

CHIROPRACTIC E/M COUNSELING RECORD

(for a Significant, Separately Identifiable Evaluation and Management (E/M) service that is not included with a CMT service)

Patient Name: _____ Date of Birth: _____ Date: _____

Presenting Problem: _____ Date of Onset: _____

HISTORY-EXAMINATION-CLINICAL DECISION MAKING (H-E-C)

NOTES: _____ ☐ See H-E-C Record

DIAGNOSES: 1 _____ 3 _____
2 _____ 4 _____

COUNSELING AND/OR COORDINATION OF CARE (C-C)

DIAGNOSTIC RESULTS / IMPRESSIONS (Report of Findings):



Cervical: _____

Thoracic: _____

Lumbar: _____

Other Areas: _____

Radiological: _____

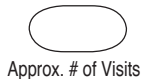
Laboratory: _____

RECOMMENDED DIAGNOSTIC STUDIES: _____

PROGNOSIS: _____

RISKS AND BENEFITS OF MANAGEMENT (TREATMENT) OPTIONS: _____

INSTRUCTIONS FOR MANAGEMENT (TREATMENT) AND/OR FOLLOW-UP: _____



____ Visits as soon as possible _____ times per week for _____ week(s) _____ Other: _____

____ Daily, for _____ days _____ times per month for _____ month(s) _____

IMPORTANCE OF COMPLIANCE WITH CHOSEN MANAGEMENT (TREATMENT) OPTIONS: _____

RECOMMENDATIONS TO REDUCE RISKS OF INJURY: _____

EDUCATION: ☐ Patient _____

☐ Family _____

COORDINATION OF CARE: _____

Doctor-Patient
Face-to-Face
Time

H-E-C START TIME

C-C START TIME

C-C END TIME

TIME SUMMARY

H-E-C: _____

C-C: _____

Total: _____

The C-C time portion must be greater than 50% of the total face-to-face time, to qualify for codes below. (See a current ChiroCode® DeskBook for full explanations)

NEW PATIENT

Total Face-to-Face Time	E/M Code
10 min	99201
20 min	99202
30 min	99203
45 min	99204
60 min	99205

ESTABLISHED

Total Face-to-Face Time	E/M Code
5 min	99211
10 min	99212
15 min	99213
25 min	99214
40 min	99215

'-25'

Add Modifier -25 to code if S.S.I. E/M service is performed on the same day as the CMT services

Doctor's Signature (or initial): _____