wisconsin Medicaid update
and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Chiropractors
HMOs and Other Managed Care Programs

Documentation requirements for chiropractors

This *Wisconsin Medicaid and BadgerCare Update* clarifies Wisconsin Medicaid medical documentation and medical record requirements for chiropractors.

Reviews and Audits

The Division of Health Care Financing periodically reviews provider records and other documentation. This includes the right to inspect, review, audit, and reproduce these records and documentation. Providers are required to permit authorized Medicaid program staff access to any requested record or document, whether in written, electronic, photographic (e.g., X-ray), or micrographic form.

General documentation requirements

All providers, including chiropractors, are required to prepare and maintain truthful, accurate, complete, legible, and concise documentation and medical and financial records, according to HFS 106.02(9)(a), Wis. Admin. Code. This includes documenting all new spells of illness (SOI) in the recipient's plan of care (POC). Wisconsin Medicaid defines an SOI as:

- The acute onset of a new spinal subluxation.
- The aggravation of a pre-existing subluxation by injury.
- The acute onset of changes in a pre-existing spinal subluxation based on objective findings.

Only Medicaid-certified chiropractors may be reimbursed for providing Medicaid-covered chiropractic services to Medicaid recipients. Therefore, providers are required to include the following general documentation:

- Recipient's full name, date of birth, Medicaid ID number, and current address.
- Examining/Treating provider's full legal name.
- Name and address of the clinic or office where the service is provided.

Medical documentation guidelines

Medical documentation is defined, for the purpose of this *Wisconsin Medicaid and BadgerCare Update*, as chiropractic documentation. To comply with medical documentation requirements outlined in Wisconsin Administrative Code, Wisconsin Medicaid requires that providers document certain information from the initial and subsequent office visits.

Initial office visit

Providers are required to include the following information in the documentation regarding the initial office visit:

- Recipient's full name.
- Date of service (DOS).
- Accurate, complete, and legible description of the chief complaint, such as:
  - ✓ History and onset of the trauma or illness.
  - ✓ Palliative and provocative factors.

- ✓ Quality, radiation, and severity of pain.
- ✓ Previous episodes of complaint.

- Diagnosis or medical/chiropractic impression.
- Clinical findings, such as:
  - ✓ Vital signs.
  - ✓ Observation.
  - ✓ Palpation.
  - ✓ Range of motion.
  - ✓ Reflexes.
  - ✓ Provocative orthopedic and neurologic tests.
- Studies ordered and report of findings, such as laboratory or X-ray studies.
- Plan of care, which may include:
  - ✓ Treatment or other therapies.
  - ✓ Estimated number of manipulations required to treat the subluxation over the anticipated period of time.
  - ✓ Home exercises and/or modification of daily activity.
  - ✓ Short- and long-term goals.
- Examining/Treating chiropractor's signature and date signed.

Subsequent visits

Wisconsin Medicaid requires that providers document all office visits, including those subsequent to the initial visit. Providers are required to include the following information in the documentation regarding subsequent office visits:

- Recipient's full name and address, if the address has changed.
- Date of service.
- Relevant entries of change(s) compared to the previous DOS, such as:
  - ✓ Patient's chief complaint.
  - ✓ Positive objective findings.
  - ✓ Assessment.
  - ✓ Plan of care, including numerical status of the POC for the current DOS in relation to the initial DOS (e.g., "2nd treatment of 6 treatments anticipated" or "2 of 6 Tx").
    Note: If the chief complaint, objective findings, or assessment is the same as that of the prior visit, providers may document it by indicating, for example, "Chief complaint same as <date>" or "Diagnostic impression unchanged from <date>."
- Examining/Treating chiropractor's signature and date signed.

To obtain financial and other documentation requirements, refer to Wisconsin Administrative Code or the All-Provider Handbook.

Signature requirements

Providers are required to sign and date all clinical entries made to a recipient's medical record. This signature and date must accompany the documentation of *every encounter*.

This *Update* is a clarification of the information in Wisconsin Administrative Code and the All-Provider Handbook. Providers are required to follow all policy and guidelines for claims submission found in each.

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at *www.dhfs.state.wi.us/medicaid/*.