

## **SPECIALTY DOCUMENTATION**

### **Chiropractic Notes:**

HCFA box 14 is important, regarding accidents initiating chiropractic care.

HCFA box 10d can contain: XRAY mm/dd/yy or XRAY mmddyy  
The xray date can also be included with the following in HCFA box 19.

HCFA box 19 should contain: DTTR=mmddyy (for date treated)  
                                  SUBLUX list (all that apply), or LEVEL or LVL  
                                  NOTR=## (number of treatments reported)  
                                  S###-S### (number in series)

Example: XRAY 010197 DTTR=010297 SUBLUX C1,T5 NOTR=03 S7-S8

If your payor requires the 'severity' of patient's condition, please add one of the following to HCFA box 19:  
ACUTE or CHRONIC or MANIFEST:mmddyy (for acute manifest date)  
If this information is required, the xray date should be put into box 10d in order for enough room to be available in box 19.

Our programs also 'read' sublux coding in the blank areas of HCFA box 21, although please do not disturb the placement of the diagnostic codes on the \_\_\_\_\_.\_\_ fields.

Sublux code values:

OC = Occiput                    SA = Sacrum            CO = Coccyx            IL = Ilium

C1,2,3,4,5,6,7                = Cervical

T1,2,3,4,5,6,7,8,9,10,11,12 = Thoracic

L1,2,3,4,5                     = Lumbar

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### **Anesthesia Notes:**

HCFA boxes 10d or 19 can be used to provide our program with the following:

MIN ###                    a 3 digit minute count            (ie. MIN 090)  
TIME #####-#####    military-time start+stop times    (ie. TIME 1000-1310)

Depending on individual payor requirements, one or both of the above may need to be supplied.

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### **Podiatry & Physical Therapy Notes:**

HCFA boxes 10d or 19 can be used to provide our program with the following:

DLS=mmddyy or DLS=mm/dd/yy or LAST SEEN:mmddyy or LAST SEEN:mm/dd/yy

This date will be given to the payor as the DateLastSeen by Referring Physician

**Medicare Ambulance Claims Notes:**

To submit a MEDICARE ambulance claim to the insurance company, you must provide ET&T with additional information about the claim. ET&T has written a special module that works with the suspense file to provide you with a data entry screen to give us the needed data.

- Step 1: Identify the provider as ambulance on the PROVIDER IDENTIFICATION MATRIX under OTHER INFORMATION: Provider Specialty.
- Step 2: Enter all ambulance claims in your claims management software and submit to ET&T electronically like any other medical claim.
- Step 3: All Medicare ambulance claims will be placed in your suspense file. Please fill out the data entry screen for each ambulance claim and submit to ET&T. (See Section IV, Suspended Claims in the Manual for general information about suspended claims.)

**Sample date entry screen:**

[Patient Weight = =____ ] [Type of Transport (I, R, T, X) = __ ] [ Unconscious, Shock Y/N = __ ]
[Bed Confined-Before Y/N = __ ] [Bed confined-After Y/N = __ ] [Emergency? Y/N = __ ]
[Moved by Stretcher Y/N = __ ] [Physical Restraints? Y/N = __ ] [Miles traveled = = ____ ]
[Visible Hemorrhaging? Y/N = __ ] [ Transported To/For (A, B, C, D) = __ ]
[Medically Necessary? Y/N = __ ]
[Origin Info = _____ ]
[Destination Info = _____ ]
[Purpose4 RoundTrip = _____ ]
[Purpose4 Stretcher = _____ ]
F1= Help-----All Questions must be answered_____
Use up/down arrows, ↵ to select, edit.    ESC    F2=Print    F10=Save

Key to Type of Transport and Transported To/For Identifiers :

Type of Transport (I, R, T, X)

- I = Initial
- R = Return Trip
- T = Transfer
- X = Round Trip

Transported To/For (A, B, C, D)

- A = To the nearest facility for care of symptoms and/or complaints
- B = For the benefit of a preferred physician
- C = For the nearness of family members
- D = For the care of a specialist or for availability of specialized equipment