Responding to a Request for Chiropractic Records

This check list is provided as a reminder of what to include when responding to a request for records. The documentation should include, but is not limited to:

- Name of beneficiary and date of service on all documentation
- Documentation legible and complete (including signature)
- Abbreviation key (if applicable)
- Appropriate signature
- Subluxation demonstrated by X-ray or physical examination (P.A.R.T.) Initial evaluation, which includes:
    - History:
        - Description of the present illness:
        - Symptoms causing patient to seek treatment (must bear a direct relationship to the level of subluxation
        - Family history (if relevant) Past health history Mechanism of trauma
        - Quality and character of symptoms/problem
        - Onset, duration, intensity, frequency, location and radiation of symptoms Aggravating or relieving factors
        - Prior interventions, treatments, medication, and secondary complaints
    - Contraindications
    - Treatment plan, which includes:
        - Frequency and duration of visits
        - Specific treatment goals
        - Objective measures to evaluation treatment effectiveness
    - Physical Examination (P.A.R.T.)
    - Date of the initial treatment
    - Treatment given on the day of visit (including specific areas/levels of the spine where manipulation was performed) (if applicable)
- Re-evaluation (if applicable)
- Subsequent visits, which includes:
    - History:
        - Review of chief complaint
        - Changes since last visit
        - System (if relevant)
    - Physical Examination (P.A.R.T.)
        - Evaluation of treatment effectiveness, which is done by addressing objective measures included in the treatment plan
    - Treatment given on the day of visit (including specific areas/levels of the spine where manipulation was performed)
- Primary diagnosis of subluxation, including the level of subluxation Any documentation supporting medical necessity
- A copy of the Advance Beneficiary Notice of Noncoverage (if applicable)

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