



WHEN EXPERIENCE COUNTS AND QUALITY MATTERS

Checklist: Chiropractic services documentation

This checklist is being provided as a tool to assist providers when responding to medical record documentation requests. It is the responsibility of the provider of services to ensure the correct submission of all required documentation.

Review the following prior to submitting documentation for medical review.

- Please be sure documentation submitted is legible.
- Please submit records for all dates of service on the claim.
- Ensure the medical records submitted supports that the service is "Active treatment," rather than maintenance.

Ensure the medical records provide justification supporting medical necessity for the service by submission of the following:

- Progress notes
- Initial and subsequent visits
- Treatment record including plan of care
- Abbreviation list
- Signatures/credentials of professionals providing services
- Any other documentation a provider deems necessary to support medical necessity of services billed, as well as documentation specifically requested in the additional documentation request (ADR) letter.

Providers should refer to the Centers for Medicare & Medicaid Services (CMS) official documentation and coverage guidelines at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf> and <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf> for additional resources regarding chiropractic services coverage requirements, payment systems, and points of contact for further information.

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