



Telehealth 201: Making it work in chiropractic practice

DR. SCOTT MUNSTERMAN, DC FICC CPCO

Special Thanks to





Disclaimer

- The topic taught here are for the sole purpose of the chiropractic profession, any transference to other healthcare disciplines are at the risk of the individual's discretion. The presenter is an investor in the Best Practices Academy. The Best Practices Academy, ChiroArmor, ChiroHealthUSA, eChiroEHR denies responsibility or liability for any erroneous opinions, analysis, and coding misunderstandings on behalf of individuals undergoing this telehealth course.
- This presentation was current at the time it was published or uploaded onto the web. State laws governing telehealth varies by state and CDC, HIPAA, and other policy updates occur frequently so links to the source documents have been provided within the document for your reference. We have based the majority of this program on the guidelines set forth by the AAPC, Medicare, OCR, WHO, CDC and other agencies involved in health care standards and research dissemination, especially as it relates to the COVID-19 public health crisis. We encourage readers to review the specific statutes, regulations, state and federal agency guidelines and other interpretive materials for a full and accurate statement of their contents. It is in a good faith effort by which this information is brought to you and it does not remove responsibility on your part to educate yourself and your staff with direct knowledge and communication with state and federal agencies and your local health plans in regards to telehealth services.
- No legal advice is given in this program, and we encourage you to refer any such questions to your healthcare attorney, malpractice carrier, and national, state, and local government authorities.



Where do I begin?

Telehealth 101: Implementing Telehealth for Chiropractic

Link to watch: www.echiroehr.com/telehealth



Understand your state law and health plan benefits.

Review state requirements here:

<https://www.foley.com/-/media/files/insights/health-care-law-today/19mc21487-50state-survey-of-telehealth-commercial.pdf>

And here: <https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies#>


State Law Requirements for Telehealth Services

- Understand your state's rules and regulations
- Parity: Coverage and payment provisions
- Originating Site requirements
- Cost-Shifting Protections
- Provider Limitations (Narrow/Exclusive/In-Network Provisions)
- Remote Patient Monitoring
- Store & Forward Rules

Develop a matrix.

		Aetna	Anthem	Cigna	Medicare	Optima	United	VA Premier	PHCS	Carefirst	Magellan Healthcare	ASHN?	
Modifiers	GQ-via asynchronous Telecommunications	no	no	no	yes	no	no	**Awaiting Email**	Awaiting return fax		***See note below	GQ MOD - YES	
	GT-via interactive audio/visual	no	no	no	yes	no	no	Sent 4/2	Sent 4/3			(currently only applicable to Cigna)	
	-95 synchronous telemedicine in real time	yes	yes	yes	yes	yes	yes	2-3 bus days	3-5 bus days			No mods	
	02 designates not in office	yes	yes	yes	yes	yes	yes			yes	yes		
CPT Codes													
E&M													
	99212 10 min	yes	yes	yes	no	yes**	yes			yes	yes***	no	
	99213 15 min	yes	yes	yes	no	yes**	yes			yes	yes***	no	
	99214 25 min	yes	yes	yes	no	yes**	yes			yes	yes***	no	
	99215 40 min	yes	yes	yes	no	yes**	yes			yes	yes***	no	
Telephone Only-cumulative time over 7 days													
	99441 5-10 min	yes	yes	yes	yes	yes**	yes			yes	yes***	no	
	99442 11-20 min	yes	yes	yes	yes	yes**	yes			yes	yes***	no	
	99443 21-40 min	yes	yes	yes	yes	yes**	yes			yes	yes***	no	
Online Web meeting cumulative per 7 days													
	99421 5-10 min	yes	yes	yes	yes	yes**	yes			yes	yes***	no	
	99422 11-20 min	yes	yes	yes	yes	yes**	yes			yes	yes***	no	
	99423 21-30min	yes	yes	yes	yes	yes**	yes			yes	yes***	no	
Active Codes 8-15 min										97110/112, do not submit a modifier			
	97110 Therapeutic Exercise	no	yes	yes	yes	yes**	yes			yes	yes***	yes****	
	97112 Neuromuscular Reeducation	no	yes	yes	yes	yes**	yes			yes	yes***	no	
	97530 Therapeutic Activities	no	yes	yes	no	yes**	yes			yes	yes***	no	
	97535 Self Care/Home Management	no	no	yes*	yes	yes**	yes			no	yes***	no	
*Cigna - Covering telehealth for non covid 19 covered services. Short term, both eval and treatment covered, consult, follow up consult also. Ref ID 8658 https://static.cigna.com/assets/chc/resources/library/behavioralResources/doingBusinessWithCigna/cbbDlwcCQ/ID-19.html													
**Optima -Supervisor - Can't take codes to verify. ALL TELEHEALTH VISITS COVERED AT 100% -> June 7 2020 Members can use any telehealth vendor, but MDlive is waiving fees Ref #Tiana B. 04/02/2020 - 10083306													
***Magellan- Note that telehealth services must be a covered benefit under the member's benefit plan to be reimbursed.													
****ASHN - Cigna: 97151-GQ Low complexity new patient (telephonic or synchronous video) 97162-GQ Moderate complexity new patient (telephonic or synchronous video) 97110-GQ Established patient follow-up (2 unit limit!) NO ADDITIONAL THELEHEALTH/VIRTUAL CARE MODS SHOULD BE BILLED. USE STANDARD PLACE OF PRACTICE (I.E., 11) ON THE CMS1500 FORM													

- If your state has a Telehealth Commercial Payer Statute, what does each health plan offer in their benefits to patients regarding telehealth services?



**Develop your telehealth
services within coding
requirements.**



Telehealth Practice Scenarios

Established Patient

New Concern

Active Treatment

Established Patient: New Concern

(phone, portal, text, email)

Does the patient have a concern that requires clinical follow-up? If yes, then

Option A: Schedule for an in-office visit with the clinician.

Option B: If concern was communicated through the patient portal, proceed with an eVisit by either the clinician or qualified staff via patient portal.

Option C: Obtain verbal consent to proceed with a Virtual Check-in (call-back) by the clinician.



Schedule for an in-office visit with the clinician.

Follow your usual process for scheduling the patient.

Patient Portal

(i.e. eVisit, Online digital evaluation and management service)

- Obtain informed consent and proceed with online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days.
- Two options for reporting:
 - By Clinician
 - By Qualified Non-Clinician



Patient Portal

Bill after 7 days. Cumulative time over a 7-day period is billed.

Non-visit chart entry.

Two options for reporting:

By Clinician

- Report 99421 for 5 to 10 min
- 99422 for 11 to 20 min
- 99423 for 21 min or more

By Qualified Non-Clinician

- Report 98970 for 5 to 10
- 98971 for 11 to 20 min
- 98972 for 21 min or more

Virtual Check-in

A provider, a physician or other qualified healthcare professional who can report E/M services, spent 5 to 10 minutes discussing a concern with an established patient via communication technology–based service.

The practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal.

Virtual Check-in Scenario

Sally calls the office. Her son Joey (an established patient) was playing soccer and just turned his ankle. She wants to speak with Dr Chad to see what he thinks she should do. The staff person informs Sally that Dr Chad will be able to return her call within the next hour, also requesting verbal consent from Sally that she understands this is a billable service. Sally consents.

Dr Chad returns Sally's call and discusses Joey's ankle. In the course of the conversation, Dr Chad asks Sally to send him a picture of Joey's ankle, after informing Sally that sending via text is unsecure. She acknowledges this and sends Dr Chad a picture of Joey's ankle. Dr Chad reviews the picture and makes a recommendation of self care management.

Virtual Check-in Scenario

Potential results of the Virtual Check-in:

1. Dr Chad anticipates Joey's condition will resolve and will not need a follow-up within 24 hours. Total time is 10 minutes.

Billable services: G2012 and G2010

2. Dr Chad anticipates and recommends Joey be evaluated as soon as possible, within the next 24 hours. Sally brings Joey into Dr Chad for an in-office visit.

Billable Virtual Check-in Services: None.

Why? E/M and/or procedure is performed within 24 hours.

Virtual Check-in Coding

- 5-10 minutes
- G2012: Brief communication with clinician
- G2010: Captured video or images sent to clinician for review



Virtual Check-in

Virtual Check-in communication is **NOT BILLABLE** if there is an evaluation/management visit within the previous 7 days or leads to an evaluation/management visit or procedure within the following 24 hours.



**Does the patient need to be evaluated
by the clinician within the next 24
hours following a Virtual Check-in?**

Key Question

Established Patient: Active Treatment

(summary)

Does the patient have a need for a telehealth visit? If yes, then

Step #1: Obtain informed consent and schedule for a synchronous interactive audio and video telehealth visit with the clinician for evaluation.


Step #2: Proceed with the telehealth visit per usual in-office procedures amenable to telehealth delivery.

Step #3: Document telehealth visit per usual guidelines and bill for services using appropriate -95 modifier and using 02 in box 24b for place of service.



What services can be provided through a telehealth visit?

Evaluation/management services, therapeutic activities, patient education, & other services amenable to telehealth delivery may be included.



A clinician providing health care services by telemedicine shall be held to the same standards of practice and conduct as in-person health care services.

All current CPT coding rules apply.

Telehealth Scenario

Sally decided to request a telehealth visit with Dr Chad for her son Joey, who is an established patient, for his ankle injury. She had previously contacted Dr Chad, he recommended Joey be seen for evaluation, but due to circumstances she will be unable to get Joey to Dr Chad's office in a timely manner.

Following obtaining an informed consent, Dr Chad, Sally, and Joey join an interactive audio and visual communication. Dr Chad performs a history of present illness and review of Joey's chief complaint. Dr Chad then asks Joey to stand, walk, and observes his weightbearing capabilities. Dr Chad observes any noticeable swelling or bruising. Dr Chad asks Joey to move his ankle through ranges of motion actively and passively, denoting pain location and/or restriction of joint motion.

Dr Chad's assessment is a mild strain to the talofibular ligament. He recommends wrapping the ankle (and provides Sally with instructions) and icing the ankle for 20-30 minutes, 3-4 times each day. A follow-up in-office visit is recommended within the next 2 days.

Total time of visit: 15 minutes

Billable service: 99213-95

Place of Service 02 in Box 24b CMS1500 claim form.

E/M Established Patient CPT CODES

Level	History	Exam	Decision	Time
99211	Physician Presence Not Required	Physician Presence Not Required	Physician Presence Not Required	5 Minutes
99212	Prob Focus Last	Prob Focus Last	Straight For	10 Minutes
99213	Expanded	Expanded	Low	15 Minutes
99214	Detailed	Detailed	Moderate	25 Minutes
99215	Comprehen	Comprehen	High	40 Minutes

Telehealth Scenario

Joe was in the office following a motor vehicle accident about 6 weeks ago. He was progressing well with in-office care when the COVID-19 public health crisis developed. He is not comfortable going outside of his home for fear of this contagious disease. Dr Chad has recommended continuing with rehab care at home via telehealth.

Following obtaining an informed consent, Dr Chad and Joe schedule a telehealth visit for therapeutic exercise for Joe's shoulder condition.

Exercises performed:

- Codmans: 4 sets of 20 reps

- Breugger's: 2 sets of 10 reps with yellow

- Apley's: 2 sets of 10 reps (passive/active)

- Golf club stretch: 6 sets of 10 reps (flexion/abduction/extension)

- Shoulder ball on the wall: 8 sets of 10 reps

- Pec stretch: 2 sets of 2 reps (30 sec)

Total session time: 31 minutes

One-on-one time: 31 min –Exercises performed by Raelyn Mae. Supervised by Dr Chad

Billable service: 97110-95 (2 units)

Place of Service 02 in Box 24b CMS1500 claim form.

Audio and video synchronous Telehealth Coding

- Follow state law and payer guidelines for billing services
- Health plan benefit will determine coverage/reimbursement for telehealth services
- Therapeutic activities, patient education, & other services amenable to telehealth delivery may be included.
- CPT Coding applies same as in-office visits:
 - -95 modifier is added to the CPT code
 - Place of Service – 02 in block 24b of the CMS1500 claim form

Telehealth Demo

www.echiroehr.com/telehealth

The screenshot displays the eChiroEHR telehealth interface. On the left, a video call window shows a male patient with a mustache wearing a headset. Below the video, there are controls for Video (Logitech HD Pro Webcam C920), Audio (Microphone (Plantronics HD1) and Microphone (HD Pro Webcam C920)), and a Connectivity test status of SUCCESS. A large blue JOIN button and a BROWSER COMPATIBILITY link are at the bottom of the video window.

On the right, the 'Chiropractic Note (Office Visit) [06] Telehealth Visit (Est Pt.) for Randy, Test 04/06/2020' is displayed. The note includes patient information (Test Randy, MRN: 1000000044, DOB: 04/14/1959, Gender: MALE, SSN: XXX-XX-XXXX, RACE:), Date of Service: 04/06/2020 13:39, and Type of Service: Office or Other Outpatient Services. The note type is [06] Telehealth Visit (Est Pt.). The history of present illness describes a negative screening for COVID-19 and a referral for self-observation per CDC guidelines. The patient location is 1133 West 8th St South Brookings, SD 57006. The total time spent is 20 minutes. The note also includes a FALLS RISK ASSESSMENT, SUBJECTIVE COMPLAINT (Neck pain), and ACTIVITY DAILY LIMITATIONS (Sitting).



If Audio Visual Communication is unavailable, then perform: Telephone Consult*

- 99441
 - 5-10 minutes of medical discussion
- 99442
 - 11-20 minutes of medical discussion
- 99443
 - 21-30 minutes of medical discussion

*Billable if not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment



Informed Consent

Telehealth services need to be initiated by the patient, however providers may educate beneficiaries on the availability of the service prior to patient initiation .



Informed Consent

Check with your state law...

The regulations vary from simply explaining the practice's telehealth policy to patients verbally to having them sign a written policy.

In addition, patients need to be made aware of any **cost sharing** – **expense** for the patient.

Review state requirements here: <https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies#>



CMS Comments regarding Informed Telehealth Consent

“[W]e are finalizing a policy to permit a single consent to be obtained for multiple CTBS [communication technology-based services] or interprofessional consultation services...”

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F>

Informed Consent for Telehealth Visit

Patient Name: _____
Date of Visit: _____

Practice Name

Residency of Patient

Location of Patient (on this date):

Residency/Licensure of Clinician

Location of Clinician: _____

State(s) of Licensure: _____

Technology Platform Utilized:

Purpose of Telehealth Visit:

Telehealth is the use of electronic information and telecommunication technology to deliver distance clinical health care and patient health-related education. It is used for diagnosis, therapy, follow-up and/or education, and may include a

- Your health records
- X-ray or other diagnostic images
- Live two-way audio and video through a HIPAA compliant system
- Output data from remote monitoring devices, and/or sensors

The Practice Name's audio/video technology systems used will inco to protect the confidentiality of your identification and imaging data a the data and to ensure its integrity against intentional or unintention

Financial Responsibility

I understand I assume full financial responsibility for the servi

Privacy and Security

I understand HIPAA regulations apply in telehealth. The tech meets HIPAA security requirements. I understand it is important for keeping my health information protected during this telehealth.

Patient Diagnosis and proposed treatment: I have received my to me the specific diagnosis that relates to my condition, and th not limited to services that can be performed through telehealth functional therapy type procedures including therapeutic exerc may expect from my telehealth visit includes the enabling acce to receive necessary clinical care for my condition. It also enabl with other healthcare practitioners at distant/other sites, providing a condition.

Based on this, I give my permission to proceed with a telehealth tests, procedures, and a treatment plan for my condition(s). I understand that my visit through telehealth is from a licensed Doctor of Chiropractic with a wide range of services, but if the clinician determines the service is not appropriate, then he/she will direct me to the appropriate health care provider.

Known Risk factors:

I understand that there are potential risks associated with the use of tel may not be limited to:

- ☐ In rare cases, information transmitted may not be sufficient (e.g. for appropriate medical decision making by the physician and co-
- ☐ Delays in evaluation and treatment could occur due to deficiencies in internet connectivity;
- ☐ In very rare instances, security protocols could fail, causing a breach of information;
- ☐ In rare cases, a lack of access to complete health records may result in a delay in diagnosis;
- ☐ In rare cases, patients who withhold key past medical history or may receive care that is not relevant or contraindicated, thereby increasing the risk of an adverse reaction to the treatment rendered
- ☐ Failure to follow the instructions and recommendations of the treating physician may result in an adverse reaction to the treatment rendered.

I have been informed on known risks associated with the proposed treatment. I understand that health care procedures, functional therapy procedures carry with it some risks. I understand that procedures, the serious risks associated with the functional therapy procedures.

The following are the potential risks:

- ☐ **Temporary soreness or increased symptoms or pain** It is not uncommon to experience temporary soreness or increased symptoms or pain after the first chiropractic adjustment.
- ☐ **Dizziness, nausea, flushing** These symptoms are relatively rare. You may experience these symptoms during or after your care.
- ☐ **Fractures** When patients have underlying conditions that weaken the bones, they may be susceptible to fracture. It is important to notify your doctor if you have a bone weakening disease or condition. If your doctor detects any such condition, you will be informed, and your treatment plan will be modified.
- ☐ **Disc herniation or prolapse** Spinal disc conditions like bulges or herniations may be treated with chiropractic care. It is important to notify your doctor if you have a disc condition.
- ☐ **Other risks** include rare burns from physiotherapy devices that heat the tissues.
- ☐ **Bruising** Some procedures may result in temporary soreness or bruising.

Alternatives to telehealth chiropractic healthcare services: I have been review and seek alternative health care treatment options for my condition through a shared decision-making process include: Medicines, Physical Therapy, Acupuncture, and/or Cognitive-behavioral therapy. I understand that the face to face settings as alternative to telehealth chiropractic care or if the case, in conjunction with the chiropractic care treatment plan designated.

Risk of Refusing diagnostic and/or treatment procedures: I have been pr
that of not receiving any treatment procedures and those risks may incl
regard to performing activities of daily living or progression towards chr

• PATIENT PLEASE REVIEW • PRINT & SIGN NAME •

I understand that the practice of chiropractic, like the practice of all healing arts, is not an exact science, and I acknowledge that no guarantee can be given as to the results or outcome of my care. The material risks have been disclosed to me, including a description of those material risks; and after consideration, I agree to the procedures understanding any material risks which are inherent to that procedure.

By signing this form, I understand the following:

- ✓ I understand that the laws that protect privacy and the confidentiality of my health information also apply to telehealth, and that no information obtained in the use of telehealth which identifies me will be disclosed to other entities without my consent.
- ✓ I do consent to allow my doctor to record any or all parts of my telehealth session(s). This includes video and/or audio recording of any conversations, consultations and virtual treatments/office visits. Such recordings are considered a part of my health record.
- ✓ I understand that I have the right to withhold or withdraw my consent to the use of telehealth and/or recordings in the course of my care at any time, without affecting my right to future care or treatment. I understand that this authorization will remain in place in perpetuity, or until such time as I revoke the authorization in writing.
- ✓ I understand that I have the right to inspect all information obtained and recorded in the course of a telehealth interaction, and I may receive copies of this information according to the provisions provided under HIPAA.
- ✓ I understand that a variety of alternative methods of health care may be available to me, and that I may choose one or more of these at any time. My doctor has explained the alternatives to my satisfaction.
- ✓ I understand that telehealth may involve electronic communication of my personal health information to other health care providers who may be located in other areas, including out of state.
- ✓ I understand that it is my duty to inform my doctor of electronic interactions regarding my care that I may have with other healthcare providers.
- ✓ I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.

I have read or had read to me this informed consent document. I have discussed or been given the opportunity to discuss any questions or concerns with my chiropractor and have had these answered to my satisfaction prior to my signing this informed consent document. I have made my decision voluntarily and freely. I hereby give my verbal consent to use telehealth in the course of my diagnosis and treatment and to record the encounter in my personal health record.

PATIENT'S NAME (Print) _____ DATE OF BIRTH: _____

PATIENT GUARDIAN/REPRESENTATIVE (PRINT)

(PATIENT GUARDIAN/REPRESENTATIVE SIGNATURE) (DATE) (TRANSLATOR / INTERPRETER SIGNATURE) (DATE)


CLINICIAN ONLY

Based on my personal observation, the patient's history and physical exam, I conclude that throughout the informed consent process the patient was:

- ☐ OF LEGAL AGE ☐ APPEARS UNIMPAIRED ☐ CONSENT GIVEN THROUGH GUARDIAN/PATIENT REPRESENTATIVE
☐ ORIENTED X3 ☐ FLUENT IN ENGLISH ☐ ASSISTED BY A TRANSLATOR OR INTERPRETER

_____, D.C. _____
(CLINICIAN SIGNATURE) (DATE)

STUDENT INTERN/EXTERN INITIALS AS WITNESS TO PATIENT DISCUSSION WITH CLINICIAN: _____



Do NOT let the desire to bill for a telehealth visit turn into a board complaint or malpractice claim.

We have directly been advised that one the top complaints to the board of examiners AND for frivolous malpractice suits is NOT over our clinical care, but over dollars and cents - so use your sense!

Make sure you document and advise the patient of potential costs.

Tips for Reimbursement

- Be clear what type of telehealth you are providing
- Talk to payers – find out what their coverage entails and their preference for coding, modifiers, documentation requirements, etc.
- E/M services, Virtual Check-in, eVisits are commonly covered by commercial payers
- Become familiar with your state law governing telehealth service provision
- Know your codes: Read guidelines and the information payers provide to assure you are reporting them correctly.
- Be current: Telehealth is expanding. Regulations are changing, and federal and state representatives are acknowledging its potential. Don't let what you learn today guide your use and reporting of the technology. Keep your eyes peeled on payer messages, legislation, and the news.

Resources!

- Center for Connected Health Policy (billing for telehealth encounters): https://www.cchpca.org/sites/default/files/2020-01/Billing%20Guide%20for%20Telehealth%20Encounters_FINAL.pdf
- American College of Physicians: <https://www.acponline.org/practice-resources/covid-19-practice-management-resources/covid-19-telehealth-coding-and-billing-information>
- CMS Approved List of Telehealth Services: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>
- CMS Provider Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- AMA Quick Guide to Telemedicine: <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>
- Alliance for Connected Care (state telehealth expansion): <file:///C:/Users/scott.munsterman/Downloads/Alliance-for-Connected-Care-State-Telehealth-Expansion-by-Governors-Orders-4-1-20.pdf>
- International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM): <https://www.cdc.gov/nchs/icd/icd10cm.htm>
- Information for Healthcare Professionals (COVID-19 CDC): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>

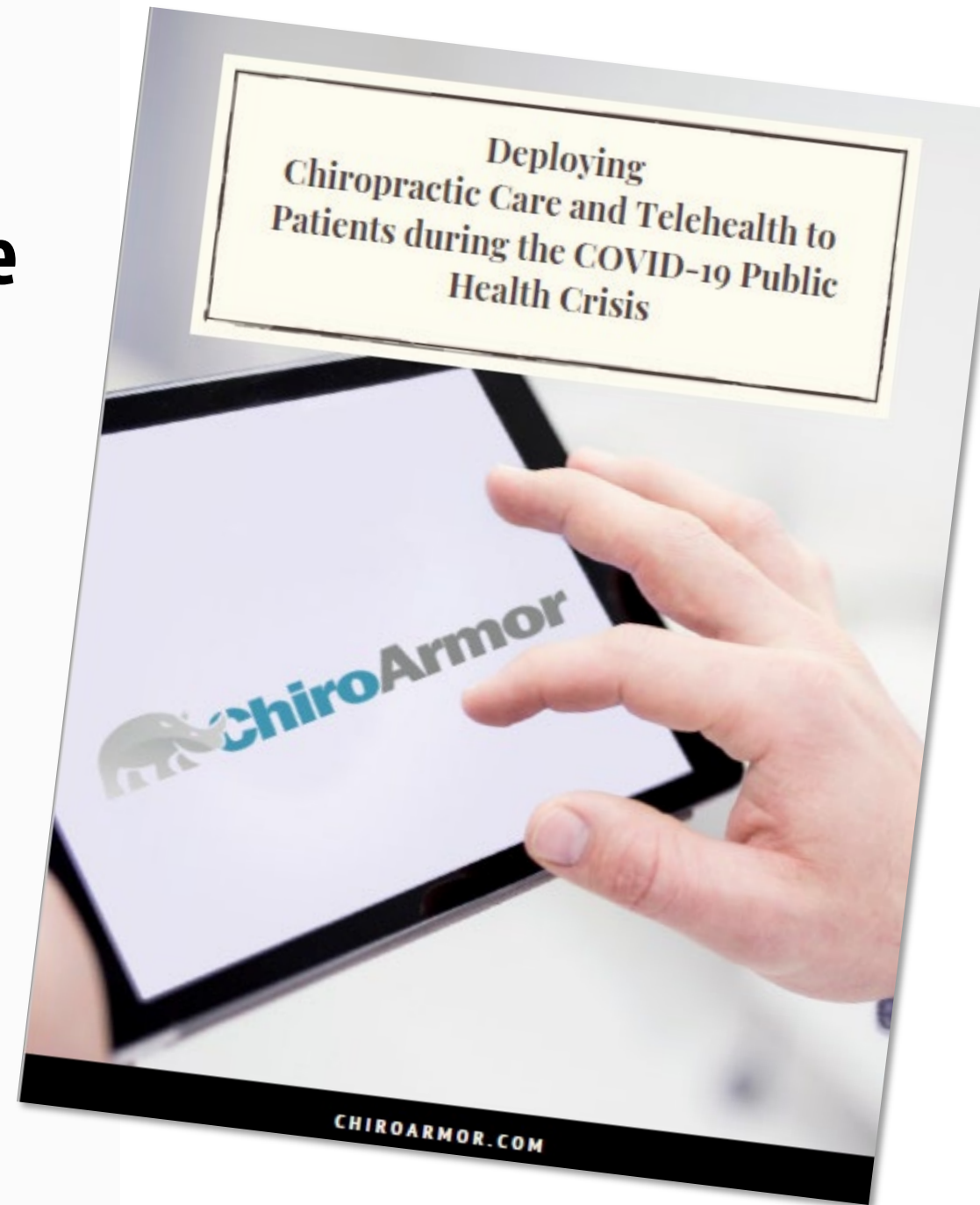
Deploying Chiropractic Care and Telehealth to Patients during the COVID-19 Public Health Crisis

presented by



Download the Whitepaper at

www.echiroehr.com/telehealth



Evaluation and Management Note Example

Chiropractic Note 04/06/2020

Patient: Randy Test MRN: 1000000044
DOB: 04/14/1959 Gender: MALE SSN: XXX-XX-XXXX RACE:

Date of Service: 04/06/2020 13:39
Type of Service: Office or Other Outpatient Services

NOTE TYPE:
[06] Telehealth Visit (Est Pt).

VISIT #:
8 of 20 visits.

HISTORY OF PRESENT ILLNESS:
[06] Telehealth Visit (Est Pt):

COVID-19 Screening:
Does the patient have a fever over 100 degrees F? No
Does the patient have a cough? No
Does the patient experience shortness of breath? No

The patient exhibited a negative screening for COVID-19 disease for self-observation per CDC guidelines.

Informed Consent:
Randy was provided the telehealth informed consent document, the opportunity to discuss any questions or concerns. All questions were answered to his satisfaction prior to him providing verbal informed consent. Randy freely, Randy has given verbal consent to use telehealth in the encounter and to record the encounter in his personal health record.

Patient Location on this date: at home: 1133 West 8th St South house.
Date: 04/06/2020
Clinician location is in-office with licensure for the state of the patient.
The HIPAA compliant technology platform utilized is eChiroEHR telehealth portal.
The purpose of this telehealth visit is for follow-up care as outlined in the treatment plan.

Total time spent: 10 minutes

EXAMINATION:

Cervical Orthopedic:

CERVICAL SPINE ACTIVE RANGE OF MOTION

FLEXION: with no pain.

EXTENSION: with pain and restriction on the right in the neck and upper back region

LEFT LATERAL BENDING: with no pain

RIGHT LATERAL BENDING: with pain and restriction on the right in the neck and upper back region

LEFT ROTATION: with no pain

RIGHT ROTATION: motion with pain on the right in the neck

PROBLEM/DX:

- Diagnosis of Segmental and somatic dysfunction of cervical region (M99.01)
- Diagnosis of Spondylolysis, cervical region (M43.02)
- Diagnosis of Cervicalgia (M54.2)
- Diagnosis of Segmental and somatic dysfunction of thoracic region (M99.02)
- Diagnosis of Pain in thoracic spine (M54.6)
- Diagnosis of Segmental and somatic dysfunction of head region (M99.00)
- Diagnosis of Essential (primary) hypertension (I10)

TREATMENT PLAN:

The location or region of the problem/diagnosis addressed by the following treatment plan is the upper back.

The treatment plan consists of patient-specific measurable goals, the estimated duration of treatments to achieve the goals, and objective measures (i.e. pain intensity scale, active range of motion, etc.) to evaluate treatment effectiveness for the patient's condition. The plan is and medically necessary for the patient to achieve therapeutic gains of functional improvement and pain relief.

Clinical consideration contemplated in predicting the duration and frequency of care was through Algorithms for the Chiropractic Management of Acute and Chronic Spine-Related Pain, Baker, DC, Ronald J. Farabaugh, DC, Thomas J. Augat, DC, MS, CCSP, FASA, Cheryl H. Chas. Topics in Integrative Health Care 2012, Vol. 3(4) ID: 3.4007. Published on December 1, 2012.

GOALS OF CARE:

Goal of care is to achieve a pre-incident functional activity level. The treatment plan's progress will be assessed upon timely progress evaluations.

PAIN GOAL:

The specific measurable goal related to Randy's pain level will be assessed by using the pain scale with no pain at 0 and worse pain experienced at 10.

Neck Pain:

The pain goal is to reach Randy's pre-incident status prior to the onset of the condition on a scale of 10.

Midback Pain:

SELF-CARE RECOMMENDATIONS:

The patient tolerated the procedure very well without any complications.
The patient is advised to return in: 3 day(s).

Self-Care Advice: the patient is advised to continue with the established treatment plan, exercise and stretch was instructed for the area of complaint including condition-based education, self-care advice, instruction for affected activities of daily living (advice to stay active or modify activity as needed) and cold therapy was instructed for the area of complaint.

General Recommendations:

Protect the area of pain from adverse situations

Instructed the use of home modalities.

Instructed and reviewed therapeutic activities to improve range of motion, flexibility, strength, endurance, coordination and functional performance.

Instructed Randy on soft tissue management consisting of massage and trigger point therapy with the use of self-care devices.

SERVICE PERFORMED:

CPT : 99212

James Smith, DC

Therapeutic Procedure Note Example

Chiropractic Note 04/06/2020

Patient: Randy Test MRN: 1000000044
DOB: 04/14/1959 Gender: MALE SSN: XXX-XX-XXXX RACE:

Date of Service: 04/06/2020 13:39
Type of Service: Office or Other Outpatient Services

NOTE TYPE:
[06] Telehealth Visit (Est Pt).

VISIT #:
8 of 20 visits.

HISTORY OF PRESENT ILLNESS:
[06] Telehealth Visit (Est Pt):

COVID-19 Screening:
Does the patient have a fever over 100 degrees F? No
Does the patient have a cough? No
Does the patient experience shortness of breath? No

The patient exhibited a negative screening for COVID-19 disease and is referred for self-observation per CDC guidelines.

Informed Consent:

Randy was provided the telehealth informed consent document. It was discussed the opportunity to discuss any questions or concerns. All questions have been a satisfaction prior to him providing verbal informed consent. Randy has made this freely. Randy has given verbal consent to use telehealth in the course of his visit to record the encounter in his personal health record.

Patient Location on this date: at home: 1133 West 8th St South Brookings, SD 57063 house.

Date: 04/06/2020
Clinician location is in-office with licensure for the state of the patient's location
The HIPAA compliant technology platform utilized is eChiroEHR telehealth platform.
The purpose of this telehealth visit is for follow-up care as outlined within Randy's history of present illness.

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Total time spent: 20 minutes.

Randy's history of present illness was reviewed and updated today 04/06/2020

EXAMINATION:

Cervical Orthopedic:

CERVICAL SPINE ACTIVE RANGE OF MOTION

FLEXION: with no pain.

EXTENSION: with pain and restriction on the right in the neck and upper back

LEFT LATERAL BENDING: with no pain

RIGHT LATERAL BENDING: with pain and restriction on the right in the neck

LEFT ROTATION: with no pain

RIGHT ROTATION: motion with pain on the right in the neck

PROBLEM/DX:

- Diagnosis of Segmental and somatic dysfunction of cervical region (M99.01)
- Diagnosis of Spondylolysis, cervical region (M43.02)
- Diagnosis of Cervicalgia (M54.2)
- Diagnosis of Segmental and somatic dysfunction of thoracic region (M99.02)
- Diagnosis of Pain in thoracic spine (M54.6)
- Diagnosis of Segmental and somatic dysfunction of head region (M99.00)
- Diagnosis of Essential (primary) hypertension (I10)

TREATMENT PLAN:

The location or region of the problem/diagnosis addressed by the following treatment plan.

The treatment plan consists of patient-specific measurable goals, the estimated treatments to achieve the goals, and objective measures (i.e. pain intensity, objective findings) to evaluate treatment effectiveness for the patient's condition and medically necessary for the patient to achieve therapeutic gains of functional pain relief.

Clinical consideration contemplated in predicting the duration and frequency through Algorithms for the Chiropractic Management of Acute and Chronic Spinal Pain, Baker, DC, Ronald J. Farabaugh, DC, Thomas J. Augat, DC, MS, CCSP, FASA, CHES. Topics in Integrative Health Care 2012, Vol. 3(4) ID: 3.4007. Published online 2012.

GOALS OF CARE:

Goal of care is to achieve a pre-incident functional activity level. The treatment plan will be assessed upon timely progress evaluations.

PAIN GOAL:

The specific measurable goal related to Randy's pain level will be assessed by a scale with no pain at 0 and worse pain experienced at 10.

Neck Pain:

PROCEDURE:

Therapeutic Exercise:

Therapeutic exercise to develop strength and endurance, range of motion and flexibility was performed for 15 minutes in the region of the Cervical Spine using the minimal resistance (Yellow) tubing, Reps of 5 using the medium resistance (Red) tubing, Reps of 5

SELF-CARE RECOMMENDATIONS:

The patient tolerated the procedure very well without any complications.
The patient is advised to return in: 3 day(s).

Self-Care Advice: the patient is advised to continue with the established treatment plan, exercise and stretch was instructed for the area of complaint including condition-based education, self-care advice, instruction for affected activities of daily living (advice to stay active or modify activity as needed) and cold therapy was instructed for the area of complaint.

SERVICE PERFORMED:

CPT : 97110 x 1

James Smith, DC



Telehealth Note Examples

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Questions & Comments?

Thank you!

INFO@ECHIROEHR.COM

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