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| --- | --- | --- | --- | --- |
|  |  | **Organizational Identifiers** |  |  |
|  | VAMCCONTROLQICBEGDTEREVDTE | Facility IDControl NumberAbstractor IDAbstraction Begin DateAbstraction End Date | Pre-fillQI pre-fillAuto-fillAuto-fillAuto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSNPTNAMEFPTNAMELBIRTHDTSEXRACE ETHNICITYAGE | Patient SSNFirst NameLast NameBirth DateSexRace EthnicityAge | Pre-fill: no changePre-fill no changePre-fill no changePre-fill: no changePre-fill: can changePre-fill: no changePre-fill: no changeCalculate age at indchidt if valchidt=1, else if valchidt=2, calculate age at indchidt2 |  |
| **#** | **Name** | **Question** | **Field Format** | **DEFINITIONS/DECISION RULES** |
| **Patient Presentation & Diagnosis**  |
| 1 | indchidt | **Computer will pre-fill** the date of the earliest outpatient encounter with a Chiropractor at this VAMC.  | mm/dd/yyyy**Computer will pre-fill** **Cannot modify**

|  |
| --- |
| >= 10/01/2017 and <= 9/30/2018 |

 | **Computer will pre-fill** the date of the earliest outpatient encounter with a Chiropractor during the specified time frame. This date will come from the patient list provided by the VA Chiropractic Program Office.  |

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| 2 | valchidt | On (computer to display indchidt) is there documentation of an outpatient encounter with a Chiropractor at this VAMC?1. Yes2. No | 1, 2If 2, go to indchidt2, else go to chiprico | If there is a Chiropractor encounter on the date displayed in the question, select value “1”.If there is no documentation in the medical record indicating that there was an encounter with a Chiropractor on the date displayed in the question, select value “2”.  |
| 3 | indchidx | Computer will pre-fill the primary Chiropractic ICD-10-CM diagnosis code documented in the record for the encounter on (computer display indchidt). | \_\_ \_\_ \_\_ . \_\_ \_\_ \_\_ \_\_**Pre-filled: cannot be modified** ( 3 alpha-numeric characters/decimal point/four alpha-numeric characters) | **Pre-filled; cannot be modified.**The computer pre-fills the ICD-10-CM diagnosis code documented in the record from the pull list. |
| 4 | othdxcod1othdxcod2othdxcod3othdxcod4othdxcod5othdxcod6 | Computer will pre-fill the other ICD-10-CM diagnosis code(s) documented in the record for the encounter on (computer display indchidt). | \_\_ \_\_ \_\_ . \_\_ \_\_ \_\_ \_\_**Pre-filled: cannot be modified** ( 3 alpha-numeric characters/decimal point/four alpha-numeric characters)May pre-fill up to six codesIf valchidt = 1, go to chiprico | **Pre-filled; cannot be modified.**The computer pre-fills the ICD-10-CM other diagnosis code(s) documented in the record from the pull list. |

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| 5 | indchidt2 | Enter the date of the earliest outpatient encounter with a Chiropractor at this VAMC during the timeframe from (computer display 10/01/2017 to 9/30/2018). | mm/dd/yyyy

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| >= 10/01/2017 and <= 9/30/2018 |

**If 99/99/9999, the case is excluded** | Enter the date of the earliest outpatient encounter with a Chiropractor at this VAMC.If there is no Chiropractic visit during the study timeframe, enter 99/99/9999 and the case will be excluded.**Exclusion statement**: Although the sample information indicated the patient had a Chiropractor visit during the study timeframe, review of medical record documentation did not find evidence of an encounter.  |
| 6 | chidx1chidx2chidx3chidx4chidx5chidx6 | Enter all the ICD-10-CM Chiropractic diagnosis code(s) documented in the medical record for the Chiropractic encounter on (computer display, indchidt2). | \_\_ \_\_ \_\_ . \_\_ \_\_ \_\_ \_\_ ( 3 alpha-numeric characters/decimal point/four alpha-numeric characters)Abstractor can enter xxx.xxxx May enter up to six codes | **Enter the Chiropractic diagnosis code(s) documented on the date of the encounter.**A reference list of most common Chiropractic ICD-10 CM diagnosis codes can be found in Table 1.**If no Chiropractic ICD-10 CM diagnosis code is documented in the medical record, on the date of the encounter enter xxx.xxxx.****Suggested data sources**: Problem List, Health Summaries, Adhoc Reports, Progress notes |

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| 7 | chiprico | During the encounter on (computer display if (valchidt=1, indchidt) or if (valchidt=2, indchidt2)), which of the following was documented as being the primary complaint by the Chiropractor?1. Headache
2. Cervical (neck) condition
3. Thoracic condition
4. Low back condition
5. Upper extremity condition
6. Lower extremity condition
7. Other

99. Not documented | 1,2,3,4,5,6,7,99If 7, go to othprico or if 99, go to chiroloc1, else go to chirolgth | **Select the primary complaint being addressed by the Chiropractor during the visit.****May be called “chief complaint” or otherwise indicated as the main reason for the visit.*** Consider the area of complaint addressed at the visit, for example, “patient with complaint of neck pain”, select value “2” as the primary area of complaint or “patient presents with complaints of right hip pain,” select value “6”.
* If more than one location is documented as the primary complaint, select the value listed first in the note. For example, “Patient presents with low back and neck pain”, select value “4”.

If the primary complaint or primary area of complaint is not documented in the Chiropractor note, select “99”. |
| 8 | othprico | Enter the primary complaint that was indicated on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2).  | Free text | Enter the exact documented primary complaint for the encounter date displayed in the question.  |

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| 9 | chirolgth | During the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2) what length of time is documented by the Chiropractor that the patient has been experiencing these symptoms for the ***primary*** complaint?1. Less than 1 month
2. 1 to 6 months
3. Greater than 6 months to 1 year
4. Greater than 1 year and up to 5 years
5. Greater than 5 years
6. Not documented
 | 1,2,3,4,5,99 | Choose the best response based on the documentation in the Chiropractor’s note for that encounter date. If within the text of the note the Chiropractor has days and weeks listed, calculate the time frame into the corresponding months or years to select the best response based on the Chiropractors documentation. If the specific length of time that the patient has been experiencing these symptoms is not documented, select value “99.” |
| 10 | chiactchr | During the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), does the Chiropractor describe the acuity of the primary complaint? 1. Acute2. Sub-Acute3. Chronic 99. Not documented | 1,2,3,99 | **Review the documentation in the Chiropractor’s note to determine the acuity of the patient’s primary complaint (condition for which the patient is primarily being seen). Acuity of the primary condition may be described as:** * Acute
* Sub-acute
* Chronic

Select the appropriate value for acute, sub-acute, or chronic, based on the documentation present in the Chiropractors encounter note(s). If the acuity is not documented, select value “99.” |

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| 11 | chiroloc1chiroloc2chiroloc3chiroloc4chiroloc5chiroloc6chiroloc7chiroloc99 | During the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), which of the following was indicated as being additional complaints?**Select all that apply:**1. Headache
2. Cervical (neck) condition
3. Thoracic condition
4. Low back condition
5. Upper extremity condition
6. Lower extremity condition
7. Other

99. Not documented | 1,2,3,4,5,6,7,99If chiroloc2 = -1, enable ncpndoc1; chiroloc4 = -1, enable lbpndoc1; If 7, go to othrloc, else go to oppqrst1Cannot select any other option if 99 selected | **Select all area(s) or (location(s) of additional or secondary complaint(s) that is being addressed by the Chiropractor during the visit.*** Include any additional area(s) of complaint addressed at the visit other than the primary complaint, for example, “patient with complaints of back and neck pain”, select value “2” cervical or neck condition as back pain is the primary complaint, with a secondary complaint documented is neck pain.
* If no other area of complaint is addressed, other than that of the primary complaint in the Chiropractor note, select value “99”.
 |
| 12 | othrloc | Enter the secondary or other complaint that was indicated during the Chiropractor encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2). | Free text | Enter any other area of complaint that were documented as addressed during the Chiropractor encounter. |

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| **Workup** |
| 13 | oppqrst1oppqrst2oppqrst3oppqrst4oppqrst5oppqrst6oppqrst99 | During the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2) which of the following components of Onset, Provocation/palliation, Quality, Region/Radiation, Severity, and Time (OPPQRST) were documented in the Chiropractor encounter note?**Select all that apply**:1. Onset/mechanism of injury
2. Provocation/palliation
3. Quality and character of symptoms or problem
4. Radiation of symptoms
5. Severity
6. Timing/frequency of symptoms

99. Not documented  | 1,2,3,4,5,6,99Cannot select any other option if 99 selectedIf >= 3 options = -1, auto-fill oppqrstps3 as 1; else if < 3 options = -1, auto-fill oppqrstps3 as 2Go to ncpndoc1 as applicable | Select all OPPQRST components that were documented in the encounter note.* Onset or the mechanism of injury
* Provocation/palliation: aggravating and/or relieving factors
* Quality and character of symptoms or problem
* Region/Radiation of symptoms (i.e., pain into legs, down arms, into head, referred pain)
* Severity (i.e., pain scale 0-10, Visual Analog Scale, description of mild, moderate, severe)
* Time (i.e., frequency of symptoms, temporality of symptoms, rare, occasional, frequent, constant)
 |
| 14 | oppqrstps3 | Were three or more Onset, Provocation/palliation, Quality, Region/Radiation, Severity, and Time (OPPQRST) components documented in the note?1. Yes
2. No
 | 1,2Will be auto-filled as 1 if >= 3 oppqrst1-6 = -1; else will be auto-filled as 2 if < 3 oppqrst1-6 = -1 | Auto-filled based on the components selected as documented in the Chiropractor’s encounter note. |
| If chiroloc2 = -1 go to ncpndoc1; else chiroloc2 <> 1 and chiroloc4= -1, go to lbpndoc1; else go to indcare1 |
| 15 | ncpndoc1ncpndoc2ncpndoc3ncpndoc4ncpndoc5ncpndoc6ncpndoc7ncpndoc8ncpndoc9ncpndoc99 | For assessment ***of neck pain red flags***, select all assessment components described in the note on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2).**Select all that apply:**1. Trauma
2. Unexplained weight loss
3. Weakness/ataxia
4. New/changed headache
5. Dizziness
6. New hearing/vision problems
7. New speaking/swallowing problems
8. Loss of consciousness
9. Fever/chills/nausea/vomiting

99. None  | 1,2,3,4,5,6,7,8,9,99Will be enabled if chiroloc2 =-1Cannot select any other option if 99 selected | For cases involving cervical (neck) conditions, look for additional documentation in the Chiropractor’s note and Select all that are documented in the note without regard to positive or negative result.Select all values where documentation indicates that red flags were assessed. If any are documented as assessed whether red flags were present for the patient or not, select the corresponding value. |
| If chiroloc4= -1, go to lbpndoc1; else go to indcare1 |
| 16 | lbpndoc1lbpndoc2lbpndoc3lbpndoc4lbpndoc5lbpndoc6lbpndoc7lbpndoc8lbpndoc99 | For assessment of ***low back pain red flags***, select all assessment components described in the note on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2).**Select all that apply:**1. Trauma
2. History of cancer
3. Unexplained weight loss
4. Weakness
5. Bladder retention/incontinence
6. Bowel incontinence
7. Saddle anesthesia
8. Fever/chills/nausea/vomiting

99. None | 1,2,3,4,5,6,7,8,99Will be enabled if chiroloc4= -1Cannot select any other option if 99 selected | For cases involving low back conditions, look for additional documentation in the Chiropractor’s note and select all that are documented in the note without regard to positive or negative result.Select all values where documentation indicates that red flags were assessed. If any are documented as assessed whether red flags were present for patient or not, select the corresponding value.  |
| 17 | indcare1indcare2indcare3indcare99 | During the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), did the Chiropractor document any of the following:**Select all that apply:**1. Past medical history
2. Past surgical history
3. Social or Family history

99. None of the above | 1,2,3,99Cannot select any other option if 99 selected | Review the encounter note for each component and select all components documented in the note. Any of the following examples should be included and the appropriate value selected:* **Past medical history**: medical history, interventions, treatments, medication, secondary complaints, or description of comorbid conditions.
* **Past surgical history**: history of surgeries performed in the past
* **Social and/or family history**: Documentation of tobacco/drug use, alcohol use, etc.

Select value “99” if none of these are documented. |
| 18 | chiexmpl1chiexmpl2chiexmpl3chiexmpl4chiexmpl5chiexmpl6chiexmpl7chiexmpl99 | During the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), which aspects of physical examination did the chiropractor document?**Select all that apply:**1. Observation
2. Range of Motion
3. Orthopedic Testing
4. Neurological Testing

5. Joint assessment 6. Soft tissue palpation 7. Subluxation assessment99. None of the above | 1,2,3,4,5,6,7,99Cannot select any other option if 99 selected | **Include any of the following physical examination examples and select all that apply:*** **Observation**: antalgia, gait cycle observations, scar assessment, redness, swelling, bruising, signs of trauma, or rashes related to assessment of the skin, and flexion
* **Range of Motion (ROM):** active, passive, resistive ROM
* **Orthopedic Testing:** named orthopedic tests for area of complaint. Example: Straight Leg Raise, Kemp’s test, foraminal compression, etc.
* **Neurologic testing:** upper and/or lower extremity motor, reflexes, sensation, or the Babinski test for clonus assessment.
* **Joint assessment:** for tenderness, alignment, motion, and/or end feel. May also be called “palpation” or “articular assessment”
* **Soft Tissue Palpation**:for tone and/or tenderness. May also be called “muscle” palpation; may indicate “spasm” or “tightness”
* **Subluxation Assessment**: any mention of the word “subluxation” meets this criterion
 |
| 19 | pritests | During the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), did the Chiropractor document any prior imaging, lab(s), or other studies performed before this encounter?1. Yes
2. No
 | 1,2If 2, go to inpainscl1 | Look for documentation in the Chiropractor’s encounter note of prior imaging, labs, tests or other studies that were done prior to the visit. For example, Chiropractor documentation indicates, “patient had MRI last week, results negative for muscle tear.”Documentation could include, but is not limited to documentation of X-ray, MRI, CT, DEXA scan, lab work, etc.  |
| 20 | pritest1pritest2pritest3pritest4pritest5pritest6pritest7 | Select all prior imaging, lab(s), or other studies documented in the note that relate to the condition(s) being addressed during the encounter. **Select all that apply:**1. X-ray
2. MRI
3. CT
4. Labs
5. DEXA
6. Electrodiagnostic studies
7. Other studies
 | 1,2,3,4,6,7If 7 go to priothsty, else go to inpainscl1 | Select all imaging, labs, tests or other studies documented in the Chiropractor’s encounter note that were done prior to the visit. Select tests that were done related to primary and/or secondary conditions only. Only reference what Chiropractor has indicated in their written documentation, not what is in CPRS at large. Any labs/imaging results at any time can be included if they relate to the primary or secondary complaint(s) being addressed during the encounter. |

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| --- | --- | --- | --- | --- |
| 21 | priothsty | Enter the other lab(s) or studies that were related to condition(s) being addressed and documented by Chiropractor on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2). | Free Text | Enter the other lab(s) or studies documented in the Chiropractor’s note related to the primary or secondary complaint done any time prior to the visit. |
| 22 | inpainscl1inpainscl2inpainscl3inpainscl4inpainscl5inpainscl6inpainscl7inpainscl8inpainscl99 | During the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), did the Chiropractor document pain assessment or assess pain using a pain scale?**Select all that apply:**1. Pain-Intensity Assessment
2. PEG-3
3. Oswestry Low Back Pain Disability Questionnaire
4. Neck Disability Index (NDI)
5. Functional Rating Index (FRI)
6. Defense Veterans Pain Rating Scale (DVPRS)
7. Back Bournemouth Questionnaire (BBQ)
8. Other pain assessment documented

99. No pain assessment documented  | 1,2,3,4,5,6,7,8,99If 8 go to othpainscl or if 99, go to notedx1, else go to numpain Cannot select any other option if 99 selected | Look for documentation in the encounter note of pain assessment. Select all pain assessments that were documented as completed in the Chiropractor encounter note. Select value “1” for Pain-Intensity assessment that may include, but is not limited to the following: Visual Analogue Scale (VAS)’ Graphic Rating Scale, Numerical Rating Scale (NRS) (i.e., 0-10), or Verbal Rating ScaleThe Back Bournemouth Questionnaire may also be written as BBQ, Bournemouth Back Rating Scale or Bournemouth Neck Back all of which are acceptable to select value “7”.If the physician assesses pain and documents pain assessment in the encounter note without use of a specific scale or uses another scale not listed, select value “8”.If no pain assessment scale is documented, select value “99”. |
| 23 | othpainscl | Enter the other pain assessment or pain scale used to rate the patient’s pain during the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2)? | Free text  | Enter the other pain assessment scale used to rate the patient’s pain in the Chiropractor’s encounter note. |
| 24 | numpain  | For the pain scale or pain assessment documented on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), was a numerical value documented in the encounter note?1. Yes2. No | 1,2If 2, go to notedx1 as applicable | If the score of the pain scale or a numerical result of pain assessment is documented, select value “1”. |
| 25 | numpain1 | Enter the numerical result documented in the medical record for the pain scale. | XX.XX

|  |
| --- |
| 0 - 10 |

 | Enter the numerical result documented in the medical record for the pain scale. Some scales may use a whole number, while others may use a decimal, enter the exact result documented in the medical record. * If a whole number is used less than 10 enter a leading 0 followed by 00 for the trailing decimal place. For example, the Chiropractor documents 7 out of 10 on the pain intensity scale, enter 07.00
* If a decimal less than 10 is documented, enter a leading zero. For example, the Chiropractor documents Functional Rating Index is 1.25 enter 01.25 as the numerical result. If documented as 1.3, enter 01.30 as the documented value.
* If the score is documented as a whole number greater than 10, enter the whole number followed by 00 for the trailing decimal place. For example, the Chiropractor documents Neck Index Disability score 33, enter 33.00
* If multiple numeric pain scores are documented (e.g. number of pain at best/worst/average, or number of pain last week, average or today), take the highest value documented during the visit
 |
| **If valchidt = 1, go to notedx1; else go to chitxgoal1** |
| **Management** |
| 26 | notedx1notedx2notedx3notedx4notedx5notedx6notedx7notedx8notedx9notedx10notedx99 | For the Chiropractic encounter on (computer to display indchidt), what did the Chiropractor document as the working/differential diagnosis/impression in the note?**Select all that apply:**1. General low back (e.g., lumbar, coccyx, pelvic, sacral, sacroiliac) pain
2. Low back pain (LBP) with radiculopathy (radiating pain)
3. Neck (cervical) pain
4. Neck (cervical) pain with radiculopathy (radiating pain)
5. Thoracic pain
6. Headache
7. Upper extremity (arm) pain or condition
8. Lower extremity (leg) pain or condition
9. Generalized syndrome

10. Other impression documented99. No working/differential diagnosis/impression documented in the Chiropractor’s note | 1,2,3,4,5,6,7,8,9,10, 99Cannot select any other option if 99 selectedIf notedx10 = -1, go to othimp; else go to chitxgoal1

|  |
| --- |
| Warning if 99 selected |

 | **Review the Chiropractor’s note and select each working/differential diagnosis/impression documented in the note.** * For example, in the assessment/plan section of the note, the Chiropractor documents: Neck pain with radiation down left arm, headache; and fibromyalgia. Select values 4, 6 and 9.

**Value “1”, general low back (lumbar) pain (LBP) also includes:**

|  |  |
| --- | --- |
| Coccyx pain  | Lumbar strain |
| Lumbago | Pelvic pain |
| Lumbar dysfunction  | Sacral pain |
| Lumbar segmental dysfunction | Sacrococcygeal pain |
| Lumbar sprain | Sacroiliac joint pain |

**Value “2”, low back (lumbar) pain with radiculopathy (radiating pain into leg) also includes:**

|  |  |
| --- | --- |
| Low back pain with leg or nerve pain | Sciatica |
| Lumbar disc herniation with nerve impingement | Symptomatic spinal stenosis |
| Lumbar radiculopathy |  |

 **Value “3”, neck (cervical) pain also includes:**

|  |  |
| --- | --- |
| Cervicalgia | Cervical sprain |
| Cervical dysfunction  | Cervical strain |
| Cervical segmental dysfunction |  |

**Cont’d next page****Value “4”, neck (cervical) pain with radiculopathy (radiating pain into arm) also includes:**

|  |  |
| --- | --- |
| Cervical disc herniation with nerve impingement | Cervical spinal stenosis |
| Cervical radiculopathy | Neck pain with arm or nerve pain |

**Value “5”, thoracic (middle or upper back) pain also includes:**

|  |  |
| --- | --- |
| Thoracic dysfunction | Thoracic sprain |
| Thoracic segmental dysfunction | Thoracic strain |
| Thoracic spine pain |  |

**Value “6”, headache also includes:**

|  |  |
| --- | --- |
| Cervicogenic headache | Tension type headache |
| Migraine |  |

**Value “7”, upper extremity (arm) pain or condition also includes:**

|  |  |
| --- | --- |
| Carpal tunnel syndrome | Shoulder pain |
| Cubital tunnel syndrome | Tendinopathy |
| Elbow pain | Tendonitis of upper extremity |
| Hand pain | Tennis elbow |
| Rotator cuff dysfunction  | Thoracic outlet syndrome |
| Sprain of upper extremity | Upper extremity dysfunction |
| Strain of upper extremity | Wrist pain |

**Cont’d next page****Value “8”, lower extremity (leg) pain or condition also includes:**

|  |  |
| --- | --- |
| Achilles tendonitis | Knee pain |
| Ankle pain | Lower extremity dysfunction |
| Ankle sprain | Sprain of lower extremity |
| Foot pain | Strain of lower extremity  |
| Hip pain | Tendonitis of lower extremity |
| Iliotibial (IT) band tendonitis | Tendinopathy of lower extremity |
| Jumper’s knee |  |

**Value “9”, generalized syndrome includes:**

|  |  |
| --- | --- |
| Chronic pain syndrome | Muscle spasm |
| Fibromyalgia | Muscle tension |
| Myalgia | Stiffness |
| Muscle ache | Unspecified location of pain/dysfunction |
| Muscle pain | Unspecified pain |

* **Select value “10” if any other working/differential diagnosis/impression not listed above is documented in the Chiropractor’s note.**
* **Select value “99” if no diagnosis/impression is documented.**
 |
| 27 | othimp | Enter the exact other working/differential diagnosis/impression documented.  | Free text | **Enter the Chiropractor’s documentation of the working/differential diagnosis/impression documented in the note.** |
| 28 | chitxgoal1chitxgoal2chitxgoal3chitxgoal4chitxgoal5chitxgoal6chitxgoal99 | During the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2) what did the Chiropractor document as goals for care? **Select all that apply:**1. Decrease pain
2. Increase function
3. Decrease medication
4. Correct/reduce subluxations
5. Correct/reduce spinal misalignments
6. Other

99. Not documented | 1,2,3,4,5,6,99If 6, go to othchigoal, else go to chifreq | A treatment plan should include goals for care. Select all goals of care that are documented by the Chiropractor on the visit date.* **Decrease pain:** may include description of reducing pain-intensity assessments (ex: VAS, Numeric Pain Scale, Defense Veterans Pain Rating Scale), specific mention of pain levels
* **Increase function:** may include specific actions (ex: improve ability to walk or work), mention of functional outcome measures (ex: Oswestry Low Back Pain Index, Neck Disability Index, Functional Rating Index, Back Bournemouth Questionnaire)
* **Correct/reduce subluxation:** must include mention of term “subluxation”
* **Correct/reduce spinal misalignment**: may include mention of joint or spinal alignment or misalignment

Select value “99” only if there is no documentation of goals of care documented by the Chiropractor |
| 29 | othchigoal | Enter the goal documented by the Chiropractor in the encounter note. | Free text  | Enter the specific treatment goal documented by the Chiropractor in the encounter note.  |
| 30 | chifreq | During the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2) did the Chiropractor document desired follow up visit frequency?1. Yes
2. No
 | 1,2 | Look for documentation in the Chiropractor’s note that specifies the frequency of when the patient should be seen again. For example, “patient to follow-up in 2 weeks.”If visit frequency is documented, select value “1”.  |
| 31 | chinfcnst | During the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2) did the Chiropractor document informed consent was obtained?1. Yes
2. No
 | 1,2 | The Chiropractor should document informed consent as verbal discussion of risks / benefits of treatment as well as a verbal consent from the patient to be treated.**Examples:** “I discussed the risk/benefit of chiropractic treatment options” “the patient was informed of potential side effects such as temporary increased pain and muscle soreness”“I explained possible adverse effects and benefits” |
| 32 | chiedu | During the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2) did the Chiropractor document disease-specific counseling or education was provided to the patient?1. Yes
2. No
 | 1,2If 2, go to chiadv1 | Disease-specific education or counseling should provide suggestions or recommendations related to the patients complaints or diagnosis For example, “advice on low back pain provided to patient” or “discussed use of ice and heat for neck pain” |
| 33 | chidxedu1chidxedu2chidxedu3chidxedu4chidxedu5chidxedu99 | What was the **condition-specific** patient counseling or education completed during the visit? **Select all that apply.**1. Ergonomic recommendations
2. Use of heat or ice
3. Instruction in home use of TENS/E-stim machine
4. Advice to remain active
5. Other

99. None of these | 1,2,3,4,5,99If 5, go to othedchi; else go to chiadv1Cannot select any other option if 99 selected | Select all recommendations, education, or counseling that the Chiropractor documented as provided to the patient during the visit, that are related to the condition(s) addressed in the visit.* Ergonomic recommendations include, but are not limited to: workspace recommendations to improve the condition by providing sitting recommendations and lifting techniques. For example, the Chiropractor documents discussion of the proper position of the computer at home and at work or to stretch while at the computer for long periods of time.
* Sleep recommendations
* Ice/heat: self-explanatory
* TENS/e-stim: instructions on use of at home devices, typically battery operated, to treat pain
* Other condition-specific education or patient counseling

If none of these are documented, select value “99” |
| 34 | othedchi | Enter the condition-specific patient counseling or education documented during the visit. | Free text | Enter the condition-specific patient counseling or education that the Chiropractor documented during the visit. |
| 35 | chiadv1chiadv2chiadv3chiadv4chiadv5chiadv6chiadv7chiadv8chiadv9chiadv99 | What was the **general** patient counseling or education completed during the visit? **Select all that apply.**1. Healthy weight/weight loss
2. Dietary recommendations
3. Tobacco cessation
4. Illicit drug use
5. Screening/comments on depression
6. Screening/comments on suicidality
7. Fall risk/prevention
8. Screening/comments on elevated BP/hypertension
9. Screening/comments on Vitamin D

99. None of these | 1,2,3,4,5,6,7,8,9,99Cannot select any other option if 99 selected | Select all recommendations, education, or counseling that the Chiropractor documented as provided to the patient during the visit, that are related to general health more broadly. |

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| **Treatments** |
| 36 | indtx | During the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), did the Chiropractor deliver any treatment to the patient?1. Yes
2. No
 | 1,2If 2, auto-fill indtxres as 95 and go to chiorimg2

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| **Warning if 2** |

 | **Review documentation to determine if the Chiropractor delivered any treatments during the encounter.** Treatment(s) delivered to the patient during the encounter may include: manual therapy (manipulation), acupuncture, therapeutic exercise, and patient education.**Select value “1” for documentation of any of the following treatments treatment delivered during the encounter that may include, but is not limited to:*** Manual High-Velocity Low-Amplitude (HVLA)
* Flexion / Distraction (F/D) or the Cox Technic
* Impulse Instrument
* Manual Mobilization
* Manual Traction
* Drop-assisted treatment
* Manual soft tissue therapy
* Sacro Occipital Technique treatment
* Physical modality, such as ice, heat, electric stimulation, therapeutic ultrasound, or acupuncture/dry needling
* Therapeutic exercise(s) (i.e., McKenzie Exercises, Stabilizing Exercises, Range of Motion Exercises)
* Prescribed medications or recommended over the counter medications for the condition
 |
| 37 | hvlatx | On (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), did the Chiropractor deliver Manual High-Velocity Low-Amplitude (HVLA)?1. Yes
2. No
 | 1,2If 2, go to fdtx | For documentation that the Chiropractor delivered High-Velocity Low-Amplitude (HVLA) spinal manipulation during the encounter, select value “1”.**HVLA includes any of the following:*** Diversified
* Gonstead
* Grade V
* Manual adjustment
* Chiropractic adjustment
* Manipulation
* Spinal Manipulation
* Joint manipulation
* Extremity adjustment
 |
| 38 | hvlareg1hvlareg2hvlareg3hvlareg4hvlareg5hvlareg6hvlareg7 | Select all regions that HVLA treatment was delivered to**Select all that apply:** 1. Cervical (C0-7)
2. Thoracic (T1-12)
3. Lumbar (L1-5)
4. Sacroiliac (Sacrum, ilium, coccyx)
5. Upper Extremity
6. Lower Extremity
7. Other region
 | 1,2,3,4,5,6,7If 7 go to hvlaoth, else go to fdtx | Select all regions that the Chiropractor delivered HVLA treatment to during the encounter.If some other region is documented, select value “7”. |
| 39 | hvlaoth | Enter the other region the HVLA treatment was delivered to during the encounter. | Free text | Enter the documented region HVLA treatment was delivered to during the encounter. |

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| 40 | fdtx | On (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), did the Chiropractor deliver Flexion / Distraction?1.Yes2.No | 1,2If 2 go to impistx | Select value “1” for any documentation of Flexion-distraction (F/D)Flexion/distraction may also include documentation of the Cox Technic for spinal pain relief  |
| 41 | fdtxreg1fdtxreg2fdtxreg3fdtxreg4fdtxreg5fdtxreg6fdtxreg7 | Select all regions that Flexion / Distraction treatment was delivered to during the encounter.**Select all that apply:** 1. Cervical (C0-7)
2. Thoracic (T1-12)
3. Lumbar (L1-5)
4. Sacroiliac (Sacrum, ilium, coccyx)
5. Upper Extremity
6. Lower Extremity
7. Other region
 | 1,2,3,4,5,6,7If 7 go to fdtxoth, else go to impistx | Select all regions that the Chiropractor delivered F/D treatment to during the encounter.If some other region is documented, select value “7”. |
| 42 | fdtxoth | Enter the other region Flexion / Distraction treatment was delivered to during the encounter. | Free text | Enter the documented region Flexion / Distraction (F/D) treatment was delivered to during the encounter. |
| 43 | impistx | On (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), did the Chiropractor deliver Impulse Instrument treatment?1.Yes2.No | 1,2If 2 go to mnmobtx | Select value “1” for any documentation of Impulse instrument that may include the following: * Activator
* Instrument assisted
* Pro-Adjuster
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| 44 | impisreg1impisreg2impisreg3impisreg4impisreg5impisreg6impisreg7 | Select all regions that Impulse Instrument was delivered to during the encounter.**Select all that apply:**1. Cervical (C0-7)
2. Thoracic (T1-12)
3. Lumbar (L1-5)
4. Sacroiliac (Sacrum, ilium, coccyx)
5. Upper Extremity
6. Lower Extremity
7. Other region
 | 1,2,3,4,5,6,7If 7 go to impisoth, else go to mnmobtx | Select all regions that the Chiropractor delivered Impulse Instrument treatment to during the encounter.If some other region is documented, select value “7”. |
| 45 | impisoth | Enter the other region Impulse Instrument treatment was delivered to. | Free text | Enter the documented region Impulse Instrument treatment was delivered to during the encounter. |
| 46 | mnmobtx | On (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), did the Chiropractor deliver Manual Mobilization?1.Yes2. No | 1,2If 2 go to mntctx | Select value “1” for any documentation of Manual mobilization that may include the following: * Grade I-IV
* Decompression
 |
| 47 | mobreg1mobreg2mobreg3mobreg4mobreg5mobreg6mobreg7 | Select all regions that Manual Mobilization treatment was delivered to**Select all that apply:** 1. Cervical (C0-7)
2. Thoracic (T1-12)
3. Lumbar (L1-5)
4. Sacroiliac (Sacrum, ilium, coccyx)
5. Upper Extremity
6. Lower Extremity
7. Other region
 | 1,2,3,4,5,6,7If 7 go to mobregoth, else go to mntctx | Select all regions that the Chiropractor delivered Manual Mobilization treatment to during the encounter.If some other region is documented, select value “7”. |

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| 48 | mobregoth | Enter the other region that Manual Mobilization was delivered to during the encounter. | Free text | Enter the documented region Manual Mobilization treatment was delivered to during the encounter. |
| 49 | mntctx | On (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), did the Chiropractor deliver Manual Traction?1.Yes2.No | 1,2If 2 go to dpastx | Select value “1” for any documentation of manual traction. |
| 50 | mntcreg1mntcreg2mntcreg3mntcreg4mntcreg5mntcreg6mntcreg7 | Select all regions that Manual Traction was delivered to during the encounter.**Select all that apply:** 1. Cervical (C0-7)
2. Thoracic (T1-12)
3. Lumbar (L1-5)
4. Sacroiliac (Sacrum, ilium, coccyx)
5. Upper Extremity
6. Lower Extremity
7. Other region
 | 1,2,3,4,5,6,7If 7 go to mntctxoth, else go to dpastx | Select all regions that the Chiropractor delivered Manual Traction treatment to during the encounter.If some other region is documented, select value “7”. |
| 51 | mntctxoth | Enter the other region that Manual Traction was delivered to during the encounter. | Free text | Enter the documented region Manual Traction treatment was delivered to during the encounter. |
| 52 | dpastx | On (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), did the Chiropractor deliver Drop-assisted treatment?1. Yes2. No | 1,2If 2, go to mstttx | Select value “1” for any documentation of Drop-assisted treatment that may include the following:* Drop table
* Thompson
 |
| 53 | dpasreg1dpasreg2dpasreg3dpasreg4dpasreg5dpasreg6dpasreg7 | Select all regions that Drop-assisted treatment was delivered to during the encounter.**Select all that apply:** 1. Cervical (C0-7)
2. Thoracic (T1-12)
3. Lumbar (L1-5)
4. Sacroiliac (Sacrum, ilium, coccyx)
5. Upper Extremity
6. Lower Extremity
7. Other region
 | 1,2,3,4,5,6,7If 7 go to dpasregoth, else go to mstttx | Select all regions that the Chiropractor delivered Drop-assisted treatment to during the encounter.If some other region is documented, select value “7”. |
| 54 | dpasregoth | Enter the other region that Drop-assisted treatment was delivered to during the encounter. | Free text | Enter the documented region Drop-assisted treatment was delivered to during the encounter. |
| 55 | mstttx | On (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), did the Chiropractor deliver Manual soft tissue therapy?1.Yes2.No | 1,2If 2, go to sotectx | Select value “1” for any documentation of manual soft tissue therapies that include any of following: * Massage
* Myofascial release
* Instrument-assisted soft tissue mobilization (IASTM)
* Augmented soft-tissue mobilization
* Graston
* Manual trigger point therapy
* Transverse friction massage
* Soft tissue mobilization
* Craniosacral Therapy
* Active Release Technique (ART)
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| 56 | msttreg1msttreg2msttreg3msttreg4msttreg5msttreg6msttreg7 | Select all regions that Manual soft tissue therapy was delivered to during the encounter.**Select all that apply:** 1. Cervical (C0-7)
2. Thoracic (T1-12)
3. Lumbar (L1-5)
4. Sacroiliac (Sacrum, ilium, coccyx)
5. Upper Extremity
6. Lower Extremity
7. Other region
 | 1,2,3,4,5,6,7If 7 go to msttregoth, else go to sotectx | Select all regions that the Chiropractor delivered Manual soft tissue therapy to during the encounter.If some other region is documented, select value “7”. |
| 57 | msttregoth | Enter the other region that Manual soft tissue therapy was delivered to during the encounter. | Free text | Enter the documented region Manual soft tissue therapy was delivered to during the encounter. |
| 58 | sotectx | On (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), did the Chiropractor deliver Sacro Occipital Technique?1. Yes2. No | 1,2If 2 go to phymod1 | Select value “1” for any documentation of Sacro Occipital Technique (SOT) that includes documentation of the following treatments: * Blocks, such as pelvic blocking
 |
| 59 | sotecreg1sotecreg2sotecreg3sotecreg4sotecreg5sotecreg6sotecreg7 | Select all regions that Sacro Occipital Technique treatment was delivered to during the encounter.**Select all that apply:** 1. Cervical (C0-7)
2. Thoracic (T1-12)
3. Lumbar (L1-5)
4. Sacroiliac (Sacrum, ilium, coccyx)
5. Upper Extremity
6. Lower Extremity
7. Other region
 | 1,2,3,4,5,6,7If 7 go to sotecregoth, else go to phymod1 | Select all regions that the Chiropractor delivered Sacro Occipital Technique treatment to during the encounter.If another region is documented, select value “7”. |
| 60 | sotecregoth | Enter the other region that Sacro Occipital Technique was delivered to during the encounter. | Free text | Enter the documented region Sacro Occipital Technique was delivered to during the encounter. |
| 61 | phymod1phymod2phymod3phymod4phymod99 | What specific physical modality was performed during the visit on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2)? **Select all that apply:**1. Hot/cold packs
2. Electric stimulation/Therapeutic ultrasound
3. Cold laser (low level laser therapy (LLLT))
4. Acupuncture/dry needling

99. Not documented  | 1,2,3,4,99Cannot select any other option if 99 selected | Review documentation for any physical modality treatment that was offered such as heat and cold, electric stimulation, or acupuncture and select all treatments performed.If there are no physical modalities documented as performed, select value “99”. |
| 62 | thexcs | On (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2) was therapeutic exercise performed?1. Yes2. No | 1,2 | Select value “1” for documentation of Therapeutic exercise that may include the following: * McKenzie Exercises
* Stabilizing Exercises
* Range of Motion Exercises
 |
| 63 | chimed | On (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2) were over the counter medication(s) recommended by Chiropractor?1. Yes 2. No | 1,2 | Select value “1” if over the counter medication recommendations were documented by the Chiropractor on the day of the encounter. |

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| 64 | chisupp | On (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2) were herbal or dietary supplements recommended by the Chiropractor? 1. Yes
2. No
 | 1,2 | Select value “1” if herbal or dietary supplement recommendations were documented by the Chiropractor on the day of the encounter. |
| 65 | othtxrg | On (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), enter any other treatments documented as delivered and enter the region the other treatment was provided.  | Free text | Enter any other treatment documented by the Chiropractor including the region where treatment was provided. Examples of other treatments documented may include, but are not limited to the following: * Application of topical pain relievers
* Iontophoresis or phonophoresis
* muscle taping

If no other treatments were performed, enter none. |
| **Ordered Imaging** |
| 66 | chiorimg1chiorimg2chiorimg3chiorimg4chiorimg5chiorimg6chiorimg7chiorimg99 | Enter any imaging or tests that were ordered by the Chiropractor during the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2). **Select all that apply.**1. X-ray
2. MRI
3. CT
4. Labs
5. DEXA
6. Electrodiagnostic studies
7. Other studies

99. None | 1,2,3,4,5,6,7,99If 7 go to othordimg, else go to indretaptCannot select any other option if 99 selected | Select all imaging or tests that were ordered by the Chiropractor during the encounter. **Imaging/testing may include, but is not limited to the following:** * X-ray,
* MRI,
* CT,
* Labs,
* DEXA,
* Electrodiagnostic studies
 |

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| 67 | othordimg | Enter any other studies or test the chiropractor ordered during the encounter.  | Free text | Enter any other studies or test the chiropractor ordered during the encounter. |
| **Follow-up** |
| 68 | indretapt | During the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), did the Chiropractor schedule a return appointment for the patient?1. Yes
2. No
 | 1,2 | Look for documentation indicating that the patient was scheduled for a follow-up appointment with the Chiropractor.If the patient is scheduled for a follow-up appointment, select value “1”. |
| 69 | othsvc1othsvc2othsvc3othsvc4othsvc5othsvc6othsvc7othsvc8othsvc9othsvc10othsvc11othsvc12othsvc13othsvc14othsvc99 | Select all of the service(s) that the Chiropractor *advised* the patient to see, contact, or follow-up with during the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2).**Select all that apply:**1. Emergency Department
2. Integrated Health/Whole Health
3. Mental health/Health psychology
4. Neurology
5. Neurosurgery
6. Orthopedic surgery
7. Pain medicine
8. Physiatry
9. Physical therapy / occupational therapy
10. Primary care
11. Rheumatology
12. Urgent care
13. Women’s clinic
14. Other

99. Not documented  | 1,2,3,4,5,6,7,8,9,10,11,12,13,14, 99If 14 go to othadvref, else go to ordsrv1Cannot select any other option if 99 selected | **Only acceptable source: Chiropractor progress note(s).**Select all services that the patient is advised to see as documented in the text of the note. Select services documented in the note regardless of whether or not the Chiropractor actually placed an order/consult in CPRS.If the Chiropractor ***did not advise*** the patient to see, contact, or follow-up with any other service, select value “99”. |
| 70 | othadvref | Enter the clinic or specialty the Chiropractor advised the patient to contact. | Free text | Enter the other specialty that Chiropractor referred or advised patient to visit |
| 71 | ordsrv1ordsrv2ordsrv3ordsrv4ordsrv5ordsrv6ordsrv7ordsrv8ordsrv9ordsrv10ordsrv11ordsrv12ordsrv13ordsrv14ordsrv99 | Select all of the service(s) that the Chiropractor *placed a consult or ordered* for the patient to go to during the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2).**Select all that apply:**1. Emergency Department
2. Integrated Health/Whole Health
3. Mental health/Health psychology
4. Neurology
5. Neurosurgery
6. Orthopedic surgery
7. Pain medicine
8. Physiatry
9. Physical therapy / occupational therapy
10. Primary care
11. Rheumatology
12. Urgent care
13. Women’s clinic
14. Other

99. None/Not documented  | 1,2,3,4,5,6,7,8,9,10,11,12,13,14, 99Cannot select any other option if 99 selectedIf 14 go to othordsvc, else go to indtxres | **Only acceptable source: Chiropractor Orders**Select all of the service(s) that the Chiropractor ordered or placed a consult for in the medical record on the date of the encounter.Review all Chiropractor orders to determine if the consult was ordered and select all clinics / specialists that the Chiropractor ordered or consulted. If the Chiropractor did not order or place a consult for any other service(s), select value “99”. |
| 72 | othordsvc | Enter the clinic or specialty the Chiropractor ordered/consulted the patient to. | Free text | Enter the clinic or specialty that the Chiropractor referred, ordered, or consulted for the patient to see. |

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| **Outcomes** |
| 73 | indtxres | During the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), did the Chiropractor assess the patient’s response to the treatment?1. Yes
2. No

95. Not applicable | 1,2,95Will be auto-filled as 95 if indtx = 2If 2 or 95, go to chiptexp | Look for documentation the Chiropractor assessed the patient’s immediate response to the treatment delivered.* For example, Chiropractor performed manipulation of patient’s lower spine and noted, “patient reports decrease in lower back pain from 9 to 6”; select value “1”.

Documented responses to treatment may include but are not limited to: * Pain decreased
* Pain increased
* Range of Motion (ROM) increased
* ROM decreased

Select value “2” where response to treatment is not documented. Will be auto-filled “95” if no treatment was delivered. |
| 74 | indtximm | During the encounter on (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2), enter the immediate response documented by the Chiropractor to the treatment delivered during the encounter. | Free text  | Enter the patient’s documented response to treatment as documented by the Chiropractor in the note.  |
| 75 | chiptexp | On (If valchidt = 1, computer to display indchidt, else if valchidt =2, computer display indchidt2) did the Chiropractor document discussing patient experience and/or satisfaction with the encounter?1. Yes2. No | 1,2If 2, go to refchicr1 | Select value “1” if the Chiropractor documented assessing patient satisfaction or their experience during the visit.For example, “patient satisfied with facility and staff members, but expressed dissatisfaction with wait times.” |
| 76 | othchiexp | Enter the exact documentation the Chiropractor documented regarding what was documented patient experience and/or satisfaction with the encounter. | Free text | Enter what was documented by the Chiropractor regarding patient experience and/or satisfaction. |
| **Referral**  |
| 77 | refchicr1refchicr2refchicr3refchicr4refchicr5refchicr6refchicr7refchicr8refchicr9refchicr10refchicr11refchicr12refchicr13refchicr14refchicr99 | During the timeframe (computer to display 03/01/2017 to if valchidt = 1, display indchidt, else display indchidt2), what clinic or specialty referred the patient to Chiropractic care?**Select all that apply:**1. Emergency Department
2. Integrated Health/Whole Health
3. Mental health/Health psychology
4. Neurology
5. Neurosurgery
6. Orthopedic surgery
7. Pain medicine
8. Physiatry
9. Physical therapy/occupational therapy (Physical medicine and rehabilitation)
10. Primary care
11. Rheumatology
12. Urgent care
13. Women’s clinic
14. Other
15. Not documented
 | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,99If 14, go to othrefchi or if 99, go to othcln1; else, go to refchicrdtCannot select 99 with any other selection | Look for documentation as to which specialty initially referred the patient to Chiropractic care during the timeframe displayed in the question and select all clinics or specialties that referred the patient to Chiropractic care. If there is no documentation during the timeframe of the clinic or specialty that referred the patient to Chiropractic care, select value “99”. |

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| 78 | othrefchi | Enter the clinic or specialty that referred the patient to the Chiropractor. | Free text  | Enter the other specialty that the patient was referred to by the Chiropractor. |
| 79 | refchicrdt | Enter the date of the most recent consult where documentation indicates that the patient was referred to Chiropractic care. | mm/dd/yyyy

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| >= 03/01/2017 and <= 9/30/2018 |

 | Enter the date of the most recent consult where documentation indicates that the patient was referred to Chiropractic care. |
| 80 | chirefdx1chirefdx2chirefdx3chirefdx4chirefdx5chirefdx6chirefdx7chirefdx99 | On (computer display refchicrdt), select the purpose of consultation to Chiropractic care documented as any of the following diagnosis or conditions?**Select all that apply:** 1. Headache
2. Cervical (neck) condition
3. Thoracic condition
4. Low back condition
5. Upper extremity condition
6. Lower extremity condition
7. Other

99. Purpose of consultation not documented | 1,2,3,4,5,6,7,99If 7, go to chiothref, else go to othcln1Cannot select 99 with any other selection | Select all diagnoses as documented as the reason for consultation to the Chiropractor. If there is no purpose of consultation to the Chiropractor documented, select value “99”. |
| 81 | chiothref | Enter the purpose of the consultation to Chiropractic care described in the consultation note. | Free text | Enter the purpose of the consultation to Chiropractic care described in the consultation note. |

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| 82 | othcln1othcln2othcln3othcln4othcln5othcln6othcln7othcln8othcln9othcln10othcln11othcln12othcln13othcln14othcln99 | During the timeframe (If valchidt = 1, computer to display indchidt - 6 months to indchidt), else (if valchidt =2, computer display indchidt2 - 6 months to indchidt2), what other clinics did the patient visit for the same condition(s) documented as the reason for Chiropractic care?**Select all that apply**: 1. Emergency Department
2. Integrated Health/Whole Health
3. Mental health/Health psychology
4. Neurology
5. Neurosurgery
6. Orthopedic surgery
7. Pain medicine
8. Physiatry
9. Physical therapy / occupational therapy
10. Primary care
11. Rheumatology
12. Urgent care
13. Women’s clinic
14. Other

99. No other clinic visits | 1,2,3,4,5,6,7,8,9,10,11, 12,13,14,99If 14, go to othclnrsn, else go to endCannot select 99 with any other selection | Consults may be made to other clinics. Select all clinics that are consulted for the same conditions documented as the reason for Chiropractic care within the past 6 months prior to the Chiropractic encounter date. If there are no other clinics documented that the patient visited for the same conditions in the 6 months prior to the encounter, select value “99”. |

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| 83 | othclnrsn | Enter the other clinic(s) the patient visited for the same condition(s) documented as the reason for Chiropractic care? | Free text | If other clinics have been visited for the same condition within the past 6 months prior to the Chiropractic encounter date, enter the other clinics visited for the same condition as documented by Chiropractic care. |