

Treatment Plans 2017

By

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Strategic Health Solutions Reviews

- Many doctors have received the results of reviews from Strategic Health Solutions.
- Those that received a high error rate you are in danger of extrapolation.
- Strategic Health Solutions provided for a rebuttal/education period.
- Those with high error rates should take advantage of this.
- If you missed the rebuttal/education period time limit you still can appeal through the usual appeal process.
- You should get assistance with this.

Treatment Plans

- Treatment plans are required by Medicare.
- They are also sound medical procedure.
- They provide both you and the patient a roadmap of care.
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- It is usually called a report of findings and usually only goes to the patient.
- We just do a terrible job of reporting the treatment plan to Medicare and the insurance companies.
- This is a key element for reviewers.
- Failure to have a treatment plan in the records will result in the claim being denied on review.
- Medicare has three specific elements that they require in each treatment plan.
- Treatment Plans have three required elements
 - Recommended level of care (duration and frequency of visits);
 - Specific treatment goals;
 - Objective measures to evaluate treatment effectiveness.
- In other words:
 - How long and how often are you going to see the patient

- What are you trying to accomplish
- How do you know when you have accomplished it

Recommended Level of Care

- Duration and frequency of visits.
 - 3 times per week for 4 weeks.
- Set date for re-exam.
- The re-exam should be in 30 days regardless of how many visits there are.
- From the Medicare Benefits Policy Manual, Chapter 15, Section 240.1.5 states:
 - “The chiropractor should be afforded the opportunity to effect improvement or arrest or retard deterioration in such condition within a reasonable and generally predictable period of time. Acute subluxation (e.g., sprains or strains) problems may require as many as three months of treatment but some require very little treatment. In the first several days, treatment may be quite frequent but decreasing in frequency with time or as improvement is obtained.”
 - “Chronic spinal joint condition implies, of course, the condition has existed for a longer period of time and that, in all probability, the involved joints have already “set” and fibrotic tissue has developed. This condition may require a longer treatment time, but not with higher frequency.”
- Medicare recognizes that an uncomplicated acute case may require three months of treatment and a chronic case may require longer.
- They also recognize that the early stages of treatment may be more frequent than the later stages.
- The somewhat “standard” three times per week for four weeks and then re-examine would fit within their parameters.
- Re-exams should be conducted every 30 days.
- The treatment plan should be re-evaluated at each re-exam and modified as necessary.
- The treatment frequency should be reduced unless there is a medically necessary reason not to.

Specific Treatment Goals

- Before you can establish goals you need to know what Medicare expects you to do for the patient.
- The Medicare Benefits Policy Manual, Chapter 15, Section 240.1.3 states:
 - “The patient must have a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment, and the manipulative services rendered must have a direct therapeutic relationship to the patient’s condition and provide reasonable expectation of **recovery or improvement of function.**”(emphasis added)
- Clearly, Medicare expects that your treatment will result in some improvement of the patients ability to function, if not in a complete recovery.
- The current best measure of functional improvement is Outcomes Assessment Questionnaires. (Now referred to as OATS)
- The specific treatment goals should include both short-term and long-term goals.
- The short-term goal would be to get the patient past their current level of disability.
- The long-term goal would be to get the patient to the level of no disability.
- Sometimes you reach the long-term goal and sometimes you don’t.
- Note it in the chart either way.
- For example: if a patient chose the following from Section 6 of the Revised Oswestry:
 - **I cannot stand for longer than 1/2 hour without increasing pain.**
- Based on the example above, an example of an appropriate short-term treatment goal would be:
 - To enable the patient to stand for more than ½ hour without increasing the pain by re-exam
 - An example of appropriate long-term Treatment goal would be:
 - To enable the patient to stand for as long as they want without pain.
 - When you perform the re-exam you should change the treatment goals as appropriate.
 - You need to document changes in the patient’s condition and demonstrate that you are responsive to those changes.
 - Taking the previous example, the patient changes their selection to the following:
 - **I cannot stand for longer than one hour without increasing pain.**
 - The long-term goal would remain the same.
 - The short-term goal would change to:

- Enable the patient to stand for more than one hour without increasing the pain.

Objective Measures to Evaluate Treatment Effectiveness

- The objective measures to evaluate treatment effectiveness is the outcome assessment questionnaire.
- In the above example the patient demonstrated improvement by simply selecting a different choice than they did on the initial questionnaire.
- Medicare Benefits Policy Manual, Chapter 15, Section 240.1.3(A) states:
 - “When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy.”
- You have to show clinical improvement from ongoing care or Medicare will consider the care maintenance and will deny coverage.
- Used properly, the OATS will prove functional (clinical) improvement and thus, will prove treatment effectiveness.
- Use the outcome assessment questionnaire at:
 - The initial exam
 - The half-way point of the initial Treatment plan
 - The re-exam
 - Each subsequent re-exam
- **Why Half-Way Point of Treatment Plan?**
- Mercy Conference Guidelines (page 124)
 - “Acute Disorders: After a maximum of two trial therapy series of manual procedures lasting up to two weeks each (four weeks total) without significant documented improvement, manual procedures may no longer be appropriate and alternative care should be considered.”
- Using the OATS in this manner justifies four weeks of treatment when you do not have functional improvement at the first re-exam.
- When you have no functional improvement during the first phase of treatment and you have no other indication of improvement in the patient’s condition, then you need to seriously consider referring the patient to another doctor.

Date of Initial Treatment

- The Date of Initial Treatment in Box 14 of the CMS 1500 form is one of the key indicators of the need for a review.
- Generally if the date of initial treatment is more than three months old and the care is still being billed with the AT modifier then there is a good chance that the case will be reviewed.
- The Date of Initial Treatment goes in Box 14 of the CMS 1500 form.
- Generally, the date of initial treatment is:
 - The date of the accident or
 - The date of the first symptom
- Chiropractors are to use the date of initiation of the course of treatment as the initial date of treatment.
- The Date of Initial Treatment is important to Medicare.
- It enables them to determine how long the patient has been under care for a particular condition.
- Some reports have stated that more than 12 visits are unnecessary.
- Other reports have stated that any date in box 14 over 90 days old will trigger a review.
- Armed with this information, some doctors change the date of initial treatment every 10 visits or every 60 days.
- Do not put down a new initial treatment date unless there is a new condition or a recurrence of the current condition.
- To do so could be considered fraudulent.

What Visit is This?

- Some jurisdictions are requiring chiropractors to indicate where a particular visit falls within the spectrum of a treatment plan.
- It is a good idea to indicate this even if your Medicare Administrative Contractor does not require it.
- You can do this simply by stating that “This is visit 5 of a planned 12 visits.”
- This information will help reviewers to know where a particular visit is within a treatment plan.
