

## Chiropractic Coding & Compliance Alert

### Reader Questions: Does a Non-Par Provider Have to Document All the Same?

**Question:** Do non-par providers have the same documentation requirements as participating providers?

Iowa Subscriber

**Answer:** Chiropractic care has documentation requirements. The participating status of the provider is irrelevant to the documentation requirements. Specific details regarding documentation requirements are in the Medicare Claims Processing Manual (Chapter 12, Section 220). The following information must be recorded by the chiropractor and kept on file:

- 1) The date of the initial treatment or date of exacerbation of the existing condition must be entered in Item 14 of Form CMS-1500. This serves as affirmation by the chiropractor that all documentation required as listed below and in Pub. 100-02, Benefits Policy Manual, Chapter 15, Section 240.1.2 is being maintained on file by the chiropractor.
- 2) Specification of the precise spinal location and level of subluxation (see Pub. 100-02, Benefits Policy Manual, Chapter 15, Section 240.1.4) giving rise to the diagnosis and symptoms.
- 3) Although the x-ray is no longer required to demonstrate subluxation, some may still use it to demonstrate subluxation for claims processing purposes. Since Oct. 1, 2000, onwards, when the x-ray is used to demonstrate subluxation, the date of the x-ray must be entered in Item 19 of Form CMS-1500 and the date must be within the parameters specified in Pub. 100-02, Benefits Policy Manual, Chapter 15, Section 240.1.2.

For further details go to: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf> on the CMS website.