Common Errors by Doctors of Chiropractic in PI Cases

1. Advertising for a free service but charging for the same service in a PI case

Some docs attract patients to their office by offering free or reduced-cost services. While this is legal, the problem occurs when a patient comes in for treatment of an auto accident and is charged for these same services. This act can be grounds for State Board actions and legal repercussions. *The FIX: Make any exceptions to the offer clearly known to every patient from the very start*.

2. Billing for inappropriate evaluation and management codes

There are 5 recognized levels of *new* patient exam and 5 levels of exam for *established* patients. The upper 2 levels of new patient EM codes (99204 and 99205) and the upper 2 levels of established patient EM codes (99214 and 99215) are not usually justifiable in a chiropractic setting. The American Medication Association and the American Chiropractic Association carefully outline the standards for these codes. Contrary to popular thought, these EM codes are not *primarily* based upon the time spent. Docs will often bill for these higher codes with insufficient justification for doing so, typically in an effort to get greater reimbursement. Big Mistake. *The FIX: In most PI cases in a chiropractic office, the 99203 and 99213 are the highest appropriate level of EM codes*.

3. Billing for multiple levels of the spine without justification

The generally accepted chiropractic manipulation codes reimburse greater amounts for more regions adjusted. As a result, many chiropractors will bill for having adjusted 3-4 or more regions and yet have no justification for doing so. If there is no complaint in the region adjusted and/or no supportable diagnosis in the region adjusted, why was the region treated? The insurance companies may view that billing for this action as unsupportable and should not reimbursed. *The FIX: At the very least, make sure to list the subluxations codes for the areas adjusted*, otherwise use the proper billing code.

4. Billing for daily treatment for more than one week, but skipping weekends

There are times when the patient's condition may warrant daily care beyond the first week. Suspicions arise when this daily care skips, without a reasonable explanation, the weekends. In such cases, the necessity for daily care is justifiably questioned. *The FIX: If daily care is truly needed beyond a week, be sure to explain the uniqueness of the situation and find a way to provide the care on weekends as well*.

5. Excessive charges per visit

The days of anything goes in the world of personal injury are over. Excessive charges are not only under increasing scrutiny, but excessive charges are hurting everyone in PI. Because of this, not only is the *dark side* going after the treating doctor for such actions, but the patient and the plaintiff's attorney are also turning on the doc. *The FIX: Charge reasonable amounts for chiropractic services. If one is already doing so, it should be easy to produce Explanation of Reimbursements from Med Pay carriers showing full payment for your bills in past PI cases*.

6. Excessive treatment durations

While it is true that many PI cases do not reach MMI within 3-4 months, few PI cases require regular chiropractic care at 3 times per week at this same point. Remember that prolonged care may be viewed as a sign of ineffective care and/or as a sign that a referral to another specialist is past due. *The FIX: Use established whiplash associated disorder guidelines and have proper internal documentation. When further progress is minimal, it is probably time to release the patient or refer out*.

7. Failure to properly transition to active/self-reliant care

Prolonged reliance on passive care has been routinely criticized in the last few years. It may lead to a psychological dependence on such procedures. By many estimates, it probably won't be long before such a treatment protocol is viewed as being below the standard of care. *The FIX: It is vital that patients be made as self-reliant as possible, through the use of regular home therapy, postural/ergonomic modification, and the performance of corrective exercises. Generally the sooner active care is initiated, the better the prognosis*.

8. Failure to adequately document medical necessity of one's care

The Achilles' heel of chiropractors is their failure to adequately and consistently document the necessity of the care rendered. This makes it easy to attack the doctor's treatment and offers little defense for an aggressive onslaught by the *dark side. The FIX: Start today improving how one documents, keeping in mind that medical necessity needs to be there on every visit, not just at re-exams*.

9. Failure to document disabilities, of all types, resulting from the motor vehicle collision

With the widespread reliance on case settlement software (e.g., Colossus) by the *dark sid*e, it is imperative that all parts of the puzzle be documented. Disabilities, of any form, carry weight in these programs if *properly* documented. Disabilities with days off work can be 100% reimbursable with the *right* documentation. Certain permanent disabilities/impairments carry enormous dollar value in these programs. *The FIX: Learn how Colossus works and learn how to properly document all forms of disability and do it in every case*.

10. Failure to properly summarize a case once MMI is reached

There has been a long tradition of relying upon the narrative report to serve as the fact source for the demand letter, which, in turn, serves as the source for data that the adjustor puts into Colossus. At each step, important items can be left out that are vital to the software analysis, resulting in lower settlement offers. *The FIX: The most recent version of the PI Checklist form, combined with the Duties Under Duress form, works wonders in this process. It saves time, frustration, and yields better settlement offers*.

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