What the New LCDs Mean to You

By

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Universal LCD

- The Local Coverage Determination (LCD) states what the specific policies of a Medicare Administrative Contractor (MAC) are for a particular service.
- Due to the efforts of the American Chiropractic Association the MACs are starting to implement a standard LCD for chiropractic.
- This means that the expectation for chiropractors will be the same across the country.
- This is the status of the LCDs by MAC:
    - NGS – Active
    - Noridian – Proposed
    - Palmetto – Proposed
    - CGS – Proposed
    - Novitas – Nothing yet
    - WPS – Nothing yet
    - Cahaba – Nothing yet
    - First Coast – Nothing yet

LCD Changes

- Many of the items that we have taught in the past have remained the same and are still effective.
- Some items have been expanded or clarified.
- There have been few actual changes to what we have been teaching in the past.
- "An acute exacerbation is a temporary but marked deterioration of the patient's condition that is causing significant interference with activities of daily living due to an acute flare-up of the previously treated condition. The patient's clinical record must specify the date of occurrence, nature of the onset, or other pertinent factors that would support the medical necessity of treatment. As with an acute injury, treatment should result in improvement or arrest of the deterioration within a reasonable period of time."
- Treatment Plans
    - "Chiropractic care is focused on the treatment goals outlined in the Plan of Care.
    - A plan of care should be individualized for each patient and should include the following:
    - Recommended level of care (duration and frequency of visits)
    - Specific treatment goals <u>(with documentation of progress or lack thereof within the clinical records)</u>

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- Objective measures to evaluate treatment effectiveness (with qualitative and/or quantitative measures)"
- "The use of objective measures at the beginning of treatment, during and/or after treatment is recommended to quantify progress and support justifications for continued treatment. Therefore, treatment effectiveness must be assessed at appropriate intervals during subsequent visits (objective measurable goals)."
- "Specific recommendations (i.e. 'home program'; life style modifications; etc.) for ongoing amelioration of musculoskeletal complaints should be provided as early in the course of treatment as possible; should be reinforced at each visit; and documented in the medical record."
- "For patients who have not achieved the goals documented in the Plan of Care, the practitioner should conclude the episode of chiropractic care in the last visit by documenting the clinical factors that contributed to the inability to meet the stated goals in the treatment plan."

- "The precise level of subluxation must be specified by the chiropractor to substantiate a claim for manipulation of the spine."
- "The need for a prolonged course of treatment must be clearly documented in the medical record. Treatment should result in improvement or arrest of deterioration of subluxation within a reasonable and generally predictable period of time."
- There are no changes to the initial visit documentation requirements.
- There are however some changes to subsequent visit documentation.
    - "1. History (an interval history sufficient to support continuing need; document substantive changes)"
    - "2. Physical exam (interval; document subsequent changes; a full repeat P.A.R.T. is not expected)"
    - "4. Documentation of how the day's treatment fits within the plan of care (e.g. "visit 4 of planned 7 treatments") and any way the treatment plan is being changed."
    - "Documentation of changes in the patient's examination, status, progression must be recorded at each visit."
    - "The evaluation process must be an ongoing procedure. Signs and certain symptoms must be rechecked during the course of treatment to determine the extent of the patient progress. Standardized measurement scales (e.g., Visual Analogue Scale (VAS), Oswestry Disability Questionnaire, and the Quebec Back Pain Disability Scale) may be used to measure improvement or lack thereof."
    - "This ongoing evaluation and assessment forming the basis for treatment modification is a key factor in total patient management. The initial examination, no matter how thorough, cannot be expected to provide all the answers. A treatment trial should be instituted with its effects assessed to determine whether it should be continued or a different plan devised. Moreover, it is the examination that forms the foundation for treatment, guiding the doctor in selecting appropriate treatment techniques, frequency, and course of treatment."

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- "On receipt of a request for documentation, at a minimum, the practitioner must submit the Initial Visit's (ref. CMS 1500 box 14) Treatment Plan, the Concluding/Discharge Visit and Subsequent Visits that demonstrate any change in the History, Physical Exam or Treatment Plan."
- "The frequency and duration of chiropractic treatment must be medically necessary and based on the individual patient's condition and response to treatment. Prolonged or repeated courses of treatment are more likely to undergo medical review."
- Another change is the complete lack of diagnostic codes.
- Some view this as a loss.
- I believe that it is a benefit.
- We now have the latitude to diagnosis underlying conditions that would complicate or prolong the treatment episode.
- Of course you need to note these conditions in the patient's chart as well as in the diagnosis.

What This Means to You

- Not a lot has changed and some things have been clarified.
- The MACs are recognizing that chiropractic care is episodic in nature.
- Their reviewers will be looking at the whole episode of care rather than a single visit.
- This will take time to work through the profession.
- There are still some ambiguities that need to be clarified.
- For example; there are some that are teaching that we do not need to perform re-exams at 30 day intervals.
- This lack of specificity leads to inaccuracies.
- Medicare is finally starting to listen to us as a profession.
- This is a good thing and could lead to even better things for us.

What Actions Should You Take

- Document Medicare visits (actually all visits) thoroughly.
- Use Outcomes Assessments
- Re-examine the patient every 30 days to monitor progress and determine when the patient reaches Maximum Medical Improvement.
- 4. Documentation of how the day's treatment fits within the plan of care (e.g. "visit 4 of planned 7 treatments") and any way the treatment plan is being changed.
- If NGS is your MAC download the new LCD and follow it.
- If Noridian, Palmetto, or CGS is your MAC (including railroad Medicare) watch for the new LCD to become active then download and print it.
- If Novitas, WPS, Cahaba, or First Coast is your MAC, watch for the new LCD to be proposed. When it becomes active download and print it.
- Sign up for my mailing list and ChiroCode's mailing list to stay informed of changes in Medicare.

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Summary

- Medicare is changing how it views chiropractic and chiropractic care.
- We as individual doctors must do our part and document in a manner that is consistent with what Medicare expects.
- If a claim is denied and you know you have done your part correctly, APPEAL.

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