



### **Scope**

This policy applies to all University of Western States (UWS) health center members who are responsible for documenting a patient's region(s) of segmental dysfunction for the purpose of providing chiropractic adjustments (i.e., chiropractic manipulative therapy, (CMT)) in the patient's medical record.

### **Purpose**

This policy provides guidance regarding the complete and accurate documentation of a patient's region(s) of segmental dysfunction. It is based on applicable state laws, statutes, and regulations.

### **Definitions:**

- **Chiropractic Manipulative Therapy (CMT):** CMT is sometimes also referred to as an adjustment. It can be performed using a wide range of techniques but ultimately the goal of the CMT is to increase range of motion, improve function, and reduce nerve irritability. A CMT can be performed on one or multiple spinal regions including: cervical, thoracic, lumbar, sacrum, and/or pelvis. Adjustments are also commonly performed on a patient's ribs or extremities.
- **Medical Necessity:** Medical services that are justified as reasonable, necessary, and/or appropriate based on evidence-based clinical standards of care. The exact definition may vary slightly among various third-party payers and professional organizations.
- **P.A.R.T Documentation:** An acronym for pain, asymmetry/misalignment, range of motion, and tissue tone changes, documentation that is required to support the presence of a region(s) of segmental dysfunction and medical necessity of the treatment for Medicare patients. **Primary Region of Dysfunction:** Also commonly referred to as a misalignment, restriction, or malposition. A primary region of dysfunction is an area of complaint where a pathological/dysfunctional process originates.
- **Secondary Compensation:** A secondary spinal or body region that is affected negatively by a primary region of dysfunction. The patient may or may not complain of dysfunction in this region but over time, a compensation may become a primary region of dysfunction.
- **S.O.A.P. Note (Treatment Note):** Treatment note written and signed by the clinician on each patient visit, which includes four main sections: Subjective, Objective, Assessment, and Plan (S.O.A.P). This note is individualized for each patient encounter and provides sufficient documentation to support the medical necessity of the visit.

### **Policy**

The UWS health center utilizes a wide range of chiropractic techniques. Because some technique protocols involve treatment of the full spine, regardless of the patient's presenting chief complaint, clinicians use the criteria below to delineate the difference between a primary region of dysfunction and any secondary compensation that may be addressed and managed during the patient visit.

1. The clinician obtains a complete history and conducts a thorough examination in order to establish a diagnosis.
2. The clinician documents the following in the patient record:
  - Active condition being treated.



- The primary areas of segmental dysfunction, established via the PART criteria, are clearly defined/identified in the treatment plan
- The primary regions of dysfunction are identified and differentiated from other areas of compensation that need to be addressed to stabilize, reduce, and/or remove the primary regions of dysfunction.
- Levels of segmental dysfunction.
- Levels of primary regions of segmental dysfunction treated are matched with the appropriate Current Procedural Terminology (CPT) code for the Chiropractic Manipulative Treatment (CMT) that was chosen.

For patients being seen for maintenance/wellness purposes, the documentation meets minimum level documentation requirements for the university (See Policy 1412).

**Related Policies:**     [Policy 1412 Minimum Documentation Requirements for Chiropractic Services](#)