | 7.49   | 41  | 50  | 62  |
| <b>Constant Attendance</b>  |                       |        |     |     |     |
| <b>97032</b> Application of a modality to 1 or more areas: electrical stimulation (thermal), each 15 minutes  | 0.88                  | 18.28  | 41  | 56  | 70  |
| <b>97033</b> Application of a modality to 1 or more areas: iontophoresis, each 15 minutes   | 0.87                  | 33.20  | 81  | 87  | 84  |
| <b>97034</b> Application of a modality to 1 or more areas: contrast bath, each 15 minutes   | 0.83                  | 18.03  | 32  | 40  | 50  |
| <b>97035</b> Application of a modality to 1 or more areas: ultrasound, each 15 minutes  | 0.37                  | 12.89  | 38  | 47  | 55  |
| <b>97036</b> Application of a modality to 1 or more areas: radiant heat, each 15 minutes  | 0.86                  | 33.34  | 62  | 78  | 88  |
| <b>97039</b> Unlisted modality (specify type and time of contact, effectiveness)  | -                     | -      | 36  | 36  | 36  |
| <b>Therapeutic Procedures</b>   |                       |        |     |     |     |
| <b>97110</b> Therapeutic procedure, 1 or more areas, each 15 minutes: therapeutic exercises to develop strength and endurance, range of motion and flexibility  | 0.54                  | 31.98  | 72  | 87  | 106 |
| <b>97112</b> Therapeutic procedure, 1 or more areas, each 15 minutes: neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, motor proprioception for sitting and/or standing activities   | 0.58                  | 33.34  | 81  | 84  | 100 |

◆ New Code ▲ Revised Code

S = Modifier 51 or 52 Exempt B = Moderate Sedation ◆ Add-on Code P = Facility

Fee Information  
© 2013 PPRPhysicians' Fee Reference<sup>1</sup>

2013

|  | Medicare National RVU | Fee    | 50% | 75% | 90% |
|--|-----------------------|--------|-----|-----|-----|
| <b>Other Procedures</b>  |                       |        |     |     |     |
| <b>87785</b> Consultation with physician (other than 87782 or 87783)                                 | -                     | -      | 8   | 8   | 8   |
| <b>Medical Nutrition Therapy</b>   |                       |        |     |     |     |
| <b>97902</b> Medical nutrition therapy: assessment and/or advice: 15 minutes                         | 1.74                  | 58.08  | 59  | 71  | 73  |
| <b>97903</b> Medical nutrition therapy: assessment and/or advice: 30 minutes                         | 1.91                  | 62.92  | 64  | 77  | 81  |
| <b>97904</b> Medical nutrition therapy: assessment and/or advice: 45 minutes                         | 2.48                  | 81.03  | 81  | 97  | 101 |
| <b>Acupuncture</b>   |                       |        |     |     |     |
| <b>97112</b> Acupuncture: 1 or more needles, without electrical stimulation: 15 minutes              | 1.08                  | 38.72  | 42  | 71  | 72  |
| <b>97113</b> Acupuncture: 1 or more needles, with electrical stimulation: each additional 15 minutes | 0.79                  | 28.91  | 47  | 55  | 70  |
| <b>97114</b> Acupuncture: 1 or more needles, with electrical stimulation: 15 minutes                 | 1.12                  | 39.71  | 72  | 100 | 127 |
| <b>97115</b> Acupuncture: 1 or more needles, with electrical stimulation: 30 minutes                 | 2.40                  | 82.54  | 94  | 126 | 156 |
| <b>Osteopathic Manipulative Treatment</b>  |                       |        |     |     |     |
| <b>98910</b> Osteopathic manipulative treatment (OMT): 12 body regions involved                      | 0.82                  | 31.83  | 54  | 74  | 100 |
| <b>98911</b> Osteopathic manipulative treatment (OMT): 6 body regions involved                       | 0.51                  | 18.27  | 31  | 43  | 54  |
| <b>98912</b> Osteopathic manipulative treatment (OMT): 3 body regions involved                       | 0.32                  | 10.82  | 17  | 23  | 29  |
| <b>98913</b> Osteopathic manipulative treatment (OMT): 1 body region involved                        | 0.12                  | 4.33   | 7   | 10  | 13  |
| <b>98914</b> Osteopathic manipulative treatment (OMT): 1 body region involved                        | 0.05                  | 1.66   | 3   | 4   | 5   |
| <b>Chiropractic Manipulative Treatment</b>   |                       |        |     |     |     |
| <b>98940</b> Chiropractic manipulative treatment (CMT): 12 body regions                              | 0.99                  | 33.65  | 43  | 74  | 97  |
| <b>98941</b> Chiropractic manipulative treatment (CMT): 6 body regions                               | 0.54                  | 18.67  | 31  | 43  | 54  |
| <b>98942</b> Chiropractic manipulative treatment (CMT): 3 body regions                               | 0.33                  | 10.82  | 17  | 23  | 29  |
| <b>98943</b> Chiropractic manipulative treatment (CMT): 1 body region                                | 0.11                  | 3.76   | 4   | 5   | 6   |
| <b>Education and Training for Patient Self-Management</b>  |                       |        |     |     |     |
| <b>98960</b> Education and training for patient self-management: 15 minutes                          | 0.88                  | 29.83  | 52  | 67  | 81  |
| <b>98961</b> Education and training for patient self-management: 30 minutes                          | 2.47                  | 83.89  | 104 | 131 | 157 |
| <b>98962</b> Education and training for patient self-management: 45 minutes                          | 3.85                  | 132.37 | 167 | 211 | 255 |
| <b>Non-Face-to-Face Nonphysician Services</b>  |                       |        |     |     |     |
| <b>Telephone Services</b>  |                       |        |     |     |     |
| <b>98966</b> Telephone assessment and management service provided by a nonphysician: 15 minutes      | 0.43                  | 15.07  | 32  | 44  | 55  |
| <b>98967</b> Telephone assessment and management service provided by a nonphysician: 30 minutes      | 0.94                  | 32.02  | 61  | 81  | 101 |

◆ New Code ▲ Revised Code

S = Modifier 51 or 52 Exempt B = Moderate Sedation ◆ Add-on Code P = Facility

Fee Information  
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## The check really is in the mail!

Very few things in life are more frustrating than waiting around for money that someone owes you.

Particularly if that someone is an insurance company.

Unfortunately, its by no means unusual to wait months on end for an insurance company to pay up.

At Aetna, we think that's unconscionable.

So at our Employee Benefits Division, we've reduced the entire health insurance claims process to a mere nine days. Despite the fact that we receive nearly a quarter million claims a day.

Of course, you don't get results like this by waiving a wand. At Aetna, it takes a national on-claims network, three mainframe computers, 32 automatic collating machines, five zip code pre-sorters, and 225 dedicated people dedicated solely to getting those checks in the mail.

Still, we find the extra effort pays. We like to think that such unusual promptness is why so many companies are so quick to employ us for their employee benefit programs.

And why they're so slow to leave us.

AETNA. WE GIVE NEW MEANING TO THE WORD DILIGENT.

## Understanding ICD – 10 10/01/15

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**Will there be a grace period for converting to ICD-10?**

No

**If I transition early to ICD-10, will my claims be processed?**

No. CMS and other payers will not be able to process claims using ICD-10 until October 1, 2014.

Providers – Develop an implementation strategy that includes an assessment of the impact on your organization, a detailed timeline, and budget.

**Billing Service**

**Clearing house**

**Practice Management Software**

Providers who handle billing and software development internally should plan for medical records/coding, clinical, IT, and staff to coordinate on ICD-10 transition efforts.

## ICD-9 v ICD-10

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- Not a simple renumbering
- Greater detail
- Terminology
- Laterality
- Injury concepts
- More codes...

- 
- Diagnoses often are not established at the time of the initial encounter/visit. It may take two or more visits before the diagnosis is confirmed.
  - For accurate reporting of ICD-10-CM diagnosis codes, the documentation should describe the patient's condition, using terminology which includes specific diagnoses as well as symptoms, problems, or reasons for the encounter. There are ICD-10-CM codes to describe all of these.
  - Do not code diagnoses documented as "probable", "suspected", "questionable", "rule out", or "working diagnosis" or other similar terms indicating uncertainty. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit.
  - Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care treatment or management. Do not code conditions that were previously treated and no longer exist.

## Format and Structure:

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The ICD-10-CM Tabular List contains categories, subcategories and codes. Characters for categories, subcategories and codes may be either a letter or a number. All categories are 3 characters. A 3-character category that has no further subdivision is equivalent to a code. Subcategories are either 4 or 5 characters. Codes may be 3,4,5,6 or 7 characters. That is, each level of subdivision after a category is a subcategory. The final level of subdivision is a code. Codes that have applicable 7<sup>th</sup> characters are still referred to as codes, not subcategories. A code that has an applicable 7<sup>th</sup> character is considered invalid without the 7<sup>th</sup> character.

Diagnosis codes are to be used and reported at their highest number of characters available. ICD-10-CM diagnosis codes are composed of codes with 3,4,5,6 or 7 characters. Codes with three characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth and /or fifth characters and/or sixth characters, which provide greater detail.

A three-character code is to be used only if it is not further subdivided. A code is invalid if it has not been coded to the full number of characters required for that code, including the 7<sup>th</sup> character, if possible.

## Anatomy of ICD-10-CM

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“Knowing the bones” is a good idea in almost any Chiropractic endeavor. It is the same when you are trying to wrap your arms around a new coding system. Much of what you will find in ICD-10-CM will see familiar – the codes represent disorders to the body, the numbers describe the codes, and picking the right one is often half the science and half art.

This book will now explore the anatomy of ICD-10-CM codes at a level beyond the pre-cursory depth presented so far. If further information is needed, you can look at the “Official Guidelines” presented in the Appendix, or peruse some of the Additional Resources listed also in the appendix. To simplify learning, we will usually contrast ICD-10-CM with ICD-9-CM. Refer to the chart on page 18.

## ICD-9-vs-ICD-10 Comparison

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There are at least 3 ways  
In which ICD-9-CM and ICD-10-CM  
are different!

## Visual Differences

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At a glance we can see that ICD-10-CM code words are generally longer than those of ICD-9-CM. Also, ICD-10-CM uses letters in its codes, where ICD-9-CM uses numbers only, with the exception of “E” and “V” codes. ICD-9-CM has 17 chapters, ICD-10-CM has 21. More than superficial, these attributes tend to limit ICD-9-CM while freeing ICD-10-CM.

## System Differences



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ICD-9-CM is constrained somewhat by its construction. At the time it was put on line (1979 in the U.S.) the structure was probably very serviceable. But in the intervening time, medical science has undergone dramatic changes. There isn't enough flexibility in the ICD-9-CM numeration system to accommodate these advances. In some cases the definition of a disease has changed as its true etiology was uncovered. There are some cases in which “new knowledge” has been simply inserted into available slots in other chapters.

Sadly, the power of an international system of disease classification depends on a certain amount of interoperability, so the rise and fall of health conditions can easily be monitored worldwide, without a great deal of data massaging and translating. (Consider a potential pandemic, such as Avian Influenza, where the vector, migratory birds, cross borders semi-annually and congregate with other species in nations at each end of the migration path.)

The structure of ICD-10-CM, on the other hand, has plenty of room for expansion. It uses alpha-numeric characters for each of its (up to) seven characters, presenting considerable expansion potential. Also, ICD-11, awaiting rollout, may use the increased numeration capability of ICD-10-CM to expand the concept of disease to include nutrition deficiencies, genetic sequence disorders, and possibly the bacterial biomes that surround different areas of the body. (It said that the bacteria on the backs of two different persons are more likely to be similar than the bacterial colonies on the same person's back and head.) Obviously, these exciting possibilities are worth the somewhat daunting challenge of learning a new diagnostic coding system.

## Differences between ICD-9-CM and ICD-10-CM

| Feature              | ICD-9-CM  | ICD-10-CM   |
|----------------------|---|---|
| Number of Codes      | About 13,000 codes  | About 68,000 codes  |
| Number of Characters | <ul style="list-style-type: none"> <li>3-5 characters in length</li> <li>In chapters 1-17, all characters (1-5) are numeric</li> <li>In supplemental chapters (E and V codes), character 1 is alpha and characters 2-5 are numeric</li> <li>A decimal is used after 3 characters</li> </ul> | <ul style="list-style-type: none"> <li>3-7 characters in length</li> <li>Character 1 is alpha</li> <li>Character 2 is numeric</li> <li>Characters 3-7 are alpha or numeric</li> <li>A decimal is used after 3 characters</li> <li>Some codes use "x" as a place holder for characters 4-6 when needed</li> <li>A 7<sup>th</sup> character used in certain chapters (obstetrics, musculoskeletal, injuries and external causes of injury)</li> </ul> |
| Code Structure       | <br>Category      Etiology, anatomic site, manifestation   | <br>Category      Etiology, anatomic site, severity      Extension  |
| Code Examples        | 725<br>350.1<br>922.31<br>V69.0   | M35.3<br>G50.0<br>S30.0xxA<br>Z72.3   |
| Number of Chapters   | 17 chapters<br>E codes and V codes are in supplemental chapters   | 31 chapters<br>E codes and V codes are now chapters 20 and 21   |
| Start Dates          | 1975 (1979 in the United States)  | 1994 (2013 in the United States)  |
| Expansion            | Expansion ability is limited  | Has significant ability to expand without a structural change   |
| Detail               | Lacks detail  | Very specific   |
| Laterality           | Lacks laterality (codes identifying right and left sides)   | Includes laterality where appropriate   |
| Encounters           | Initial and subsequent encounters are not defined   | Initial and subsequent encounters are defined   |
| Combination Codes    | Combinations codes are limited  | Combinations codes are frequent   |

## Comparison of ICD-9-CM and ICD-10-CM Chapter Numbers and Titles

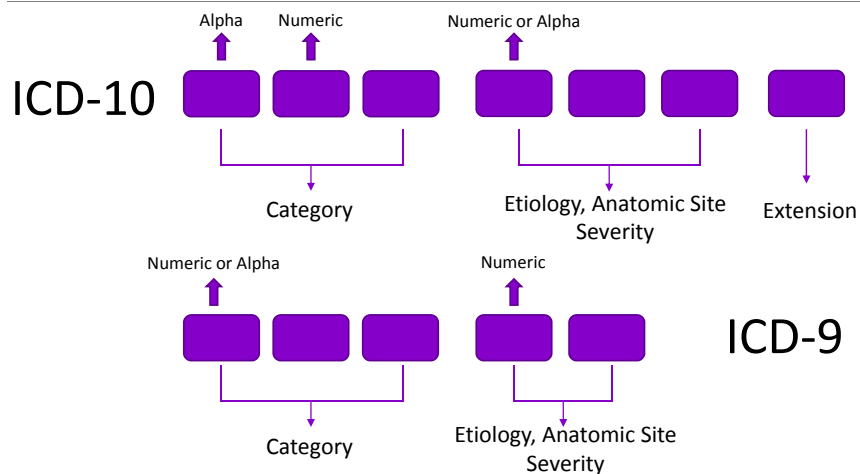
| CHP | ICD-9-CM  | ICD-10-CM   |
|-----|---|---|
| 1   | Infections and Parasitic Diseases (001-139)                                     | Certain Infections and Parasitic Diseases (A00-B99)   |
| 2   | Neoplasms (140-239)   | Neoplasms (C00-D49)   |
| 3   | Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279) | Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89) |
| 4   | Diseases of the Blood and Blood-Forming Organs (280-289)                        | Endocrine, Nutritional and Metabolic Diseases (E00-E89)   |
| 5   | Mental Disorders (290-319)  | Mental and Behavioral Disorders (F01-F99)   |
| 6   | Diseases of the Nervous System and Sense Organs (320-389)                       | Diseases of the Nervous System (G00-G99)  |
| 7   | Diseases of the Circulatory System (390-459)                                    | Diseases of the eye and adnexa (H00-H59)  |
| 8   | Diseases of the Respiratory System (460-519)                                    | Diseases of the ear and Mastoid Process (H60-H95)   |
| 9   | Diseases of the Digestive System (520-579)                                      | Diseases of the Circulatory System (I00-I99)  |
| 10  | Diseases of the Genitourinary System (580-629)                                  | Diseases of the Respiratory System (J00-J99)  |



## Comparison of ICD-9-CM and ICD-10-CM Chapter Numbers and Titles cont...

|    |  |   |
|----|--|---|
| 11 | Complications of Pregnancy, Childbirth and the Puerperium (630-677)    | Diseases of the Digestive System (K00-K94)  |
| 12 | Diseases of the Skin and Subcutaneous Tissue (680-709)                 | Diseases of the Skin and Subcutaneous Tissue (L00-L99)  |
| 13 | Diseases of the Musculoskeletal System and Connective Tissue (710-739) | Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)                            |
| 14 | Congenital Anomalies (740-759)   | Diseases of the genitourinary system (N00-N99)  |
| 15 | Certain Conditions Originating in the Perinatal Period (760-779)       | Pregnancy, childbirth and the puerperium (O00-O99)  |
| 16 | Symptoms, Signs and Ill-Defined Conditions (780-799)                   | Certain conditions originating in the perinatal period (P00-P96)                                  |
| 17 | Injury and Poisoning (800-999)   | Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)                    |
| 18 | N/A  | Symptoms, Signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99) |
| 19 | N/A  | Injury, poisoning and certain other consequences of external causes (S00-T88)                     |
| 20 | N/A  | External causes of morbidity (V00-Y99)  |
| 21 | N/A  | Factors influencing health status and contact with health services (Z00-Z99)                      |

## How are ICD-9 and ICD-10 Different?





## ICD-10 Chapter Specifics

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- A = Initial encounter and evaluation and treatment by a new physician
- D = Healing or recovery phase (ongoing treatment)
- S = Complications or conditions that are a result of injury

## Chiropractic Diagnosis Coding Rules ICD-9 and ICD-10:

---

Code to the highest level of specificity – meaning be sure you have the correct number of digits required for the reported diagnosis.

In ICD-9 codes have about 13,000 codes and are numerical. They can range from 3 digits to 4 or 5 digits in length. Any billing with a code having the improper number of digits will cause the claim to be rejected.

ICD-10 codes have approximately 68,000 codes may be from 3-7 characters in length and all codes begin with an alpha character but contain letters and numbers.

## Which code is correct?

### ICD-9

|  |       |        |
|--|-------|--------|
| ◦ Headache                                 | 784.0 | 784.00 |
| ◦ Migraine                                 | 346.0 | 346.00 |
| ◦ Shoulder Pain                            | 719.4 | 719.41 |
| ◦ Adhesive Capsulitis of shoulder (frozen) | 726.0 | 726.00 |
| ◦ Sciatica                                 | 724.3 | 724.30 |

### ICD-10 (ICD10 Codes are all correct)

|           |   |
|-----------|---|
| ◦ R51     | Headache                                    |
| ◦ G44.1   | Vascular Headache                           |
| ◦ G46.109 | Migraine with aura                          |
| ◦ M25.519 | Pain unspecified shoulder                   |
| ◦ M25.511 | Pain in right shoulder                      |
| ◦ M25.512 | Pain in left shoulder                       |
| ◦ M75.00  | Adhesive capsulitis of unspecified shoulder |
| ◦ M75.01  | Adhesive capsulitis of right shoulder       |
| ◦ M75.02  | Adhesive capsulitis of left shoulder        |
| ◦ M54.40  | Lumbago w/ sciatica, unspecified side       |
| ◦ M54.41  | Lumbago w/ sciatica, right side             |
| ◦ M54.42  | Lumbago w/ sciatica, left side              |
| ◦ M54.30  | Sciatica unspecified                        |
| ◦ M54.31  | Sciatica right side                         |
| ◦ M54.32  | Sciatica left side                          |

**Remember: Use Zero  
Not The Letter "O"!**

## Chiropractic Coding

- All codes begin with alpha character in ICD-10
- R51 Headache
- M54.2 Cervicalgia
- M54.12 Radiculopathy cervical region
- M25.511 Pain in right shoulder
- S13.4XXA Sprain cervical spine

## Placeholder Character

The ICD-10-CM utilizes a placeholder character “X”. The “X” is used as a placeholder at certain codes to allow for future expansion.

Where a placeholder exists, the X must be used in order for the code to be considered a valid code.

- Some characters act as a place holder and will be indicated with “x”.
- S33.5 is lumbar sprain but must also indicate if initial, subsequent, or sequelae.
- This indicator of initial, subsequent or sequelae is done by A, D, or S as the 7<sup>th</sup> character of the code.
  - For Example:
    - S33.5XXA Initial Visit and treatment
    - S33.5XXD Subsequent Visit
    - S33.5XXS Sequelea

## Signs and Symptoms

Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider. Chapter 18 of ICD-10-CM, Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, not elsewhere classified (codes R00.0 – R99) contains many, but not all codes for symptoms.

### Conditions that are an integral part of a disease process

Signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification.

- There is no need to indicate pain with a sprain or strain code, for instance.

### Conditions that are not an integral part of a disease process

Additional signs and symptoms that may not be associated routinely with a disease process should be coded when present.

- Spasm should be indicated as it is not necessarily integral to a strain or sprain, which would be give indication for need of services to reduce or eliminate spasm.

## Acute and Chronic Conditions

If the same condition is described as both acute (sub acute) and chronic, and separate subentries exist in the Alphabetic Index at the same indentation level, code both and sequence the acute (subacute) code first.

### Late Effects (Sequela)

A late effect is the residual effect (condition produced) after the acute phase of an illness or injury has terminated. There is no time limit on when a late effect code can be used. The residual may be apparent early, such as in cerebral infarction, or it may occur months or years later, such as that due to a previous injury. Coding of late effects generally requires two codes sequenced in the following order: The condition or nature of the late effect is sequenced first. The late effect code is sequenced second.

- ICD-10
- G89.29 Chronic pain due to trauma
- S33.5XXS Sequela of sprain lumbar
- ICD-9
- 338.29 Chronic pain due to trauma
- 847.2 Sprain and strain lumbosacral
- 905.7 Late effects strain and sprain

## Reporting Same Diagnosis Code More than Once

Each unique ICD-10-CM diagnosis code may be reported only once for an encounter. This applies to bilateral conditions when there are no distinct codes identifying laterality or two different conditions classified to the same ICD-10-CM diagnosis code.

### Laterality

For bilateral sites, the final character of the codes in the ICD-10-CM indicates laterality. An unspecified side code is also provided should the side not be identified in the medical record. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side.

- If there is a condition on both extremities codes for each side (left and right) would be used.