

Disclaimer: The following is a summary of coding application only. It does not cover all information on billing and coding and it does not attempt to cover all services that may be provided by and billed by a doctor of chiropractic. All licensees are strongly encouraged to obtain a CPT coding manual and elect to participate in education to be informed on all relevant coding requirements applicable to the profession.

Billing and Coding: Step by Step to avoid Improper Billing.

Step One: Document, document, document. If it isn't written, it didn't happen

Step Two: Purchase a manual on CPT coding.

E/M Codes and Billing

Step Three: Read the instructions for selecting a level of E/M service

- 1. Identify the category and subcategory of service and review the reporting instructions for the selected category and subcategory.**
 - Most of the categories and many of the subcategories of service have special guidelines or instructions unique to that category or subcategory.
 - The descriptions for the levels of E/M services recognize seven components, six of which are used in defining the levels of E/M services. These components are: history, examination, medical decision making, counseling, coordination of care, nature of presenting problem and time. The first three of these components, (history examination and medical decision making) are the key components in determining which billing code applies for an E/M service.

Step Four: Follow the instructions and document the following for each E/M billing code.

New Patient

- 1. 99201 New Patient** (must not have been seen and/or treated by the physician within the last three years for any illness or condition)
 - **A problem focused history:** Documented chief complaint, and brief history of present illness or problem.
 - **A problem focused examination:** Documented limited examination of the affected body area or organ system.

- **Straightforward medical decision making.** The presenting problems are self limiting or minor. The physician spends approximately 10 minutes face-to-face with the patient or family and documents the instructions, discussion, and interaction.
 - **All three of the above components are required.**
2. **99202 New Patient** (must not have been seen and/treated by the physician within the last three years for any illness or condition)
- **An expanded problem focused history:** Documented chief complaint, brief history of present illness, problem pertinent system review.
 - **An expanded problem focused examination:** Documented limited examination of the affected body area or organ system and other symptomatic or related organ system(s).
 - **Straightforward medical decision making:** The presenting problems are of low to moderate severity. The physician spends approximately 20 minutes face-to-face with the patient and/or family and documents the instructions, discussion, and interaction.
 - **All three of the above components are required.**
3. **99203 New Patient** (must not have been seen and/treated by the physician within the last three years for any illness or condition)
- **A detailed history:** Documented chief complaint, extended history of present illness; problem pertinent system review extended to include a review of a limited number of additional systems; pertinent past, family, and/or social history directly related to the patient's problems.
 - **A detailed examination:** Documented extended examination of the affected body area(s) and other symptomatic or related organ systems.
 - **Medical decision making of low complexity:** The presenting problem(s) are of moderate severity. The physician spends approximately 30 minutes face-to-face with the patient and/or family and documents the instructions, discussion, and interaction.
 - **All three of the above components are required.**
4. **99204 New Patient** (must not have been seen and/treated by the physician within the last three years for any illness or condition)
- **A comprehensive history:** Documented chief complaint, extended history of present illness, review of systems which is directly related to the problems identified in the history of the presenting illness, plus a review of all additional body systems; complete past, family, and social history. If the evaluation is for preventative purposes, the history may not be problem oriented, but is must include a comprehensive system review, a comprehensive or interval past, family, and social history as well as of pertinent risk factors.

- **A comprehensive examination:** A general multi-system examination or a complete examination of a single organ system.
 - **Medical decision making of moderate complexity:** The presenting problems are of moderate to high severity. The physician spends approximately 45 minutes face-to-face with the patient and/or family and documents the instructions, discussion, and interaction.
 - **All three of the above components are required.**
5. **99205 New Patient** (must not have been seen and/treated by the physician within the last three years for any illness or condition)
- **A comprehensive history:** See 99204 instructions
 - **A comprehensive examination:** See 99204 instructions
 - **Medical decision making of high complexity:** The presenting problem is of moderate to high severity. The physician spends approximately 60 minutes face-to-face with the patient and/or family and documents the instructions, discussion, and interaction.
 - **All three of the above components are required.**

Established Patient

1. **99211 Established Patient** (patient has been seen and/or treated within the last three years). Presenting problems are minimal. Approximately 5 minutes is spent performing or supervising the examination.
2. **99212 Established Patient** (patient has been seen and/or treated within the last three years).
 - **A problem focused history:** Documented chief complaint, brief history of present illness or problem.
 - **A problem focused examination:** A documented limited examination of the affected body area or organ system.
 - **Straightforward medical decision making.** The presenting problems are self limiting or minor. The physician spends approximately 10 minutes face-to-face with the patient or family and documents the instructions, discussion, and interaction.
 - **At least two of the above components are required.**
3. **99213 Established Patient** (patient has been seen and/or treated within the last three years).
 - **An expanded problem focused history:** Documented chief complaint, brief history of present illness, problem pertinent system review.
 - **An expanded problem focused examination:** A documented limited examination of the affected body area or organ system and other symptomatic or related organ system(s).

- **Medical decision making of low complexity:** The presenting problems are of low to moderate severity. The physician spends approximately 15 minutes face-to-face with the patient and/or family and documents the instructions, discussion, and interaction.
 - **At least two of the above components are required.**
6. **99214 Established Patient** (patient has been seen and/or treated within the last three years).
- **A detailed history:** Documented chief complaint, extended history of present illness; problem pertinent system review extended to include a review of a limited number of additional systems; pertinent past, family, and/or social history directly related to the patient's problems.
 - **A detailed examination:** A documented extended examination of the affected body area(s) and other symptomatic or related organ systems.
 - **Medical decision making of moderate complexity:** The presenting problem(s) are of moderate severity. The physician spends approximately 25 minutes face-to-face with the patient and/or family and documents the instructions, discussion, and interaction.
 - **At least two of the above components are required.**
7. **99215 Established Patient** (patient has been seen and/or treated within the last three years).
- **A comprehensive history:** See 99204 instructions
 - **A comprehensive examination:** See 99204 instructions
 - **Medical decision making of high complexity:** The presenting problem is a moderate to high severity. The physician spends approximately 40 minutes face-to-face with the patient and/or family and documents the instructions, discussion, and interaction.
 - **Two of the above components are required.**

NOTES: Do not up-code. An example of up-coding would be billing for a comprehensive examination if the examination performed only met the criteria for a detailed examination.

A time over-ride code may only be used when 50% or more of the face to face time with the patient was for counseling or coordination of care. The actual time face to face with the patient and the portion limited to counseling and coordination must be documented.

Chiropractic Manipulative Treatment Codes and Billing

Step 5: Read the instructions for selecting a manipulative treatment code.

1. The chiropractic manipulative treatment codes include a pre-manipulation patient assessment. A separate E/M. code cannot be billed unless the record demonstrates that

the service provided exceeded the assessment covered under the manipulative treatment code.

2. Additional evaluation and management can be reported separately using modifier 25, if the patient's condition requires a significant separately identifiable E/M service, above and beyond the usual preservice and postservice work associated with the procedure.
3. For purposes of CMT, the five spinal regions referred to are: cervical region (includes atlanto-occipital joint); thoracic region (includes costovertebral and costotransverse joints), lumbar region; sacral region; and pelvic (sacro-iliac joint) region. The five extraspinal regions are: head (including temporomandibular joint, excluding atlanto-occipital) region; lower extremities; upper extremities; rib cage (excluding costotransverse and costovertebral joints) and abdomen.

NOTE: Do not unbundle billing. An example of unbundling would be billing for a one to two area adjustment and also billing for a three to four area adjustment, rather than billing for a five area adjustment. If you adjust five regions, bill for five regions.

Step 6: Follow the instructions for Selecting a Manipulative Treatment Code.

- **98940** Chiropractic Manipulative Treatment; Spinal, one to two regions.
- **98941** Chiropractic Manipulative Treatment; Spinal, three to four regions.
- **98942** Chiropractic Manipulative Treatment; Spinal, five regions.
- **98943** Chiropractic Manipulative Treatment; Extraspinal, one or more regions.

Physiotherapy

Step 7: Read the instructions for selecting a code for Physiotherapy Services.

1. Billing for modalities and therapeutic procedures is time sensitive. Most procedures require that the procedure be applied for eight to fifteen minutes in order for a provider to charge for that service. If the provider bills for multiple applications of a modality or therapy, the record must demonstrate that the patient received 8 to 10 minutes of treatment for each application.
2. The therapeutic procedures 1-6 listed in step 8 require one-on-one patient contact by the provider. The service cannot be billed if one-on-one patient contact was not maintained for the full period of treatment. The modalities 6-9 listed in step 8 require supervision but do not require one-on-one patient contact by the provider.
3. Manual therapy (97140) cannot be billed for the same area on the same day as chiropractic manipulative treatment unless the record demonstrates that the service provided exceeded the treatment covered under the manipulative treatment code. If the record does demonstrate the additional service was provided, a -59 modifier should be applied.

Step 8: Follow the instructions for Selecting a Modalities or Therapeutic Procedures Code.

- **97110** Therapeutic procedures, one or more areas; each separate area for 15 minutes. Therapeutic exercises to develop strength and endurance, range of motion and flexibility.
- **97112** Neuromuscular reeducation, time component applies.
- **97124** Massage, time component applies.
- **97139** Unlisted therapeutic procedure(specify), time component applies.
- **97140** Manual therapy techniques (mobilization/manipulation, manual traction), one or more areas; each separate area for 15 minutes each.
- **97530** Therapeutic activities; one or more areas; each separate area for 15 minutes. Direct one-on-one patient contact by the provider. Use of dynamic activities to improve functional performance.
- **97010** Application of hot or cold packs, time component applies.
- **97012** Traction, mechanical; time component applies.
- **97014** Electrical Stimulation; time component applies

Note: -52 modifier can be used to signify that a service or procedure has been reduced. An example is when a procedure requiring a 15 minute unit is applied at a lower rate, such as five minutes.