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Topics:

- documentation
- coding
- audits
- medicare
- establishing medical necessity

**Record Keeping**

- Learn how payers define and use the chain of medical necessity
- Apply the concepts of SOAP and POMR
- Learn how to avoid the most common errors and audit targets

**Documentation Overview**

- Learn the difference between initial (evaluation) and subsequent (treatment) visits
- Become familiar with Medicare documentation elements
- Become familiar with CPT documentation elements

**Documenting Evaluation & Management**

- Learn to document to match the codes
- Audit a clinical example
- Learn to use an audit tool in your office

**Documenting Diagnoses**

- Learn how to create a "Diagnostic Statement" that matches ICD-10 perfectly
- Learn how to create "Provider Documentation Guides" to train doctors to document the top conditions they treat
- For the top seven conditions diagnosed in chiropractic, identify:
  - sample diagnostic tests
  - sample documentation
  - associated CPT codes
  - coding considerations

**Documenting Treatment Plans**

- Learn how to set goals that are useful and make sense
- Measure quantifiable progress
- Use evidence to support the frequency and duration of care using evidence-based guidelines
- Find out what payers are looking for

**Documenting for treatment (daily) visits**

- Apply the SOAP concept smoothly while satisfying all the criteria
- Understand how to demonstrate progress in daily visits

**Documenting the top CPT codes for DCs**

- Get a handle on the fundamentals and coding rules
- Identify the right modifiers and diagnosis codes
- Nail the documentation requirements
- Eliminate denials