

# Rock Solid Records

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The Chain of Medical Necessity

## History of onset→

- Outline why the patient has a complaint
- If an acute condition:
  - Document date and mechanism of trauma
- If a chronic condition:
  - Try to establish why the patient decided to come in today, rather than another time

## Patient Complaint→

- Must be consistent with onset
- Can outline functional loss (walking, sleep)
- Compensatory regions?

## Exam Findings→

- Must relate to the complaint
- Should not be filled with fluff
- Can provide an explanation for the functional loss

## Diagnosis→

- Should provide a plausible explanation for the symptoms
- Should match up with the clinical criteria from the complaint and exam

## Treatment Plan→

- Should be appropriate for the diagnosis
- Should not be given just because of:
  - provider technique
  - philosophy
  - a routine
- Should transition from passive to active
- Should not be cookie cutter (but templates are okay)

## Progress→

- Goals should be:
  - specific to each patient
  - Measurable/quantifiable
- Outcomes Assessment Tools are the best way to quantify functional progress
- Goals must be evaluated and updated over time

For example, for chiropractic manipulative treatment to the cervical region (98940), a record with medical necessity might include the following:

1. Hit from behind while at a stop light.
2. Neck pain with radiculopathy to the right arm. Unable to sleep more than two hours due to pain.
3. Painful, limited cervical range of motion (passive), palpatory tenderness in suboccipital muscles, mild edema in cervical region.

4. S13.4XXA - Sprain of ligaments of cervical spine, initial encounter  
M99.01 - Segmental and somatic dysfunction of cervical region
5. Cervical manipulation two times per week for four weeks to improve range of motion 50% and reduce pain reporting 50%. Improve patient's ability to sleep pain free to four hours per night.
6. After four weeks range of motion is 50% improved and pain is 50% improved. Patient sleeping four hours pain free.

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