

Treatment Plans: The Roadmap to Patient Care

- Treatment plans are required by Medicare.
- They are also sound medical procedure.
- They provide both you and the patient a roadmap of care. Almost all chiropractors produce a treatment plan.
- 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.
- The following is from the 2009 OIG report.

Quoted from the May 2009 OIG Report:

- “Documentation for treatment plans was insufficient”
- “The medical reviewers indicated that treatment plans are an important element in determining whether the chiropractic treatment was active/ corrective in achieving specified goals.”
- “The goal may change throughout the treatment episode, but it should be documented in the medical record to demonstrate active/corrective treatment.”
- “Of the 76 percent of records that reviewers indicated contained some form of treatment plan, 43 percent lacked treatment goals, 17 percent lacked objective measures, and 15 percent lacked the recommended level of care.”
- The lack of treatment plans is still a problem.
- In a May 29, 2012 release describing a new chiropractic service edit, Trailblazer listed examples of common billing errors.
- Those errors included:
- “The Plan of Care (POC) and treatment record were incomplete or absent.”
- “Lack of documented measurable goals and objective treatment effectiveness.”
- Medicare expects a treatment plan or “Plan of Care” for each patient for each course of care.

Medicare requires the following elements in a treatment plan:

- 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 care

- 3 times per week for 4 weeks
- Set a date for the re-exam
 - If the patient doesn't make that date, note why in the patient's record
- “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

- Just saying “to reduce pain” or “to increase range of motion” is not acceptable. These are general, non-specific 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 three most commonly used OATS by chiropractors are:
 - Roland-Morris Questionnaire
 - Revised Oswestry Low Back Pain Disability Questionnaire
 - Neck Disability Questionnaire
- In the following example note the patient’s selection (in red) and selection A.

REVISED OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE *Please Read: This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST CIRCLE THE ONE. CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.*

SECTION 1 - Pain Intensity
 A I can stand as long as I want without pain. B The pain is mild and does not vary much. C I cannot stand for longer than one hour without increasing pain. D The pain is moderate and does not vary much. E I cannot stand for longer than ten minute without increasing pain. F The pain is severe and does not vary much

SECTION 6 - Standing
 A The pain comes and goes and is very mild. B I have some pain while standing, but it does not increase with time. C I cannot stand for longer than 1/2 hour without increasing pain. D The pain is moderate and does not vary much. E The pain comes and goes and is severe. F I avoid standing, because it increases the pain straight away.

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. 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 1/2 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:

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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

- This is determined using 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 of the outcome assessment questionnaire in the treatment plan

- The outcome assessment questionnaire should be administered:
 - The initial exam
 - The half-way point of the initial Tx plan
 - The re-exam
 - Each subsequent re-exam

Administer the outcome assessment questionnaire at two weeks into the treatment plan to determine if progress is being made.

From Mercy Conference Guidelines:

“**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.”¹

If improvement is documented, continue care, document that patient is progressing in daily notes, and continue on the treatment plan

If no improvement is documented, change the treatment parameters (different therapy, different adjusting technique, etc.), document that the treatment was changed and why in the daily notes and continue on the treatment plan.

An outcome assessment questionnaire is considered “current” if it is less than 30 days old.

Date of Initial Treatment

- The date of initial treatment is in Box 14 of the CMS 1500 form.
- The date of initial treatment is the date that treatment started for this condition.
- This is either the date of the accident or the date that the patient first felt symptoms.
- If the patient cannot clearly define when they first felt pain then this is the date that you first adjusted the patient
- 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.
- A good rule of thumb is: If you conduct a new initial exam and/or administer a new ABN, you have a new initial treatment date.

Summary

- The treatment plan is a key element of your documentation.
- It gives you, the patient, and reviewers a clear indication of what you are trying to accomplish and when you have accomplished it.
- When integrated with the Outcomes Assessment Questionnaires the Treatment Plan helps ensure that you do not over treat or under treat the condition.

¹ Guidelines for Chiropractic Quality Assurance and Practice Parameters, Page 124

- You can clearly and objectively identify when the patient reaches Maximum Medical Improvement.
- The end result is that you will get paid for the services that you provide and that your documentation will withstand any challenge on review.
- You will get to keep the money that you have been paid.