

CHIROPRACTIC E/M COUNSELING RECORD

Instructions For Use

1. Record your start and end times. This is critical because your coding by Counseling is based on time.
2. Document any **History, Exam and Clinical-Decision-Making (H-E-C)** service at the top of the form. Space here is limited since H-E-C service performed during a Counseling visit would be minimal.
3. Document the **Counseling and/or Coordination of Care (C-C)** service. Sub-components are taken directly from official CPT guidelines, and are in the same sequence as the bullets listed below. If the lines on the form are too short, make an attachment and reference it (*e.g., you might have one or more pages of instructions for risk management, exercises or diet, etc.*). Document on the form any C-C subcomponents that are discussed with the patient. You do not have to complete all items; one or more are sufficient.

Document any Coordination of Care with other providers or agencies that is done during the patient encounter. Coordination of Care **without a patient encounter** is reported with the Case

Management codes (*see page C-26 of the 2001 ChiroCode® DeskBook*).

4. Calculate and record H-E-C and C-C times in the time summary box.
5. Select the code that is nearest to your doctor-patient intra-service time.

Beginning Time: 3:00 p.m.	Avg Total Time	Code
Start Counseling: 3:10 p.m.	40 min.	99215
Ending Time: 3:25 p.m.	25 min.	99214
Counseling/Total Time Ratio: 15/25 min. (15 minutes is more than 50%)	15 min.	99213
	10 min.	99212
	5 min.	99211

Example: 99214 for 25 minutes

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6. Append the modifier '-25' for Significant, Separately Identifiable (SSI) E/M services.
Example: 99214-25
7. Attach your E/M counseling record (or your dictation of it) to your claim form (HCFA 1500 or other).

"Counseling is a discussion with a patient and/or family concerning one or more of the following areas:

- *Diagnostic results, impressions, and/or recommended diagnostic studies;*
 - *Prognosis;*
 - *Risks and benefits of management (treatment) options;*
 - *Instructions for management (treatment) and/or follow-up;*
 - *Importance of compliance with chosen management (treatment) options;*
 - *Risk factor reduction; and*
 - *Patient and family education."*
- (See CPT 2001, pg 1-2)*

NOTE: Customized forms for your office are available. You may add the doctor's name and address, and minor revisions. Send your request with a check for \$14.95 to: ChiroCode® Forms, Inc., 7315 N. 16th St., Ste. 200, Phoenix, AZ 85020.

CHIROPRACTIC E/M COUNSELING RECORD

(for a Significant, Separately Identifiable Evaluation and Management (E/M) service that is not included with a CMT service)

Patient Name: _____ Date: _____
 Presenting Problem: _____ Date of Onset: _____

Doctor-Patient
Face-to-Face Time

H-E-C START TIME

HISTORY-EXAMINATION-CLINICAL DECISION MAKING (H-E-C)

NOTES: _____ See H-E-C Record

DIAGNOSES: 1- _____ 3- _____
 2- _____ 4- _____

C-C START TIME

COUNSELING AND/OR COORDINATION OF CARE (C-C)

DIAGNOSTIC RESULTS / IMPRESSIONS (Report of Findings):



Cervical: _____

Thoracic: _____

Lumbar: _____

Other Areas: _____

Radiological: _____

Laboratory: _____

C-C END TIME

TIME SUMMARY

H-E-C: _____

C-C: _____

Total: _____

The C-C time portion must be greater than 50% of the total face-to-face time, to qualify for codes below. (See a current ChiroCode® DeskBook for full explanations)

RECOMMENDED DIAGNOSTIC STUDIES: _____

PROGNOSIS: _____

RISKS AND BENEFITS OF MANAGEMENT (TREATMENT) OPTIONS: _____

INSTRUCTIONS FOR MANAGEMENT (TREATMENT) AND/OR FOLLOW-UP: _____

NEW PATIENT

Total Face-to-Face Time	E/M Code
10 min	99201
20 min	99202
30 min	99203
45 min	99204
60 min	99205

ESTABLISHED PATIENT

Total Face-to-Face Time	E/M Code
5 min	99211
10 min	99212
15 min	99213
25 min	99214
40 min	99215

'-25'

Add Modifier -25 to code if S.S.I. E/M service is performed on the same day as the CMT services



Approx. # of Visits

____ Visits as soon as possible _____ times per week for _____ week(s) _____ Other: _____

____ Daily, for _____ days _____ times per month for _____ month(s) _____

IMPORTANCE OF COMPLIANCE WITH CHOSEN MANAGEMENT (TREATMENT) OPTIONS: _____

RECOMMENDATIONS TO REDUCE RISKS OF INJURY: _____

EDUCATION: Patient _____

Family _____

COORDINATION OF CARE: _____

Doctor's Signature (or initial): _____