

Chiropractic Documentation

NOTE: This form is intended to be used as an educational tool and does not guarantee payment or coverage.

IDENTIFICATION

Patient's Name on Each Page
Patient DOB or Unique ID #
Provider Name, Address, and Phone Number
Date of Visit
Signature (Including Credentials) Electronic signature should contain name, credentials, date, and time for authentication

SUBJECTIVE INITIAL EVALUATION OR RE-EVALUATION

Patient's Chief Complaint
Pertinent History/ History of Present Illness
Onset/Aggravating or Relieving Factors/Trauma (including Mechanism of Injury)
Pain Location with Functional Loss and effect on Activities of Daily Living (ADLs)
Frequency/Interval Changes
Quality/Radiation/Severity
Timing/Duration/Intensity
Review of Systems (Pertinent to Complaints)

OBJECTIVE/FINDINGS

Asymmetry/Misalignment (Inspection/Posture)
Palpation (Spasm or Hypertonicity)
Range of Motion
Orthopedic/Neurologic Tests
Indication for X-rays (if applicable) and Imaging Documentation/Report

ASSESSMENT/DIAGNOSIS

Initial or Updated Diagnoses (Diagnoses must be consistent with Subjective and Objective Findings)
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PLAN (each visit) TREATMENT, MODALITIES, and PROCEDURES

Modalities – Location/Duration/Intensity
CMT (Segmental Levels)
Recommended Frequency of Visits and Duration of Treatment
Specific Measurable Treatment Goals (baseline functional loss and ADLs)
Objective Measures to Evaluate Treatment Effectiveness
Home Exercise Program/Care Instructions/Counseling

NOTE: BCBSKS considers Maintenance Care not medically reasonable or necessary, NOT payable, and will be denied not medically necessary. Ongoing physical medicine treatment after a condition has stabilized or reached a clinical plateau (maximum medical improvement) does not qualify as medically necessary, and would be considered “maintenance care.”

NOTE: Chiropractors must perform all services.

Policy Memo No. 1: http://www.bcbsks.com/CustomService/Providers/Publications/professional/PolicyMemos/pdf/2016/2016_BCBSKS_CAP_PolicyMemo_01.pdf

Chiropractic Guidelines: http://www.bcbsks.com/CustomService/Providers/Publications/professional/manuals/pdf/BPMappB_Chiro.pdf