

Objective Chiropractic Documentation for Medicare

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Introduction

Chiropractic services became eligible for reimbursement in the Medicare program with the amendment of the Social Security Act in 1972. Initially, federal regulations limited chiropractic reimbursement to manual manipulation (including the use of adjusting instruments) of the spine for the correction of subluxations. Subluxations were defined as neuromusculoskeletal conditions and had to be demonstrated on spinal x-rays in order to be considered medically necessary for reimbursement of the chiropractic adjustment.¹

In January 2000, the provision requiring demonstration of subluxations by x-ray was amended to allow demonstration by x-ray and/or physical examination findings. The physical examination requirements were termed PART, an acronym for pain, asymmetry, range of motion and tissue tone.

In an effort to limit vulnerabilities in the Medicare program, the Department of Health and Human Services (HHS) conducted a study of 400 chiropractic services for the year 2001. An overall error rate of 67 percent was identified. The loss to Medicare for that year was estimated to be \$285 million. The HHS study found that documentation for 94 percent of chiropractic services were lacking at least one of the supporting PART elements.¹

The demonstration of subluxation by physical examination must include documentation of at least two of the four PART components. One of the two minimum components must be asymmetry or range of motion.² Most other third-party payers adopted the PART system for chiropractic documentation to remain consistent with Medicare. PART documentation falls under the objective portion of another acronym, SOAP (subjective, objective, assessment, plan), which is standard for documentation of a patient's care in most fields of healthcare.^{3,4}

The authors of this study believe that the documentation deficiencies highlighted by the 2001 HHS study were and remain the result of incomplete understanding by doctors of chiropractic of the PART system and the placement of physical examination findings and their results in the proper PART documentation category. The intent of this poster is to define Medicare's documentation requirements and explain how the most commonly used procedures in chiropractic assessment fit into the PART documentation format.

Method

The Medicare Benefit Policy Manual was used as a guideline to define the elements of PART documentation. Commonly used textbooks and teaching materials were used to identify the most frequently utilized assessment methods performed by doctors chiropractic. After defining the PART requirements and the assessment procedures commonly utilized by chiropractors, a table was constructed to serve as a ready reference for chiropractors to use as a self-auditing tool for gauging the effectiveness of their documentation.

Results

The following table describes the elements of chiropractic assessment that apply to the Medicare PART documentation system and the category each should be placed under for proper documentation:

Table 1: Elements of PART Documentation and Common Procedures Used in Chiropractic^{3,4,5,6,7,8}

Examination Finding	Description	Commonly Used Procedures
P = Pain or tenderness	Pain elicited during the course of the examination, described in terms of location, quality and intensity.	<ul style="list-style-type: none"> • Observed facial expressions of pain/discomfort • Antalgic postures and movements • Grooming deficiencies that could be due to pain limitations • Mood • Overt pain behaviors • Pain scales • Pain diagrams and drawings • Functional questionnaires • Pain resulting from static palpation • Pain resulting from motion palpation • Pain reported during regional and/or segmental ROM • Pain reported during physical, orthopedic, neurological and/or chiropractic examination procedures • Algometry
A = Asymmetry or misalignment	Asymmetry or misalignment may be described at the regional and/or segmental level.	<ul style="list-style-type: none"> • Observable regional asymmetry (posture/scoliosis screening) • Observed local asymmetry (static palpation) • Antalgic posture • Gait abnormalities • Functional or anatomical leg length discrepancies • Muscle atrophy and asymmetry
R = Range of motion abnormality	Abnormal range of motion, either hypermobility or hypomobility may be described at the segmental or regional level. Instruments that quantify range of motion or estimates are allowable.	<ul style="list-style-type: none"> • Active ROM • Passive ROM • Resisted ROM • Segmental motion palpation • Joint fixation (hypomobility) • Joint laxity (hypermobility) • Joint crepitus • ROM measuring devices
T = Tissue tone changes	Describe changes in the tone of soft tissues such as muscles, tendons, fascia, skin and ligaments.	<ul style="list-style-type: none"> • Observable hypertonicity, spasm hypotonicity and atrophy • Fasciculations • Edema • Bruising, discoloration • Heat • Muscle-tendon crepitus • Muscle weakness • Heat-measuring instruments

Summary

Chiropractors, regardless of their technique of choice, perform examination procedures to identify subluxations and determine where to adjust the patient. Despite performing these procedures, poor documentation habits led to the Department of Health and Human Services claims that 94 percent of chiropractic claims lacked the documentation to demonstrate subluxations and prove medical necessity for the care rendered. Providing a more complete understanding of PART requirements and listing the common examination procedures under their appropriate PART categories will enhance the establishment of medical necessity and reimbursement of Medicare patients and patients of all third-party payers. Better record-keeping will also provide further proof of the necessity of chiropractic care in the American healthcare system and possibly lead to the expansion of the number of services reimbursed by Medicare and the other third party payers.

References

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