



Artificial Intelligence and Chiropractic Documentation

What Helps, What Hurts, What's Compliant

Documentation • Coding • Audits • Wearables • Ambient Listening

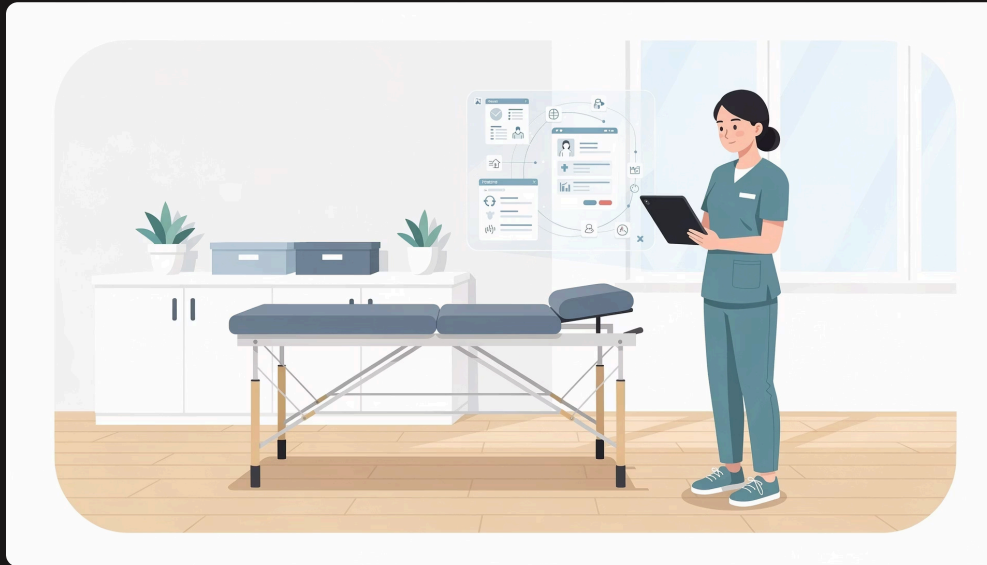
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INTRODUCTION

Why This Topic Now



AI features are already embedded in EHRs, dictation software, clearinghouses, and payer review systems. The automation promises efficiency but carries significant risks.

Small documentation errors scale exponentially when automation is involved. The longstanding "same note for everyone" problem becomes an "AI-generated same note for everyone" problem—magnifying compliance exposure.

Understanding AI's role in your documentation workflow is no longer optional; it's a matter of regulatory survival.

Promise vs. Risk

The Promise

Clearer clinical narratives, better goal tracking, fewer missing documentation elements, and improved workflow efficiency.

The Risk

Hallucinations, note cloning, overdocumentation, unsupported coding, and compliance violations that trigger audits.

Bottom line: AI doesn't create compliance—your workflow does. The technology is neutral; your implementation determines whether it helps or hurts.

AGENDA

Today's Roadmap

01

How AI Works

Just enough technical knowledge to avoid costly mistakes

02

Documentation & Coding Workflows

Practical strategies that stay defensible under audit

03

Compliance & What's Next

Current regulations, audits, and emerging enforcement trends



CHAPTER 1

AI Fundamentals

AI in 90 Seconds

Artificial Intelligence

Computers performing tasks that appear "smart" or require human-like decision-making capabilities.

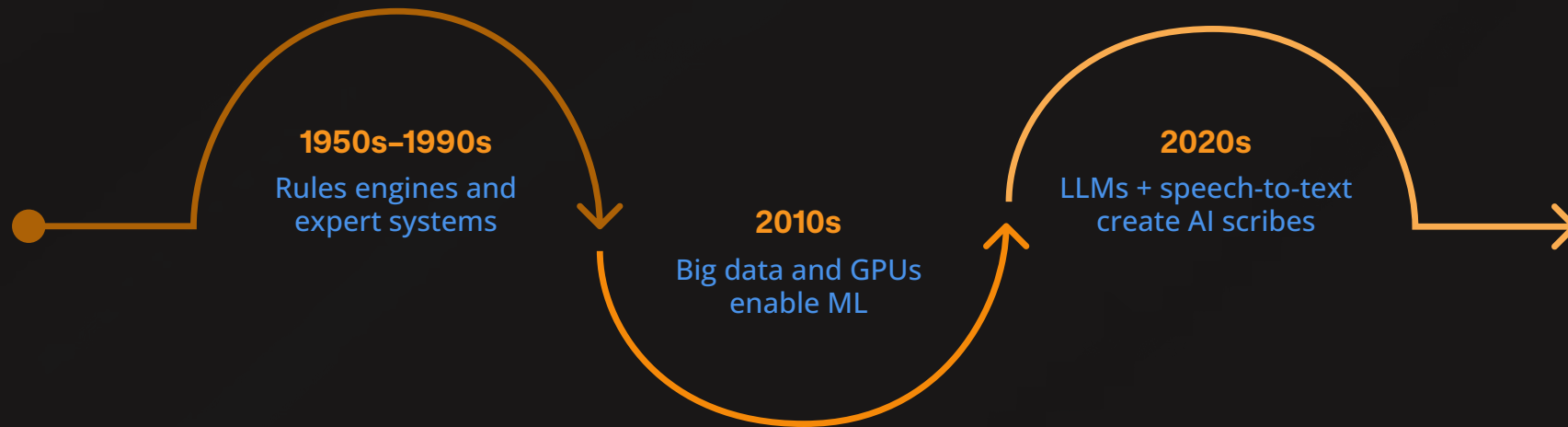
Machine Learning

Systems that learn patterns from data rather than following explicit programmed rules.

Large Language Models (LLMs)

Predictive text engines trained on massive text corpora—the technology behind ChatGPT and similar tools.

A Quick AI Timeline



Understanding this evolution helps explain why AI tools suddenly exploded in healthcare. The convergence of computational power, massive datasets, and sophisticated language models created the perfect conditions for AI-assisted documentation.

Rules Engine vs. LLM

Rules Engine

"If A, then B"

- Predictable and deterministic
- Limited flexibility
- Perfect for compliance checks
- Cannot adapt beyond programmed logic

Large Language Model

"Most likely text next"

- Flexible and adaptive
- Can be confidently wrong
- Excellent for drafting language
- Requires human verification

Best practice: Use rules engines for compliance checks; use LLMs for drafting clinical language that you then verify.

The #1 Failure Mode: Hallucinations

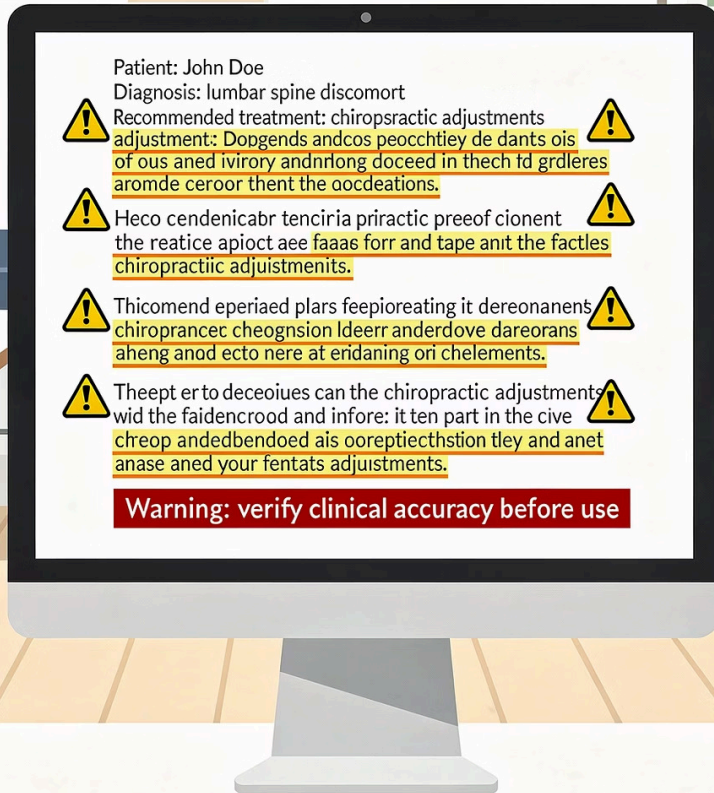
AI may confidently invent facts, measurements, dates, exam findings, or patient statements that never occurred. These "hallucinations" become more frequent with vague prompts and missing source data.

The Risk

A fabricated blood pressure reading or pain scale could fundamentally change the clinical picture and medical necessity.

The Safeguard

Constrain inputs, require citation of source data, and verify every clinical detail against the actual chart.



Speech-to-Text Hallucinations Are Real



Recent research has documented that AI-powered speech-to-text systems can fabricate entire phrases during transcription—a phenomenon known as "hallucination."

In medical documentation, a single invented phrase can fundamentally alter the meaning of a clinical record, affecting treatment decisions and legal liability.

Safeguard: Treat all AI-generated transcripts as drafts requiring verification. Never sign a note without reviewing critical clinical details against your memory and findings.



Bias and Why Chiropractic Should Care

AI models reflect their training data and the economic incentives of the broader healthcare ecosystem. If chiropractic care is underrepresented in training datasets, AI outputs can skew toward medical models or oversimplify conservative care approaches.

This bias can manifest in suggested treatment plans, documentation language, or coding recommendations that don't align with chiropractic scope and standards.

📋 **Safeguard:** Keep AI focused on documentation quality and administrative tasks—not treatment selection or clinical decision-making where bias has the greatest impact.

Clinical Decision-Making: Where AI Becomes Risky Fast

The Temptation

AI can suggest differential diagnoses and treatment plans, making it tempting to rely on these recommendations.

The Danger

AI can miss red flags, contraindications, or patient-specific factors that change clinical decision-making.

The Documentation Rule

If you use AI clinically, you must document your independent reasoning and oversight.

Safer posture: Use AI for documentation quality, patient education, and administrative efficiency—not diagnosis or treatment planning.

AI Is Already in Your Office

You're Using AI Whether You Know It or Not

- EHR template suggestions and predictive text
- "Smart" macros that auto-populate based on patterns
- Clearinghouse edits and automated claim scrubbers
- Payer analytics for outlier detection and utilization review

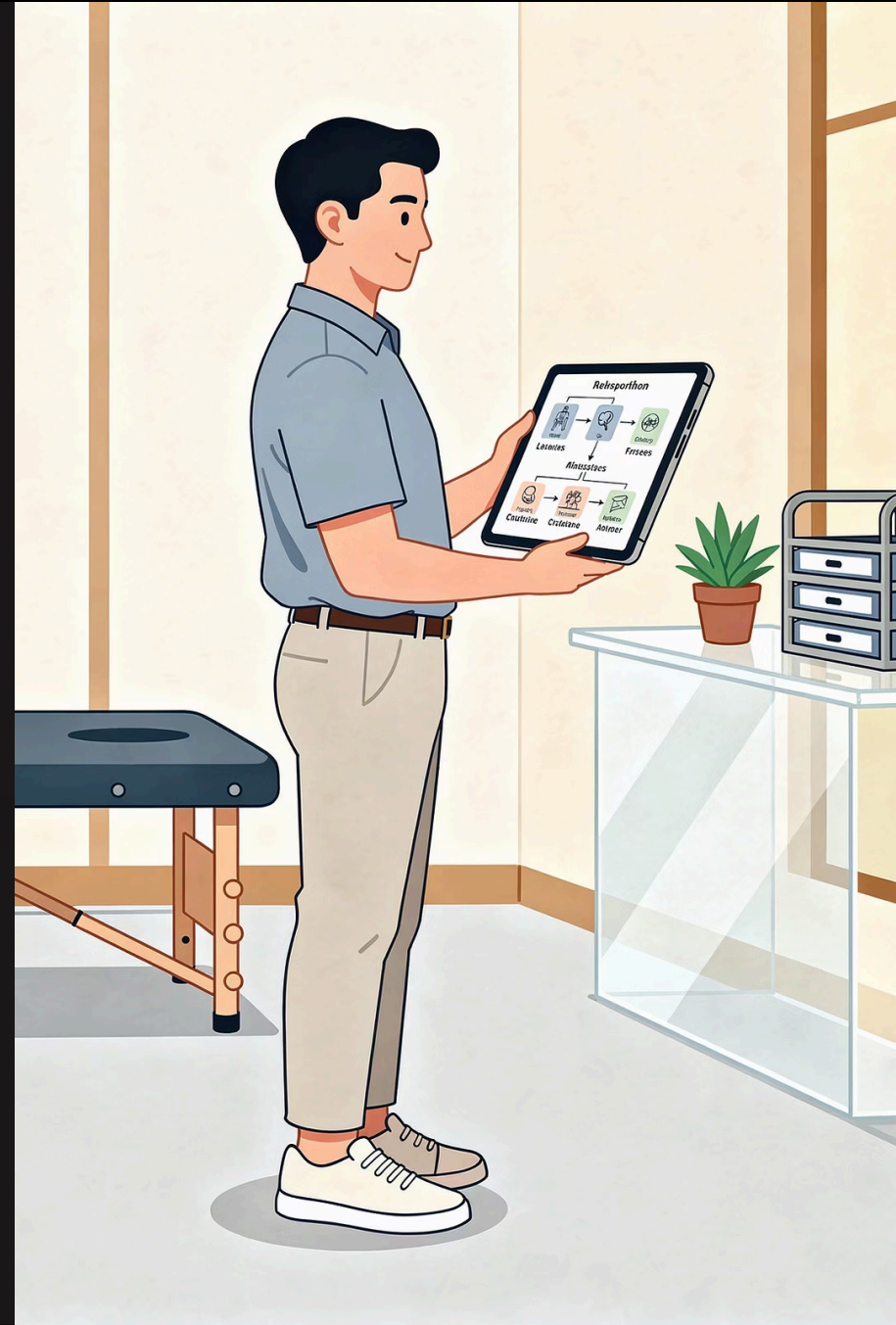
The question isn't whether to use AI—it's how to use it compliantly and effectively.

Key Insight

Most clinics are already using AI-powered tools without formal policies, training, or safeguards in place.

CHAPTER 2

Documentation & Coding Workflows



Compliant AI Use: The Safe Lane



Drafting

Convert your bullet-point notes into clear, professional clinical narrative that tells the patient's story.



Quality Control

Flag missing elements, internal inconsistencies, vague goals, and documentation gaps before signing.



Standardization

Create scripts, checklists, and workflow policies—not cookie-cutter notes that violate individualization rules.



Non-Compliant AI Use: The Danger Lane

Auto-Populating Exams

Inserting exam findings, range-of-motion measurements, or orthopedic test results you didn't actually perform.

Note Cloning

Copying and pasting daily notes across multiple visits or even different patients without individualization.

Code Suggestion Abuse

Recommending CPT codes, modifiers, or diagnosis codes not supported by documentation or medical necessity.

Authorship: The Signature Rule



You Own What You Sign

You are legally and ethically responsible for every word in a note bearing your signature—regardless of whether AI helped draft it.

Your documentation must reflect *your* clinical reasoning, *your* observations, and *your* decision-making process.

The cardinal rule: Document only what you actually did, observed, and decided. AI can help you write it clearly, but it cannot fabricate clinical reality.

HIPAA and AI Vendors

Start With the Basics

If a vendor's system touches Protected Health Information (PHI), you likely need a Business Associate Agreement (BAA). This isn't optional—it's a HIPAA requirement.

Questions to ask every vendor:

- Where is data stored and for how long?
- Is our data used to train your models?
- Can we get audit logs of access?
- What happens to data if we terminate?



Remember: The "minimum necessary" standard applies to AI inputs too. Don't paste entire charts into tools when specific data points would suffice.

HIPAA Quick Review

The HIPAA Privacy Rule Applies to Covered Entities and Business Associates

- Covered entities include healthcare providers, health plans, and healthcare clearinghouses
- Business associates are vendors or partners who handle PHI on your behalf
- Both must comply with HIPAA regulations

If Any PHI is Touched and Transmitted Electronically, the Rules Must Be Followed

- Electronic transmission includes email, EHR systems, cloud storage, and AI tools
- Even temporary access to PHI requires HIPAA compliance
- No exceptions for "just looking" or "quick checks"

PHI Includes 18 Identifiable Elements

- Names, addresses, dates (birth, admission, discharge, death)
- Phone numbers, email addresses, Social Security numbers
- Medical record numbers, account numbers, device identifiers
- Biometric identifiers, photos, and any other unique identifying information
- Rule of thumb: If you have to ask whether it's PHI, it probably is



CURRENT EVENT

Tracking Pixels and Health Data

HHS Office for Civil Rights (OCR) issued guidance warning that tracking technologies embedded in healthcare websites can create significant HIPAA risks when they transmit information to third parties.

Recent court decisions have also scrutinized OCR's enforcement approach, creating regulatory uncertainty around website analytics and marketing tools.

Practical takeaway: Treat website analytics, chatbots, and scheduling tools as privacy projects requiring legal review—not "just marketing." The intersection of AI, tracking, and health data is a compliance hotspot.

Practical Safeguards for AI Inputs

Default to "No Raw PHI"

Unless a signed BAA is confirmed and data retention is understood, do not input identifiable patient information into any AI tool.

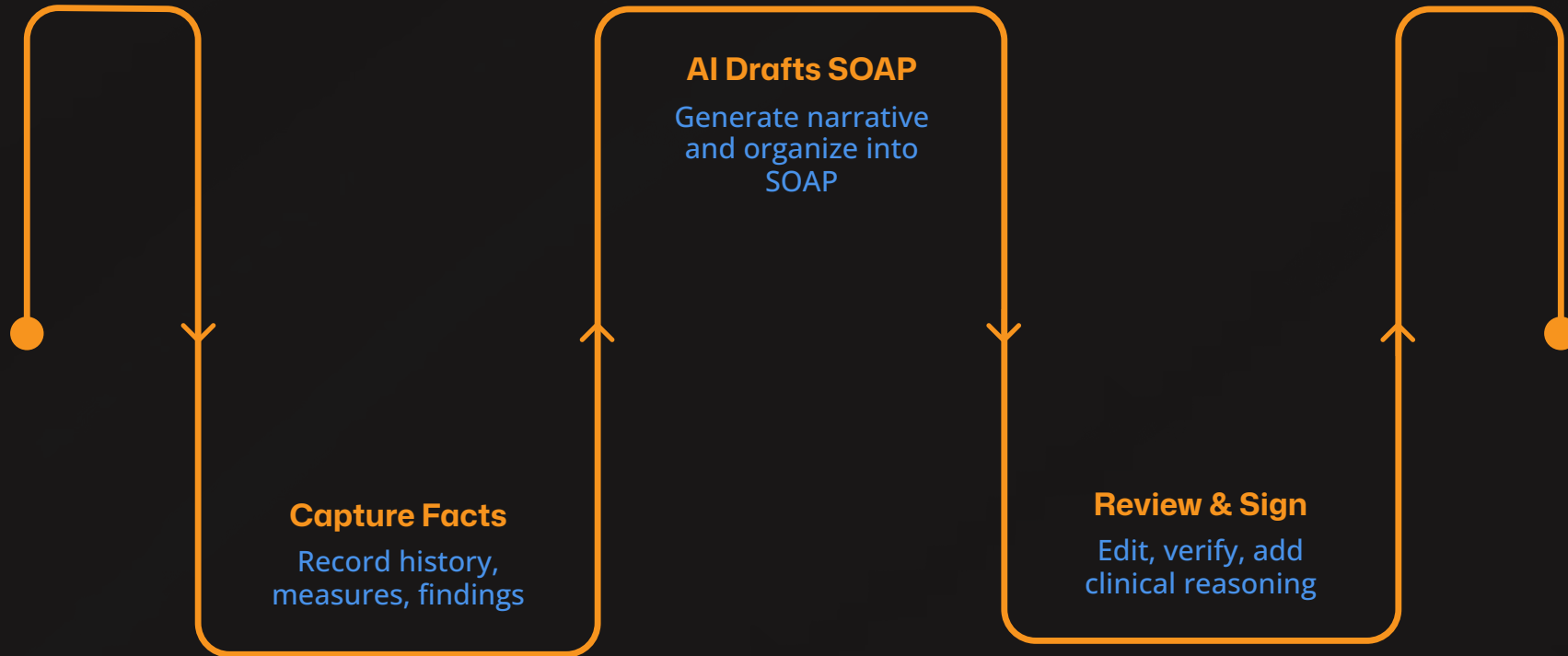
Prefer Structured Inputs

Use your own organized bullet points and data elements rather than free-form narrative dumps that may contain unexpected PHI.

Require Human Verification

Every AI-generated output must be reviewed and verified by a qualified human before becoming part of the legal medical record.

AI-Assisted SOAP: A Defensible Workflow



This workflow maintains human oversight at critical points while leveraging AI for efficiency. The key is that clinical facts and reasoning always originate with the provider, not the algorithm.

Subjective: Keep It Patient-Centered



Best Practices for Subjective Documentation

Capture functional complaints using the patient's own words whenever possible. This creates authenticity and shows patient-centered care.

Explicitly tie symptoms to activities of daily living (ADLs) and specific work or leisure limitations. Payers look for functional impact, not just pain scales.

Avoid "boilerplate" symptom checklists unless symptoms are truly present. Every patient is unique; documentation should reflect that reality.

Objective: Be Specific or Be Silent

Document Only What You Did

Record only tests and measures you actually performed during this visit. Never auto-populate "normal" findings.

Prefer Measurable Changes

Use objective markers: range of motion degrees, outcome assessment scores, orthopedic test results, functional capacity measures.

AI's Limited Role

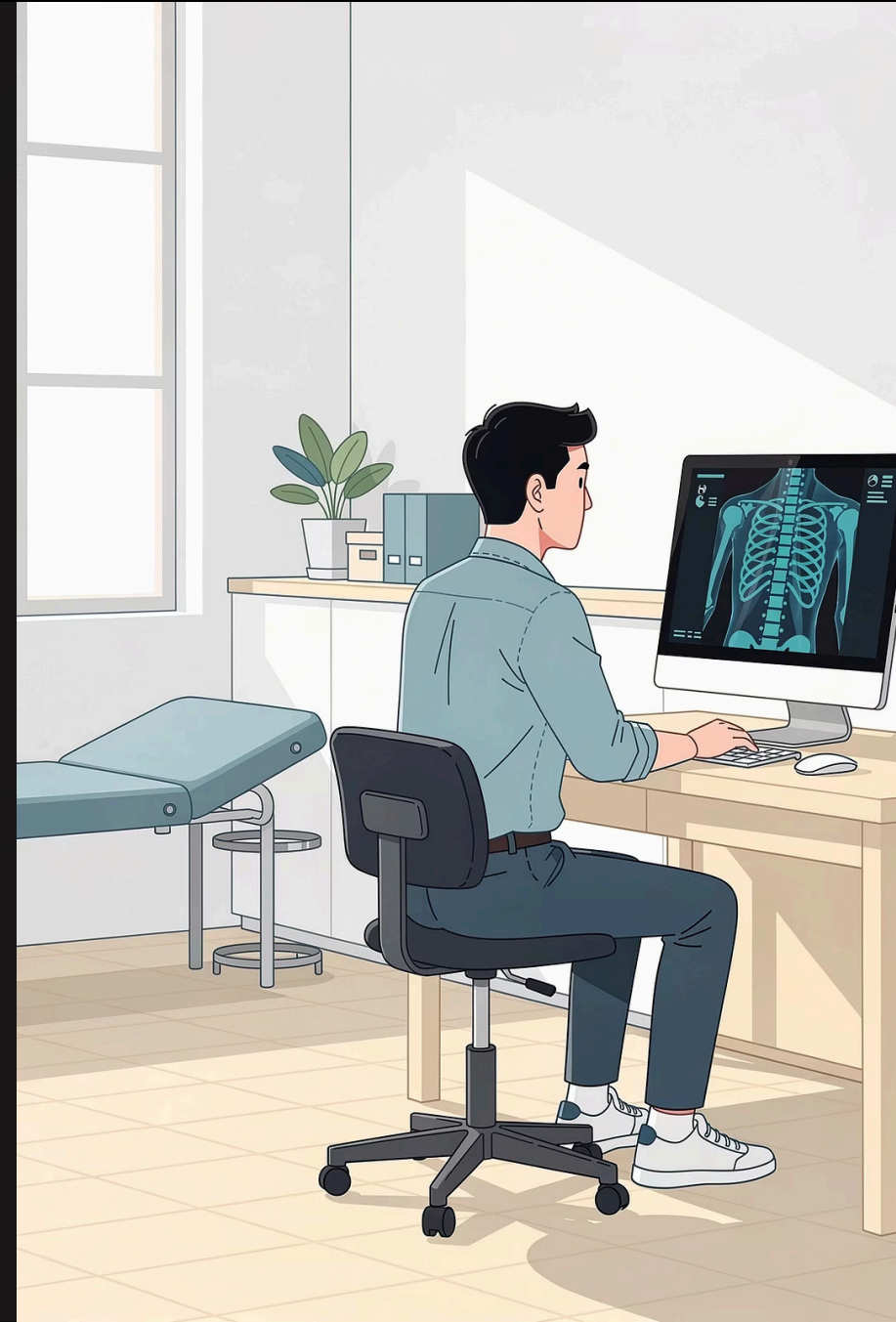
AI can standardize wording and organize findings—it cannot and should not generate clinical findings.

Assessment: Diagnosis and Clinical Reasoning

Your assessment must show *why* the diagnosis fits the patient's presentation. The mechanism of injury, symptom pattern, and objective findings should logically support the diagnostic conclusion.

Medical necessity hinges on this section: Explain why today's care represents active treatment addressing a function-limiting condition rather than maintenance or wellness care.

- ❏ If AI suggests a diagnosis code, treat it as a hypothesis requiring your clinical judgment—not an automatic conclusion. You are the doctor, not the algorithm.



Plan: Goals and Phases Make Episodes Defensible

Write Measurable Goals

Goals should be specific enough that an auditor could measure progress without calling you. Use time-bound, functional objectives.

Good: "Reduce cervical pain from 7/10 to 3/10 within 4 weeks to allow return to full-time desk work."

Bad: "Improve patient's condition."

AI can help translate clinical goals into patient-friendly language for treatment plans and informed consent documents.

Show Treatment Phases

Document progression: initial relief → corrective/rehab → discharge/maintenance. This episode structure defends visit frequency.

Cloning: The Fastest Way to Look Guilty

Repeated wording across multiple visits makes your chart look manufactured rather than individualized. Auditors and payer algorithms actively scan for "same note, same time, same codes" patterns even with "random text generators".

1

The Problem

Copy-paste documentation suggests you didn't actually re-evaluate the patient or consider clinical changes.

2

The Fix

Use AI to vary language only when clinical facts truly differ. Consistency where appropriate; variation where individualized.



Cloning

Patient Visit	Subjective Documentation
Day One	"The patient is troubled by a moderate grade of intermittent dull pain with stiffness and soreness in her head on both sides."
Day Two	"In both sides of her head she is afflicted by a moderate grade of dull pain with stiffness and soreness which occurs intermittently."
Day Three	"The patient is afflicted by an intermittent dull pain with stiffness and soreness of a moderate degree in her head bilaterally."

Patient Visit	Objective Documentation
Day One	"Evidence of subluxation is detected coupled with tender deep paraspinal musculatures located at the middle and lower cervical regions on both sides."
Day Two	"Joint dysfunction is noted coupled with tenderness located in the middle and lower cervical areas on both sides."
Day Three	"The presence of subluxation is apparent, plus tender deep paraspinal musculatures overlying the lower and middle cervical region on both sides."

Make the AI Footprint Audit-Safe

1

Maintain Internal Logs

Document which AI tools are used, by whom, for what tasks, and where outputs are stored.

2

Define Clear Workflows

Specify who can use AI, what tasks are approved, and what review process is required before signing.

3

Retain Original Artifacts

When appropriate, keep dictation files, AI prompts, and draft versions as evidence of your verification process.

Ambient Listening (AI Scribe): What It Is



How It Works

A microphone captures the entire clinical encounter. AI processes the conversation and generates a structured draft note automatically.

The Big Benefit

Less time typing means more eye contact with patients and potentially better clinical engagement.

The Big Risk

Privacy concerns, consent complexities, and subtle transcription inaccuracies that compound over time.

Ambient Listening: Safeguards That Matter

Clear Consent

Obtain explicit written consent from patients before recording. Offer a non-recorded option for those who decline.

BAA Coverage

Use only vendors with signed Business Associate Agreements. Lock down retention settings and data access controls.

Draft Review Protocol

Review every generated draft for errors in: medications, laterality (left vs right), spinal levels, symptom duration, and treatment goals.

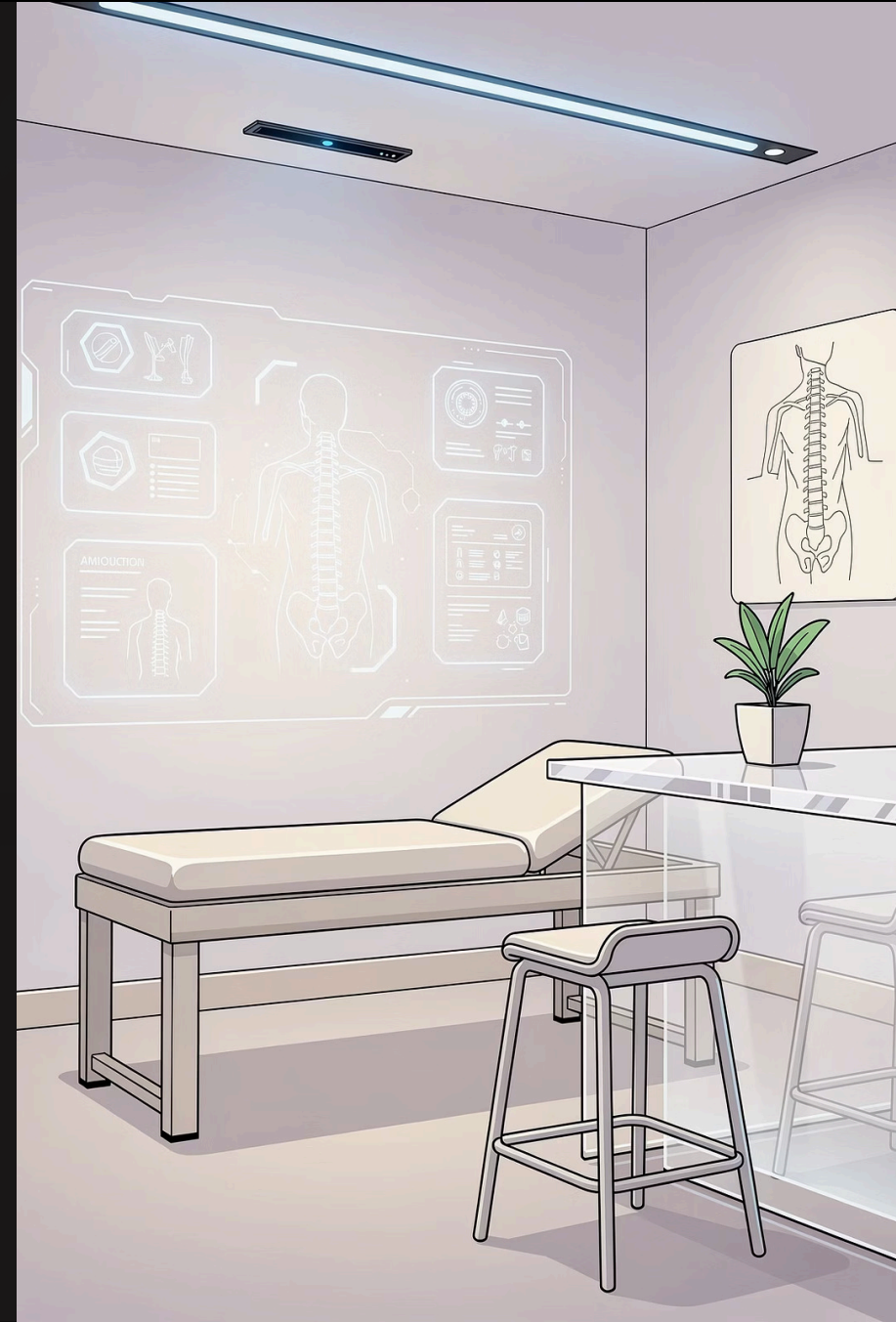
Will Ambient Listening Become 'Normal' in Chiropractic?

Likely adoption path: Early adopters demonstrate ROI → Integration into major EHR platforms → Staff training becomes standard practice → Payers begin assuming "better documentation" as the baseline.

Adoption depends on:

- Cost of technology and per-visit fees
- Availability of BAA-covered vendors
- State recording consent laws
- Measurable return on investment in time savings and documentation quality

As tools mature and costs decrease, expect ambient listening to move from competitive advantage to standard expectation—increasing compliance pressure on those who don't adopt verification workflows.



Research Evidence: Ambient AI Scribes Work

A recent study by Tierney et al, published in NEJM Catalyst 2024, investigated the impact of ambient AI scribes in clinical practice. Their findings highlight several key benefits:

Significant Time Savings

- Reduced documentation time by 1-2 hours per clinician per day
- Decreased after-hours charting ("pajama time")
- More time available for patient care

Improved Clinician Satisfaction

- Reduced burnout scores
- Improved work-life balance
- Higher job satisfaction ratings

Maintained Documentation Quality

- No decrease in note quality or completeness
- Comparable or better compliance with documentation standards
- Preserved clinical accuracy

Patient Experience

- Increased eye contact and engagement during visits
- Patients reported feeling more heard
- No significant privacy concerns when properly consented

Source: Tierney et al, NEJM Catalyst Innovations in Care Delivery 2024;5(3)

Wearables and Patient-Generated Data



The Opportunity

Wearables can provide objective progress markers: daily activity levels, sleep quality, heart rate variability, step counts, and movement patterns.

The Limitation

Data alone does not equal medical necessity. Your clinical interpretation and integration into the treatment plan is what creates value.

Best Use

Supplement functional goals and outcome measures—don't replace hands-on examination and clinical assessment.

RTM/RPM Codes: Where People Get Confused

RTM vs RPM

Remote Therapeutic Monitoring (RTM): Non-physiologic data like adherence, pain scales, function

Remote Physiologic Monitoring (RPM): Physiologic data like blood pressure, heart rate, oxygen saturation

Common Mistake

Assuming that data collection alone justifies billing. The codes require active monitoring plus interactive communication.

Documentation Must Show

Time spent, communication modality, patient consent, clinical response to data, and treatment plan modifications.

Chiropractic-Friendly Use Cases for Monitoring

Three Practical Applications

1. Home Exercise Program Adherence

Track completion rates and progression, adjusting therapeutic exercise prescriptions based on objective compliance data.

2. Activity Tolerance

Monitor walking duration, standing time, and activity levels tied to specific functional goals like return to work.

3. Sleep & Stress Markers

Use sleep quality and stress indicators to adjust treatment pacing, patient education, and self-care recommendations.

✦ NEW FOR 2026

New CPT Codes for Remote Monitoring (2026)

CMS has introduced new CPT codes for 2026 that make remote patient monitoring more flexible and accessible for chiropractic practices.

99458

Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month

2026 reimbursement rate: ~\$47

99426

Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities

2026 reimbursement rate: ~\$26



CODING & MEDICAL NECESSITY

Coding Assistants: What They Do Well

ICD-10 Specificity Prompts

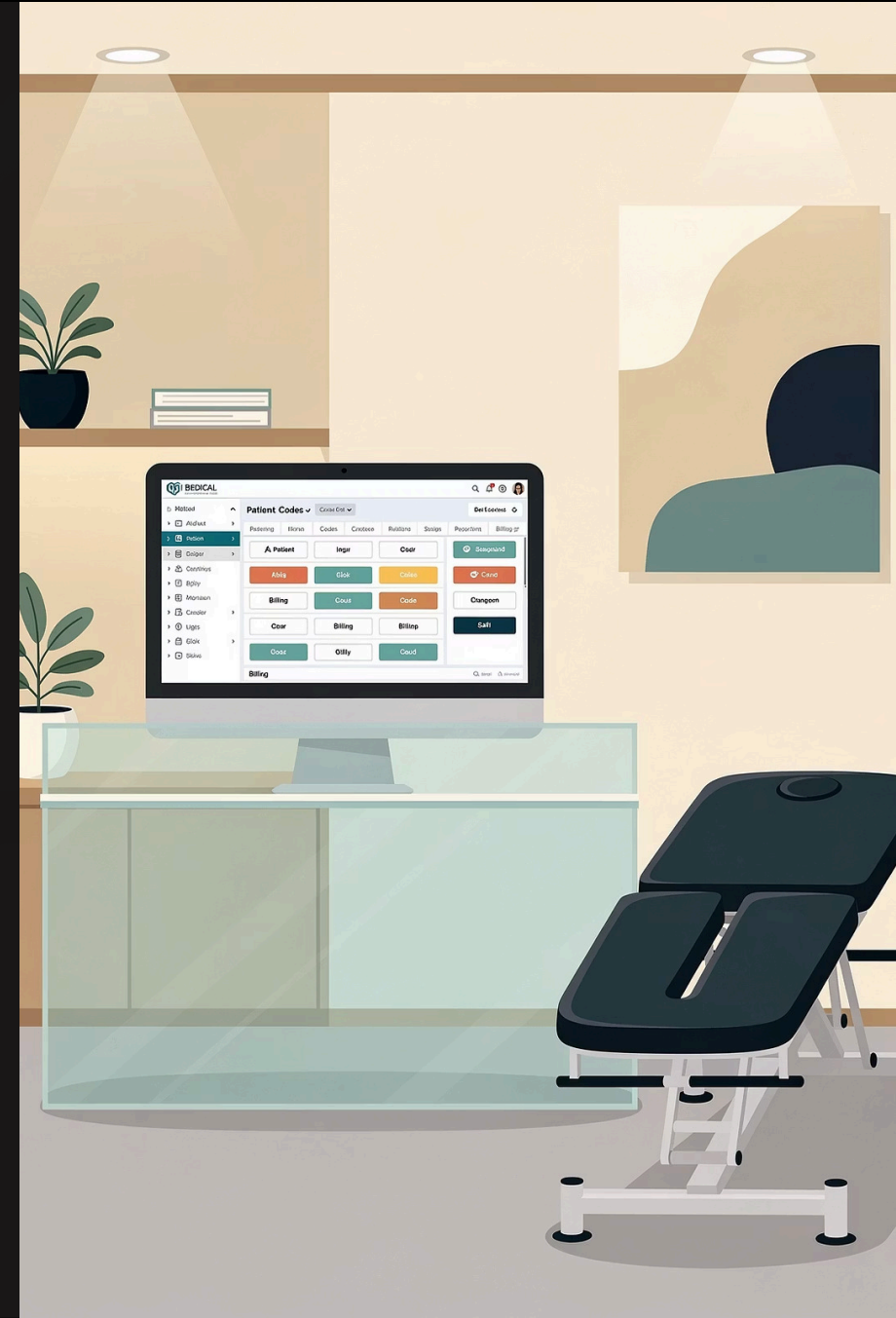
Reminders about laterality, acute vs chronic, initial vs subsequent encounter, and required seventh characters.

Internal Consistency Checks

Verification that diagnosis supports procedure, goals align with treatment plan, and frequency matches documented medical necessity.

CPT and Modifier Logic

Suggestions for modifier use (25, 59, etc.) based on services documented and common payer rules.



Coding Assistants: What They Do Badly

Pattern-Based Inference

Suggesting services based on "typical" patterns rather than what actually happened during today's visit.

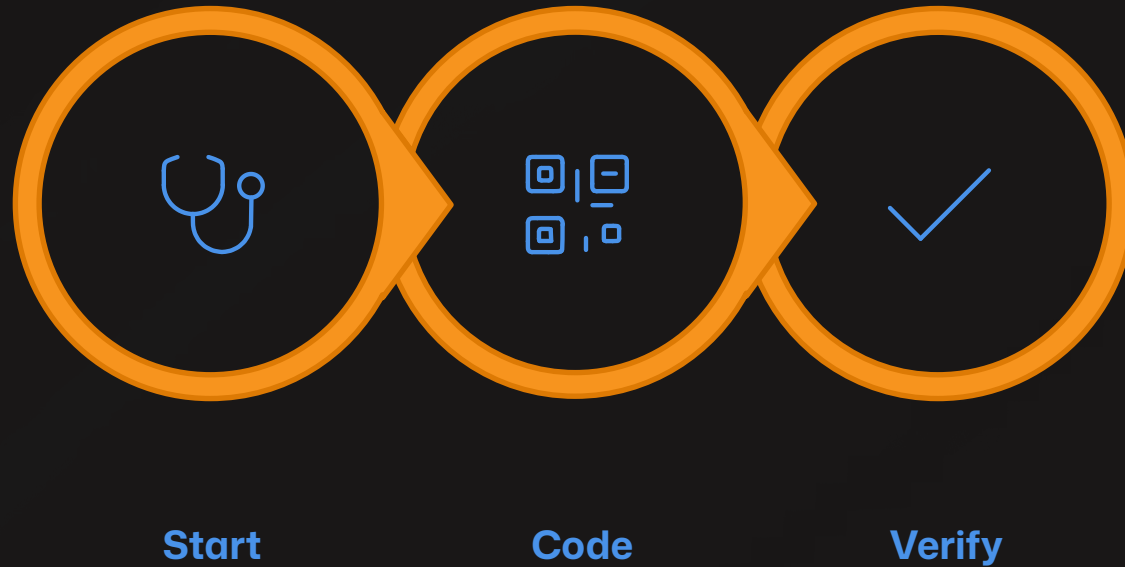
Unsupported Add-Ons

Recommending additional CPT codes without verifying time documentation, separate procedures, or medical necessity support.

Gaming the System

Normalizing "creative" modifier use designed to bypass claim edits rather than accurately reflect clinical reality.

Don't Let AI Upcode You



This sequence keeps clinical reality at the center. AI can assist with step 2 and 3, but step 1 must always come from your direct patient encounter—not an algorithm's assumptions.

E/M and Re-Exams: Where AI Actually Helps

AI Helps With:

- Summarizing history changes since last visit
- Documenting decision-making complexity
- Structuring medical necessity narrative
- Organizing exam findings clearly

AI Hurts When:

- It inserts exam elements you didn't perform
- It makes visits sound more complex than they were
- It suggests levels based on word count instead of decision-making

Remember: Clinical decision-making drives E/M level—not documentation length. Don't let AI over-inflate simple visits.

Medical Necessity: Make It Obvious



Function-Limiting Problem

What can't the patient do?
What ADL or work activity is impaired?



Objective Findings

Measurable exam results
that support the diagnosis
and functional limitation



Plan With Goals

Time-bound functional
objectives that show this is
active treatment

Progress documentation is your defense. Show improvement toward goals—or explain why progress is delayed and what you're adjusting. AI can help you write clearer "because" sentences connecting clinical facts to medical necessity.



CHAPTER 3

Compliance, Audits & Enforcement

How Payers Use AI in Audits

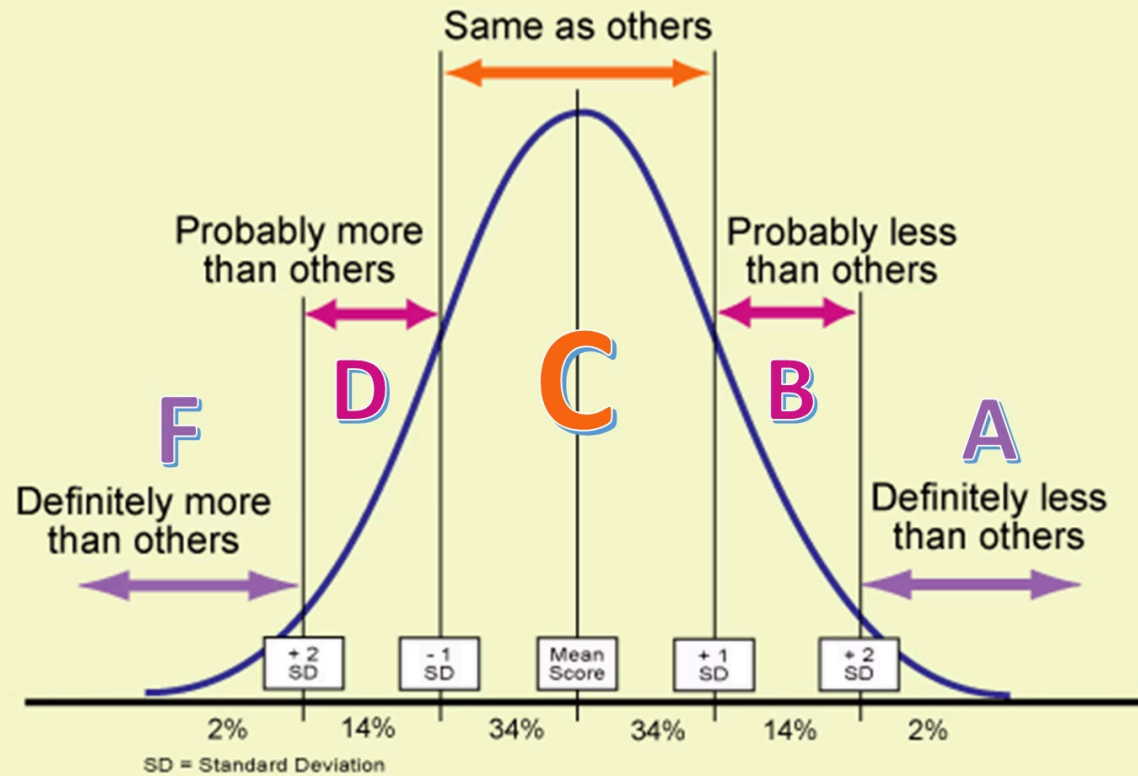


Three Primary Methods

Outlier Detection: Algorithms flag providers based on visit frequency, episode duration, code mix, and cost profiles compared to peers.

Text Mining: Automated scanning of clinical notes searching for repeated language, missing elements, and cloning patterns.

Prepayment Automation: Faster claim edits and real-time denials based on pattern recognition before payment is issued.



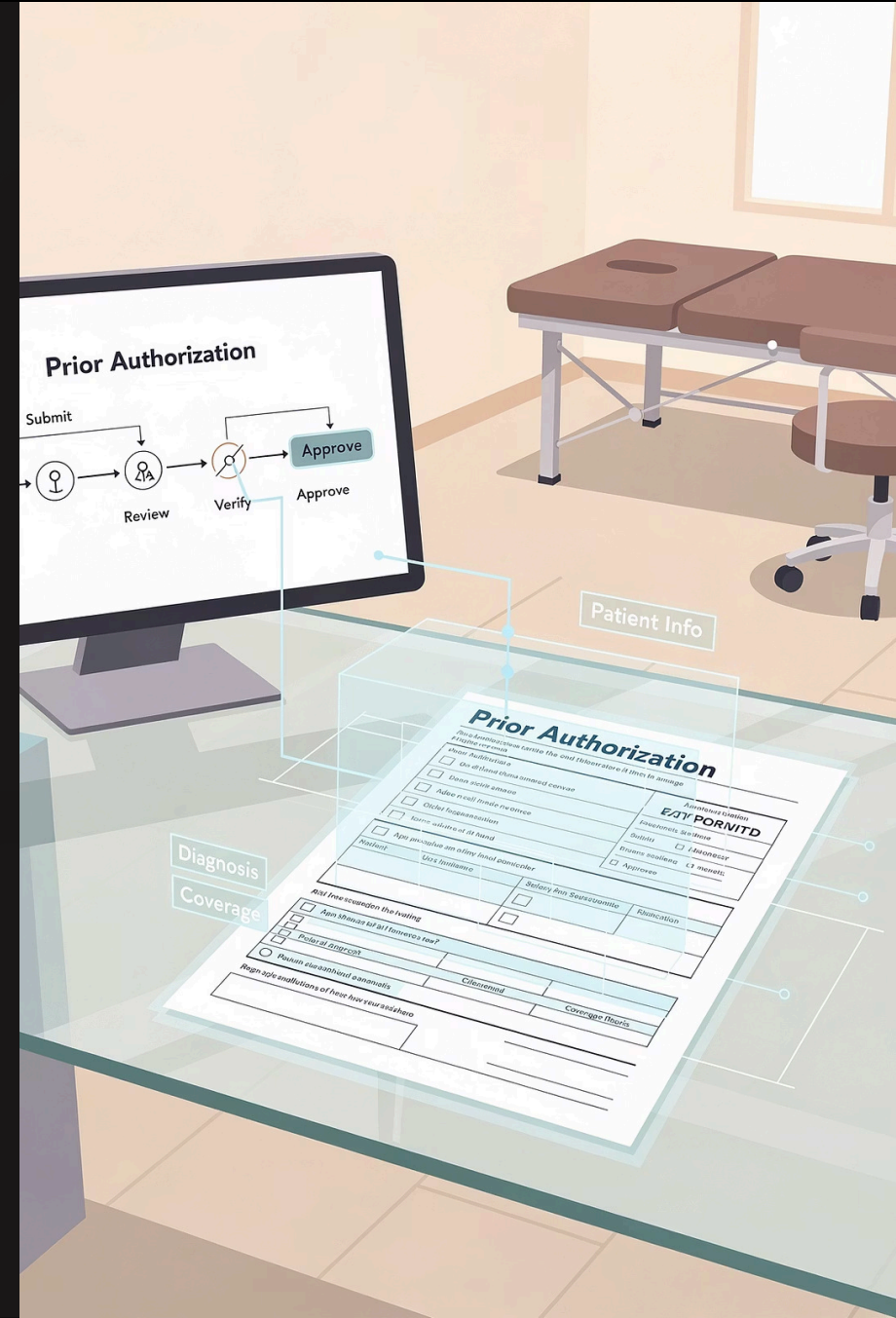
Prior Authorization and Utilization Review Algorithms

What Triggers Denials

Inconsistent goals between visits, vague progress notes, missing re-evaluation logic, undefined discharge criteria

Your Best Response

Clear episode narrative from initial visit through discharge, measurable functional outcomes, documented decision-making





Your Defensive Playbook: Audit-Ready Notes



Stop the "Because Chiropractic" Excuse

Relying on professional identity instead of documented medical necessity is a failed audit strategy.



Make Goals Functional and Time-Bound

Every treatment plan needs measurable objectives tied to specific activities and timeframes.



Show Re-Evaluation Logic

Document why you're continuing care, modifying the plan, or preparing for discharge at every decision point.

Using AI for Self-Audits (The Right Way)

AI-Assisted Chart Review

Leverage AI to categorize compliance risks efficiently:

- Missing or vague treatment goals
- Lack of documented progress
- Repeated phrases suggesting cloning
- Inconsistent diagnoses across episodes

AI can spot patterns across multiple providers or locations that would take weeks to identify manually.

Critical Rule

Keep audit outputs internal and confidential. Never "fix" historical notes after identifying problems—focus on prospective improvement.

The **Sunlight** Test



Appeals and Correspondence: AI Can Help With Guardrails

Draft Appeal Narratives

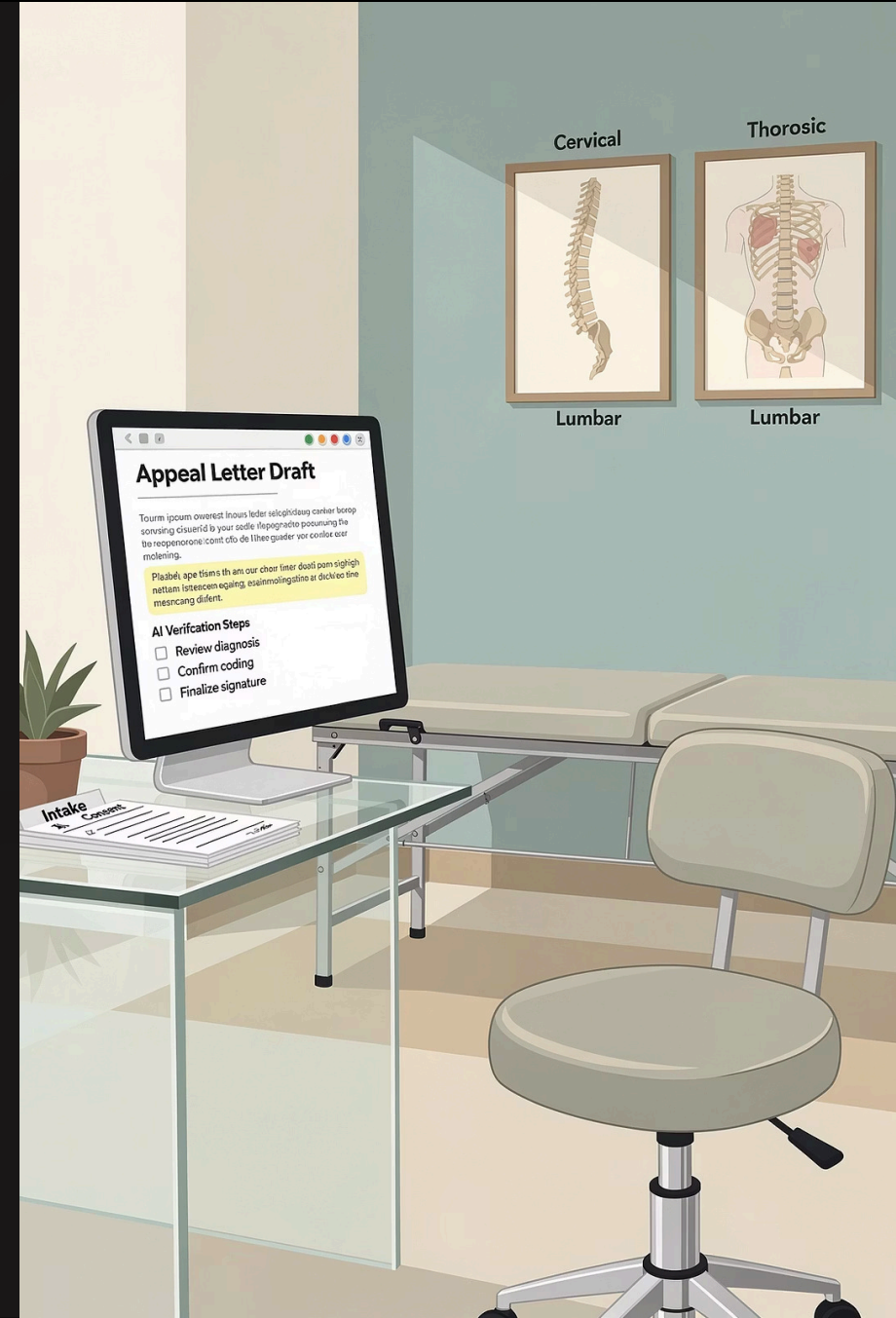
Use AI to organize documented facts into compelling appeal arguments, citing specific notes and dates.

Use Strict Prompts

Instruct AI: "Use only the facts provided below; cite the specific location in documentation for every claim made."

Human Clinical Review

Every appeal must be reviewed by a qualified clinician before submission. AI drafts efficiently; humans ensure accuracy and clinical soundness.





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I am a closed-system AI chatbot trained by the Illinois Chiropractic Society, providing instant answers based on primary source information and trusted chiropractic and regulatory resources.



What are the essential elements to document for M54.51?



The ICD-10 code M54.51 refers to "Vertebrogenic low back pain." When documenting this condition, it is important to include the following essential elements to ensure accurate and comprehensive documentation:

1. **Diagnosis Confirmation:** Clearly state the diagnosis of vertebrogenic low back pain.
2. **Symptoms and Severity:** Describe the patient's symptoms, including the severity and duration of the pain. Note any factors that exacerbate or alleviate the pain.
3. **Clinical Findings:** Include any relevant clinical findings from physical examinations, such as

ALL ABOUT PAXSON

WHO IS
PAXSON?



WHAT DOES
PAXSON
KNOW?



HOW IS
PAXSON
DIFFERENT
THAN
CHAPGPT?



WHY DOESN'T
SHE ANSWER
MORE
QUESTIONS?



still learning. Perhaps try re-phrasing?



For patient [REDACTED] there are notes and evidence of billing for eleven dates of service. The billed procedures for the last seven (after 2/7/24) were denied, suggesting that the services were for maintenance care, which is not covered. Can you compare the covered dates to the not covered dates and list out similarities that I could use to defend that the services are not maintenance?



Quench

To analyze the similarities between the covered and non-covered dates of service for [REDACTED], we need to focus on the clinical documentation and any changes in her condition or treatment plan that might support the argument that the services were not merely maintenance care. Here is a comparison based on the available information:

1. Clinical Presentation and Exacerbations:

- **Covered Dates:** The initial visits were covered, and

Ask Quench AI a question



AskQuench can make mistakes. Please double-check the information provided.



QuickQueries



AskQuench

services were not merely maintenance care. Here is a comparison based on the available information:

1. Clinical Presentation and Exacerbations:

- **Covered Dates:** The initial visits were covered, and the exacerbations were noted to be of unknown origin but described in the subjective portion as involving irritators and pain.
- **Non-Covered Dates (Post 2/7/24):** The exacerbations continued, with specific incidents such as surgery on her left foot affecting her hip (4/17/24), use of a scooter impacting her hip and low back (5/23/24), yardwork (7/11/24 and 8/22/24), and lifting someone (10/3/24 and 11/14/24).

2. Mechanisms of Injury:

- **Covered Dates:** The initial exacerbations were described without specific mechanisms but were associated with pain and irritators.
- **Non-Covered Dates:** Specific mechanisms of injury were documented, such as changes in gait due to surgery, use of assistive devices, and physical

Ask Quench AI a question



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QuickQueries



AskQuench

EHR 'AI Features': What to Look For



Common AI Features in EHRs

Note Drafting: Dictation, ambient listening, and smart clinical summaries

Coding Prompts: ICD-10 specificity reminders, modifier logic checks, and claim scrubbers

Audit Tools: Missing element detection, episode-of-care dashboards, and documentation quality scores

Evaluate features based on compliance value, not marketing hype. The best AI tools make your existing good habits more efficient—they don't replace clinical judgment.

Vendor Due Diligence: The 10 Questions



Privacy & Compliance

Do you sign a BAA?
Where is PHI stored?
What are retention defaults? Is our data used to train models?
Can we opt out in writing?



Security & Access

How are users authenticated? Are audit logs available?
What encryption standards are used?
How is data segregated between clients?



Transparency & Support

What happens to our data if we terminate service? Who do we contact for security incidents? Can we export our data in usable formats?

Cybersecurity Basics for AI Tools

Multi-Factor Authentication

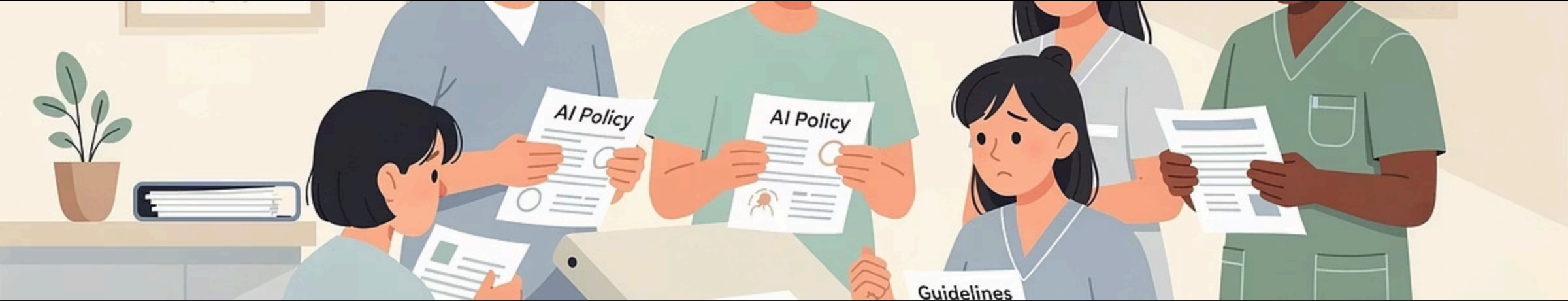
Require MFA for every account that accesses PHI —no exceptions for "trusted" devices.

Role-Based Access

Apply least privilege principle: staff see only what their job requires.

Device & Export Policies

Clear rules for personal devices, screenshots, and exporting AI-generated text.



Staff Training: Where Clinics Actually Fail

The most sophisticated AI tools become compliance disasters when staff don't understand usage policies.

Common Failure #1

No one knows which tools are approved vs forbidden. Staff use consumer AI tools assuming they're "just like" the EHR.

Common Failure #2

People paste PHI into ChatGPT or similar tools "just once" to save time, creating permanent compliance exposure.

Common Failure #3

No one audits AI tool usage until after a breach or complaint—reactive instead of proactive oversight.

Ethics: Transparency and Trust

What Patients Actually Care About

Patients care more about being treated with dignity and having their privacy protected than about impressive technology buzzwords.

If you record or transcribe encounters, be straightforward about it. Explain the benefit (better documentation, more attention during the visit) and respect their choice.



Never let AI replace human empathy in communication. Technology should enhance connection, not create distance between provider and patient.

Consent and Recording Laws

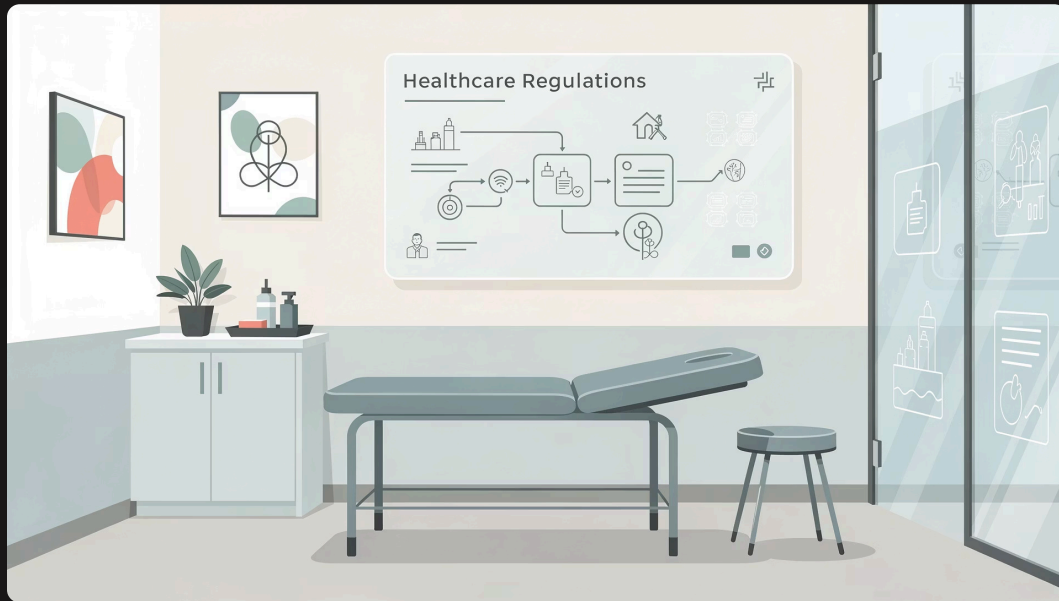
State laws vary significantly: some require only one-party consent (you can record if you're part of the conversation), while others require all-party consent (everyone must agree).

- 📄 **Best practice for ambient listening:** Get written consent regardless of state law. Offer patients an easy opt-out workflow so consent is truly voluntary rather than coerced by practice workflow.

Document consent in the chart, explain how recordings are used and stored, and train staff to handle patient questions professionally.



Regulation Snapshot: ONC and Predictive Tools



Federal Oversight Evolving

The Office of the National Coordinator (ONC) and other federal agencies increasingly focus on transparency for clinical decision-support tools.

Expect growing pressure for documentation of: data sources, algorithmic limitations, bias testing, and clinical validation.

Practical takeaway: Keep AI in the "documentation assistant" lane when possible. The more clinical decision-making AI influences, the more regulatory scrutiny it attracts.

FDA and Clinical Decision Support (CDS)

Regulatory Gray Area

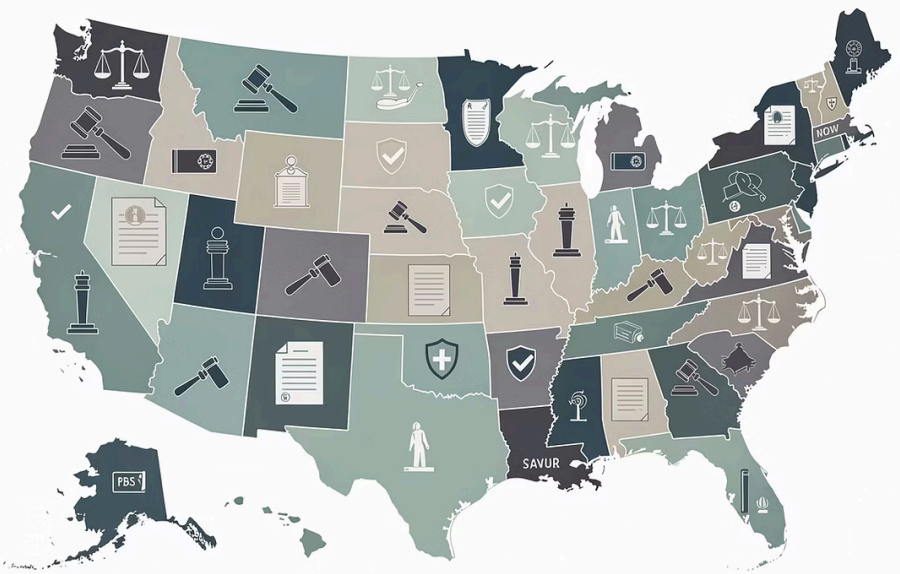
Some clinical decision support qualifies as regulated medical device software; other tools do not. The boundary is complex and evolving.

Key Question

Can the clinician independently review the basis of AI recommendations? If yes, regulatory risk is lower. If it's a "black box," risk increases.

Chiropractic Takeaway

Avoid black-box clinical recommendations in routine workflow. Focus AI use on documentation quality and administrative efficiency.



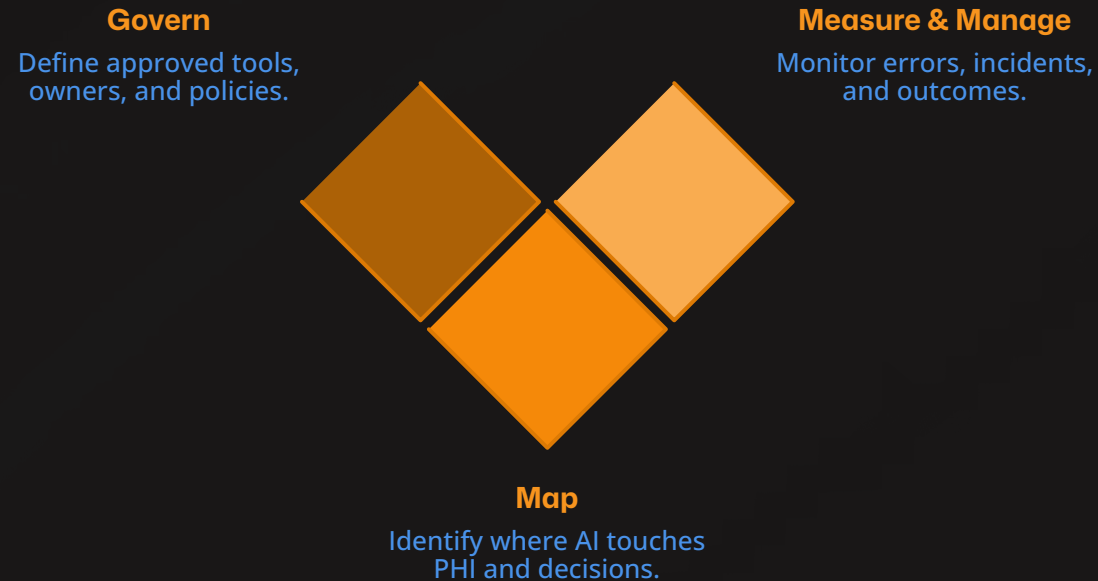
State AI Laws: A Preview of the Next Wave

Several states are passing "high-risk AI" laws affecting healthcare and insurance decision-making. Common themes include: consumer disclosure requirements, algorithmic bias assessments, and risk mitigation plans.

These laws create a patchwork of compliance obligations for multi-state practices or telehealth providers.

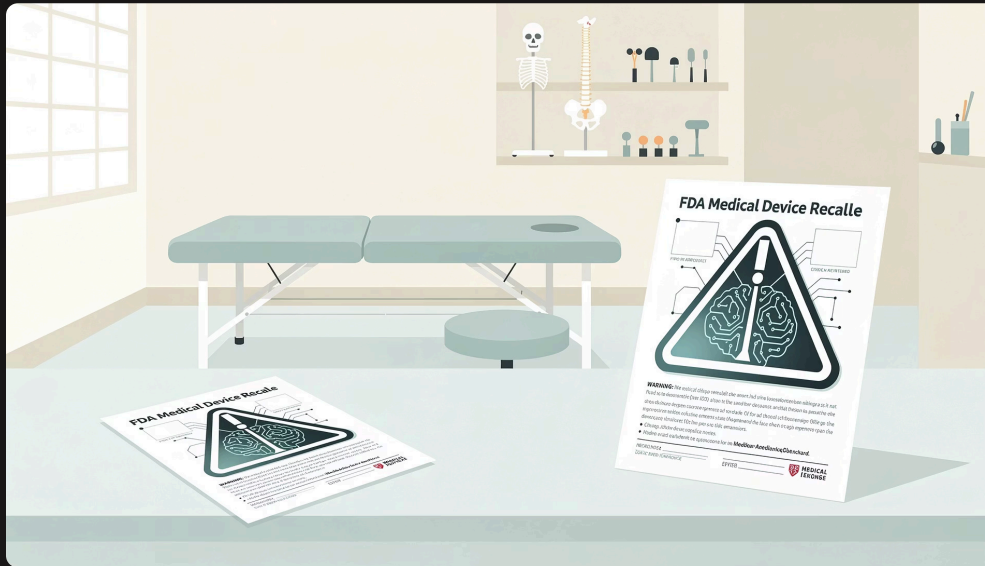
Takeaway: Build governance infrastructure now—policies, training, vendor assessments—so you're not scrambling when state enforcement accelerates.

NIST AI Risk Management Framework



The National Institute of Standards and Technology (NIST) framework provides a common language for AI risk management. Even small clinics can apply this structure: know what tools you use, understand where they touch sensitive data, and monitor their performance over time.

AI in Devices Highlights the Oversight Gap



Recent reports document AI-enabled medical devices associated with serious errors, injuries, and FDA recalls. These incidents reveal gaps in validation, monitoring, and post-market surveillance.

Lesson for chiropractic clinics:

Validation and ongoing monitoring matter more than vendor marketing claims. "AI-powered" doesn't mean "error-free."

Translate this to documentation:
establish error monitoring processes and
update workflows when problems
emerge. Don't assume AI tools are "set
and forget."

Where AI Is Going (And What Actually Matters)

More Automation

Expect increased automation in clinical note generation, coding edits, and payer review processes.

Better Technology

Improved speech-to-text accuracy and multimodal inputs combining text, audio, and images.

The Real Risk

Faster enforcement and broader audit reach—not just "smarter software." Compliance gaps scale faster when payers use AI too.

Future: AI-Driven Audits and Real-Time Claim Edits

The future of payer review includes more prepayment edits, auto-denials based on pattern recognition, and real-time utilization management during claim submission.

Expect payers to compare your documentation patterns not just within your clinic, but against regional and national provider databases.

- 📄 **Your defense strategy:** Measurable functional outcomes, clear episode structure, consistent internal policies, and documentation that stands alone without explanation.



AI + Privacy Enforcement Is Accelerating

Multiple Enforcement Actions

The Federal Trade Commission (FTC) has pursued health-data privacy cases involving tracking technologies and advertising platforms that collected sensitive health information.

HHS Office for Civil Rights highlighted risks when third-party vendors receive health-related identifiers through website analytics and chatbots.

The Message Is Clear

"We're a small practice" is not a compliance strategy. Regulators are scrutinizing AI and tracking technologies regardless of organization size.

Irony Break: Yes, I Used AI to Help Build This Course

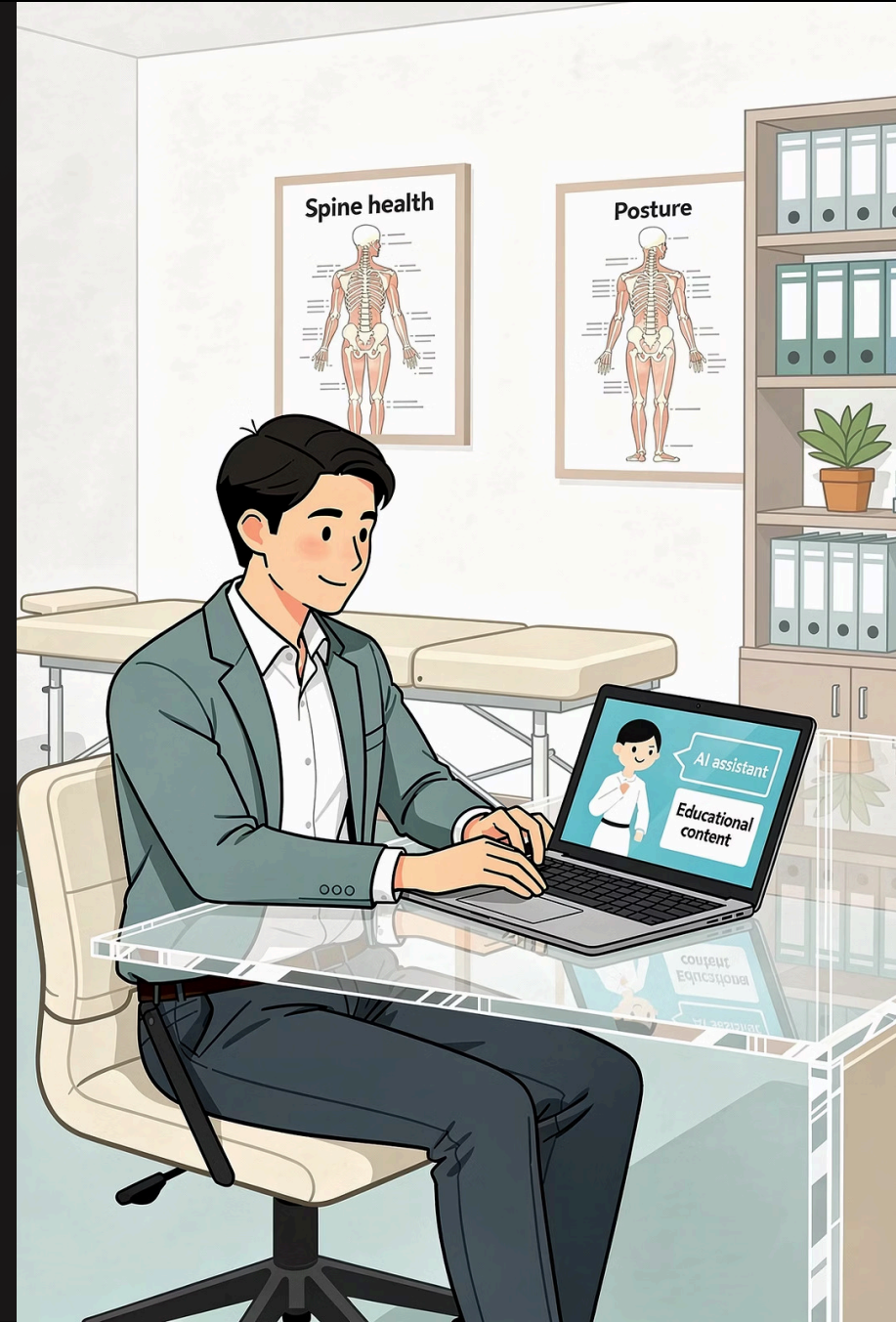
I Used AI For:

Organizing outlines, exploring wording options, and structuring complex regulatory topics into digestible sections.

I Did NOT Use AI For:

Clinical claims, coding rules, or regulatory "facts" without independent verification against primary sources.

The same rule applies to you: Draft fast with AI assistance, but verify hard using your clinical judgment and knowledge. Speed without accuracy creates liability, not efficiency.



Implementation Roadmap: A Sane 30-Day Pilot

Week 1

Pick one workflow (e.g., goal writing or SOAP summaries). Choose a BAA-covered tool and confirm data handling practices.

1

2

3

Weeks 3-4

Measure results: time saved, errors detected, user satisfaction. Update policies based on lessons learned before expanding.

Week 2

Train 2-3 pilot users. Create a simple review checklist covering verification steps and documentation requirements.

Start small, measure everything, and scale only what works. Pilots reveal problems before they become clinic-wide compliance disasters.



Artificial Intelligence and Chiropractic Documentation

What Helps, What Hurts, What's Compliant

Documentation • Coding • Audits • Wearables • Ambient Listening

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