

Chiropractic Coding & Compliance Alert

You Be the Coder: Do Not Redo the Functional Assessment Unless Necessary

Question: A patient presents to the provider for the second visit in her care plan. The provider had completed the functional outcome assessment on her first visit a week ago using Roland Morris. She actually does not need another functional assessment or a new plan, the provider decides to continue the present treatment. Which G code should I report for the quality measure of functional assessment for this visit?

Alabama Subscriber

Answer: You can report G8942, (Functional outcome assessment performed and a follow up plan documented within the last 30 days and care plan, based on identified deficiencies on the date of the functional outcome assessment, is documented). This is the most common G code reported in the typical chiropractic scenario. Once the first FOA (functional outcome assessment) is done and the treatment plan is documented, no new FOA or plan is warranted for such a short duration of care until the patient's condition changes for better or worse. Also, if the patient experiences a new injury, she would require a reassessment and a new treatment plan.