

# MEDICARE DOCUMENTATION

## **GENERAL DESCRIPTION**

*NOTE: The documentation requirements below are not PM&A's. They are Medicare's.*

Follow the documentation requirements below to armor yourself in the event of an audit by Medicare and other payers.

## **OUTCOMES**

- Better documentation for clinical records
- Less chance for Medicare audits



## **SAMPLE CHECKLIST**

**Instructions.** Make a copy of this checklist below. Review the items on it and make a check mark next to the items that apply to your office. Add, delete, and edit other items and fax or email back to PM&A for your own personalized copy. Review every three months and continue to adjust as needed.

## Medicare Documentation Checklist

(Add, delete, edit, and use.)



*“Success is the Sum of Detail”*

Assessment Date: \_\_\_\_\_ Assessment Done by: \_\_\_\_\_

Fill In → <b>A</b> = Always, <b>M</b> = Most of the time, <b>S</b> = Some of the time, <b>N</b> = Not this time		A	M	S	N
<b>History Obtained at Initial Visit:</b>		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
1.	Symptom(s) causing patient to seek care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2.	Family history if relevant	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3.	Past health history (general health, prior illness, injuries, hospitalizations, surgeries, current medications)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4.	Mechanism of trauma	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5.	Quality and character of symptoms/problem	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6.	Onset, duration, intensity, frequency, location, radiation of symptoms	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7.	Aggravating or relieving factors	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8.	Prior interventions, treatments, medications, secondary complaints.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Initial Visit or New Onset</b>		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9.	History (as stated above)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10.	Description of the present illness:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	a. Mechanism of trauma (how did it happen?) For example, getting out of bed, twisting, gardening.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	b. Quality and character of symptoms/problem	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	c. Onset, duration, intensity, frequency, location, radiation of symptoms	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	d. Aggravating or relieving factors,	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	e. Prior interventions, treatments, medications, secondary complaints	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	f. Symptoms causing patient to seek care. Symptom(s) must be related to the level of the subluxation documented.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11.	Evaluation of spine/nervous system through physical examination.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	a. PART: pain and tenderness, asymmetry/misalignment, range of motion abnormality, tissue, tone changes	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12.	Diagnosis: Primary diagnosis must be a subluxation, including the level or identified descriptive term of location, i.e., condition of the spinal joint involved, direction of position assumed by the named bone.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13.	Treatment plan, to include the following:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	a. Recommended level of care (duration and frequency of visits), specific goals, objective measures to evaluate treatment effectiveness, date of the initial treatment.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	b. Though not a documentation requirement, this is where you will educate the patient face to face, as to their subluxation and what will happen if they don't get it corrected, as well as educate them on their innate intelligence.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Subsequent Visits:</b>		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14.	Review of chief complaint, changes since last visit, systems review if relevant	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

	15. Physical Exam	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>																						
	a. Exam - area of spine involved in diagnosis	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>																						
	b. Assessment of change in patient condition since last visit	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>																						
	c. Evaluation of treatment effectiveness.	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>																						
	d. Though not a documentation requirement, this is a perfect time to re-educate the patient on chiropractic principles.	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>																						
	e. Documentation of the presence or absence of a subluxation	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>																						
	f. PART: <b>p</b> ain and tenderness, <b>a</b> symmetry/misalignment, <b>r</b> ange of motion abnormality, <b>t</b> issue, <b>t</b> one changes.	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>																						
	16. Documentation of treatment given on day of visit (technique(s) used and areas adjusted)	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>																						
	17. Progress or lack thereof, related to goals and treatment plan (is the patient meeting goals?)	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>																						
	<b>Other Tips:</b>	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>																						
	18. Your subjective findings in initial visits/new onsets should tell a story about what happened, how it happened, and when it happened.	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>																						
	19. The Visual Analog Scale (VAS) is not sufficient documentation as your sole objective tool. Use additional tools to measure objectives findings, such as x-rays, Oswestry, Neck & Back Disability Index, etc.	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>																						
	20. See below for a typical VAS: <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center; margin: 0;">Visual Analogue pain scale</p> <div style="text-align: center; margin: 10px 0;"> <table style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="padding: 0 10px;">0</td> <td style="padding: 0 10px;">1</td> <td style="padding: 0 10px;">2</td> <td style="padding: 0 10px;">3</td> <td style="padding: 0 10px;">4</td> <td style="padding: 0 10px;">5</td> <td style="padding: 0 10px;">6</td> <td style="padding: 0 10px;">7</td> <td style="padding: 0 10px;">8</td> <td style="padding: 0 10px;">9</td> <td style="padding: 0 10px;">10</td> </tr> <tr> <td style="border-left: 1px solid black; border-right: 1px solid black; height: 20px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; height: 20px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; height: 20px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; height: 20px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; height: 20px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; height: 20px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; height: 20px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; height: 20px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; height: 20px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; height: 20px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; height: 20px;"></td> </tr> </table> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span style="text-align: left; width: 30%;">No PAIN</span> <span style="text-align: right; width: 30%;">WORST POSSIBLE PAIN</span> </div> </div>	0	1	2	3	4	5	6	7	8	9	10												<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10														
	21. You should self-audit your documentation on a regular basis.	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>																						