

Medicare Documentation and the LCD

Will your documentation meet
Medicare's requirements?

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Objectives

- Understand what is covered by Medicare and the definition of Maintenance care.
- Understand the importance of the LCD and where to locate the LCD for your state.
- Understand what the documentation requirements are for providing services the Medicare covered beneficiaries.



Local Coverage Determination

Local Coverage Determination

- Gives you the specifics required to bill, document and provide Chiropractic services to the Medicare Beneficiary
- <https://www.cms.gov/medicare-coverage-database/indexes/lcd-state-index.aspx?bc=AqAAAAAAAAAAAAAA%3d%3d&>

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Local Coverage Determinations (LCDs) by State Index

Use the scroll box below to select the State(s) you would like to view contractors for and select the **Submit** Button to view the LCD Contractors who service that state. Select the Contractor name to view a list of policies for the specified Contractor. You can also select the **Print Report** Button to print the entire results table.

Please Note: This Index does not display superseded document versions. If you are looking for older/superseded document versions, then you can use the Date Criteria on the [Advanced Search](#).

LCDs by State Index Browser

An asterisk (*) indicates a required field.

***Select State(s):**

Select at least one state.

Note: You may select one or more States by holding the CTRL key and selecting with your mouse.

Select State(s)

All States
Alabama
Alaska
American Samoa
Arizona
Arkansas
California - Entire State

***Document types to further refine your search by:**

- ☐ All LCDs
 - ☐ Active LCDs
 - ☐ Retired LCDs
 - ☐ Future LCDs/Future contract number LCDs
 - ☐ All Proposed/Draft LCDs
 - ☐ Proposed/Draft LCDs released to final LCDs
 - ☐ Proposed/Draft LCDs not released to final LCDs

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Related Indexes

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Internal Links

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Medical Necessity

Medicare Coverage

● Medical Necessity:

- *Title XVIII of the Social Security Act, Section 1862 (a)(1)(A).* This section allows coverage and payment for only those services considered medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member

Medicare Coverage

● LCD-Medical Necessity

- **The patient must have:**
 - Significant health problem in the form of a neuro-musculoskeletal condition necessitating treatment
 - Manipulative services rendered must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function
 - Subluxation of the spine as demonstrated by x-ray *or* physical exam

Medical Necessity

● Medical Necessity

- Assures services to Medicare patients are reasonable and necessary for diagnosis or treatment of illness or injury

● Remittance Remark Code

- CO-50 Medical Necessity Denial

Medical Necessity Denials

- Some services are only covered in some instances
 - **Example: Chiropractic Manipulation**
 - ONLY covered for a diagnosis listed in LCD
 - Any other diagnosis will be denied as **not medically necessary**



Documentation Guidelines

Medical Necessity Documentation

- Written documentation (office records, diagnostic test results, etc.)
 - **Do not submit with claim**
 - **Send to Medicare when requested**
- Statement or diagnosis of just “Pain” not sufficient to support medical necessity

Medical Necessity Documentation

- Precise level(s) of subluxation(s) must be specified for each spinal region manipulated
 - **List exact bones (C5,C6)**
 - **Area/Region if it implies only certain bones**
- Use terms that are clearly understood to refer to bone/joint space or position
- Document the need for an extensive/prolonged course of treatment
 - **Must be appropriate to the reported procedure code(s)**

Documentation of Subluxation

◉ X-ray

- 12 months before/three (3) months after
- CT/MRI

◉ Physical Exam

- Pain/tenderness
- Asymmetry/misalignment
- ROM abnormality
- Tissue, tone, texture and temperature changes
 - Must have **2** of the **4** mentioned above / **1** of these must be Asymmetry **or** ROM abnormality

Documentation of Direct Relationship

- Mechanism of Injury
- Chief Complaint
- Identify the Subluxation

Documentation Reasonable Expectation

- ◉ Age of the Patient
- ◉ Comorbidities
- ◉ Prior Level of Function
- ◉ Measurable Goals
- ◉ Keep it Realistic
- ◉ Terms that relate to the patient's necessity for treatment



Documentation of Initial Visit

- ◉ All Components of History
- ◉ Evaluation
- ◉ Diagnosis
- ◉ Treatment Plan
 - Recommended Level of Care
- ◉ Signature

Documentation of History

- ◉ Symptoms: What brought the patient in?
 - Acute injury/trauma
 - Chronic condition.....why now?
- ◉ Prior Level of Function
- ◉ Health and Relevant Family History
- ◉ Patients Age
- ◉ Comorbidities

Documentation of History

- Previous Occurrence?
 - What worked, what failed?
- Detailed Descriptors of Symptoms
 - Quality
 - Onset
 - Duration
 - Intensity
 - Character
 - Location
 - Radiation
 - Frequency
 - Other?

Documentation of Subsequent Visits

- Link back to Treatment Plan-review
- Measure
 - **Progress towards goals**
 - **Changes since last visit**
- Exam
- Evaluate
- D/C when no further progress (or give an ABN)

Documentation of a Treatment Plan

● Treatment Plan

- Date of initiation of treatment
- History of prior treatment
- Means of measuring progress towards goals

Documentation of a Treatment Plan

● Treatment Plan

- Individualized
- Patient-centered
- Realistic
- Reasonable time-frame
- Tolerance

Documentation Keys To Remember

- Review your specific LCD
 - It is an open book test
- Your documentation is on going
 - Must continue after the first visit
- Treatment plan
 - Have one
 - Update it regularly
 - Follow it
- Use PART
- Identify maintenance and bill it appropriately

Questions?

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