



Easy Coding for Chiropractic: Defensible Documentation and Efficient Billing

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Introduction

Accurate coding and defensible documentation are critical in chiropractic care, not only for proper reimbursement but also for audit protection. This white paper summarizes key insights from Dr. Evan Gwilliam's 'Easy Coding for Chiropractic' presentation, offering providers practical strategies to navigate coding complexities, defend against denials, and streamline appeals.



Key Challenges in Chiropractic Coding

- Appealing claims that aren't appealable
- Insufficient documentation leading to denials
- Treatment outside payer policy guidelines
- Lost time in unnecessary appeals



Appeals and Audit Triggers

When evaluating whether to appeal a claim, providers must first determine if the claim is actually appealable. Audits are often triggered by coding outliers, excessive utilization patterns, or discrepancies between documentation and billed services. Understanding who gets selected and why is key to proactive compliance.

Defensible Documentation: SOAP Notes

Use the S.O.A.P. framework:

- Subjective – Patient-reported symptoms
- Objective – Clinical findings (palpation, ROM, etc.)
- Assessment – Diagnosis codes (e.g., M99.03 for lumbar dysfunction)
- Plan – Treatment frequency, goals, and re-evaluations

Pro Tip: *Modify at least one SOAP element at every visit to show progression or change.*

E/M Coding Simplified

E/M codes can be chosen based on time or Medical Decision Making (MDM):

- Time: Document total time spent, including prep, exam, counseling, and documentation.
- MDM: Align coding with problem complexity, data reviewed, and risk assessment.

	New Patient E/M		
	History & Exam	MDM	Time*
99201	Medically Appropriate	Straightforward	
99202		Straightforward	15 minutes
99203		Low	30 minutes
99204		Moderate	45 minutes
99205		High	60 minutes

Time threshold must be met or exceeded.

Diagnosis Coding Hierarchy

When listing diagnoses, prioritize as follows:

1. Nerve-related disorders (e.g., radiculopathy)
2. Acute injuries (e.g., sprains/strains)
3. Structural diagnoses (e.g., degenerative disc disease)
4. Functional diagnoses (e.g., gait difficulty)
5. Symptoms (e.g., low back pain)
6. Comorbidities (e.g., diabetes)
7. External causes (e.g., place/activity)

Bundling and Modifier Usage

Per CMS NCCI edits:

- 97140 (Manual therapy) is bundled with CMT unless performed in a separate region.
- Use modifier 59 or XS when appropriate.
- For E/M services on the same day as CMT, use modifier 25 to indicate a significant and separately identifiable service.

Code	Modifier	Description	Type	Body Areas/ Sites	Goals/Rationales	Time	Unit	Diagnoses
98941		CMT 3-4 Regions	diversified techni	Adjustments	increase pain fre			S13.4XXA, S16.1X
97140	59	Manual Therapy (E	active release, tri	Body Areas	increase pain fre	15		M75.41

Pro Tip: Use diagnosis pointing (box 24E)

Key Takeaways and Actionable Tips

- Determine if claims are truly appealable before pursuing.
- Document medical necessity and tie diagnoses to treatment.
- Use diagnosis pointing to clarify coding.
- Regularly update SOAP notes and show clinical progression.
- Apply modifiers correctly to avoid bundling errors.