



Documentation & Record Keeping

The most important
hour of this
weekend

Bill Gallagher, DC



Why?

- It is the law
- CYA
- Communication with other providers
- It is not just for insurance reimbursement
- Establish necessity for continued care
- Get published



How?



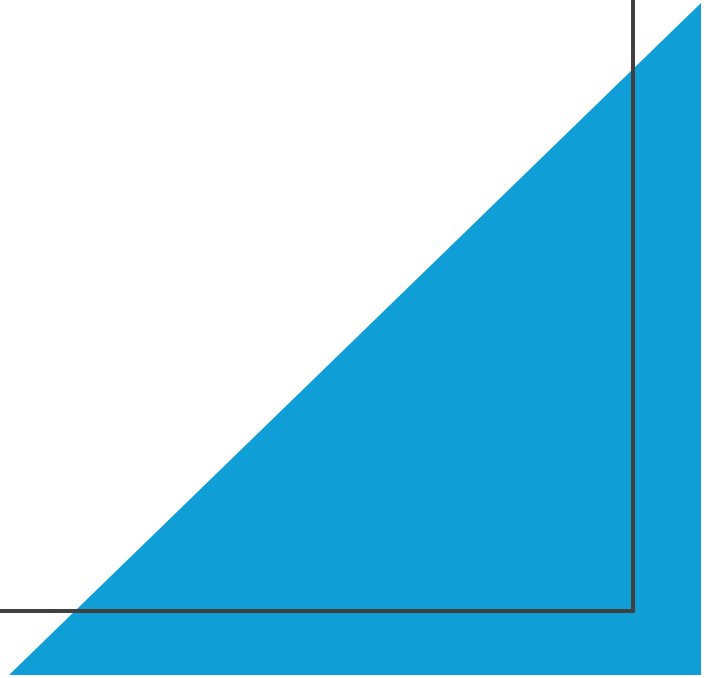
-
- Paper
 - EHR
 - AI
 - Tell the story

If it ain't written down,
it didn't happen.



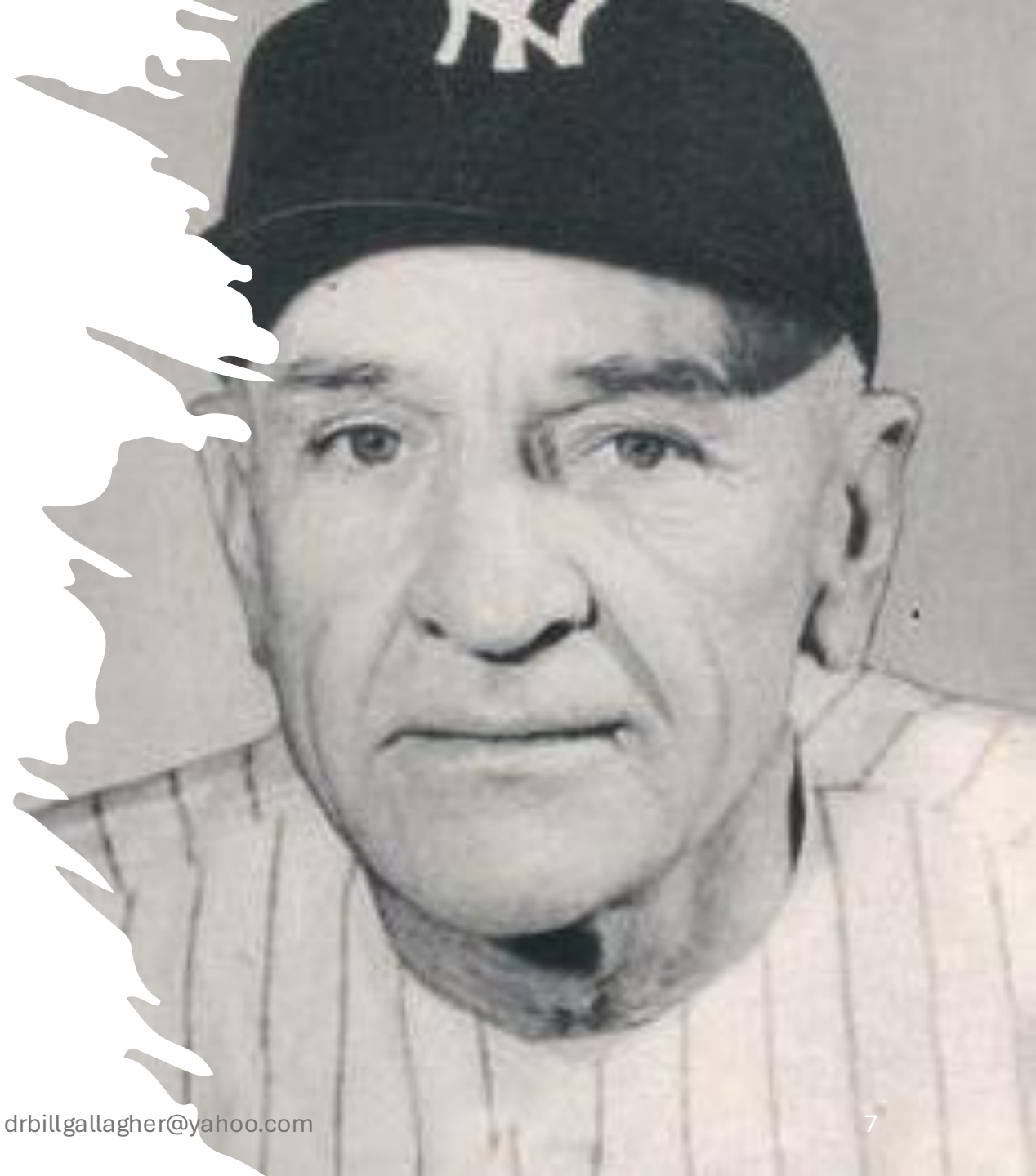
When?

- Take 2 minutes NOW
- 2 hours later you will not remember half of what you were told or observed
- 99202 v. 99205



“A handshake
agreement **ain’t**
worth the paper its
written on.”

~ *Casey Stengel*



Intake



- Current complaints
- OPQRST
- Changes
- Prior conditions

Dental hygienist

- Any changes in your health since your last visit?
- Any surgeries?
- Any medication allergies?



**I MAY NOT FIX IT
BUT
I CAN WRITE IT DOWN**

Outcomes Assessment Tools

- PDQ
- NDI
- Rivermead
- VAS
- Etc.



The odds of being deposed

Two chances

1. Fat
2. slim



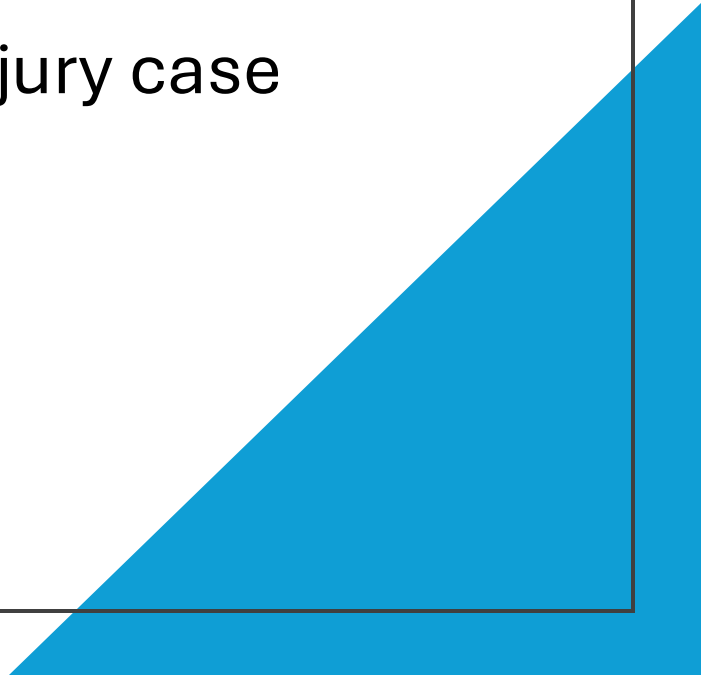
The odds of an insurance company requesting your records

1:1



I will ask for your records

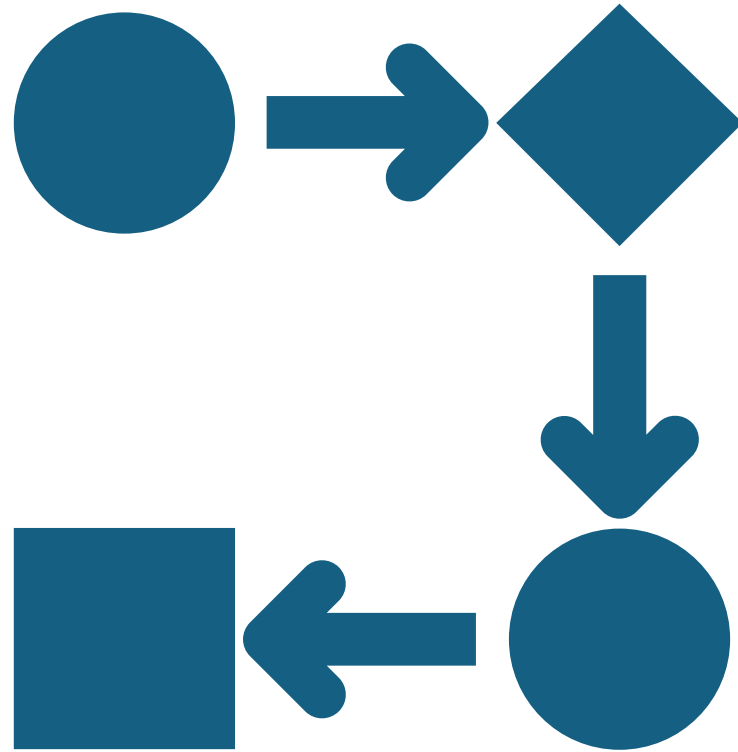
- Every person you will ever see is a personal injury case



DELETE THE SALT BUTTON

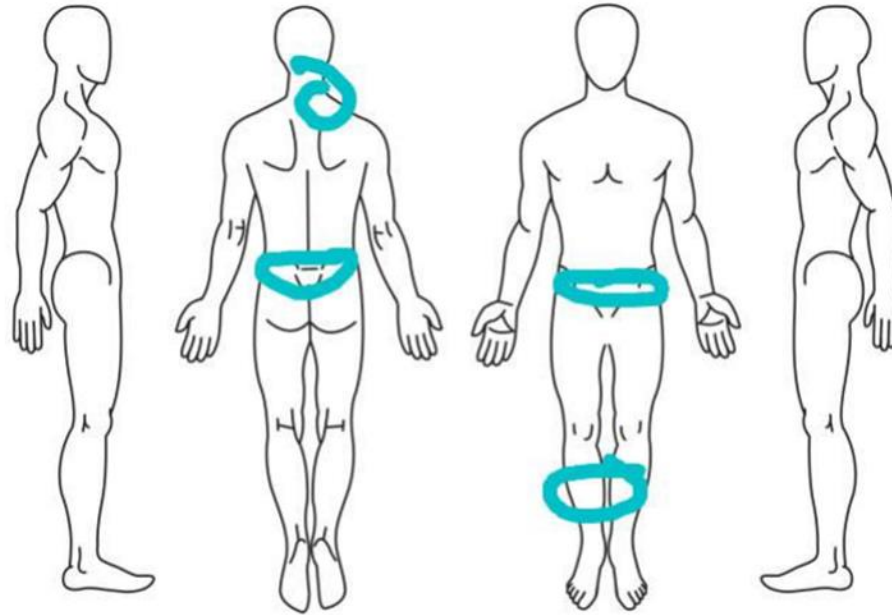
**The more it
changes,
the more it stays
the same**

From an actual file



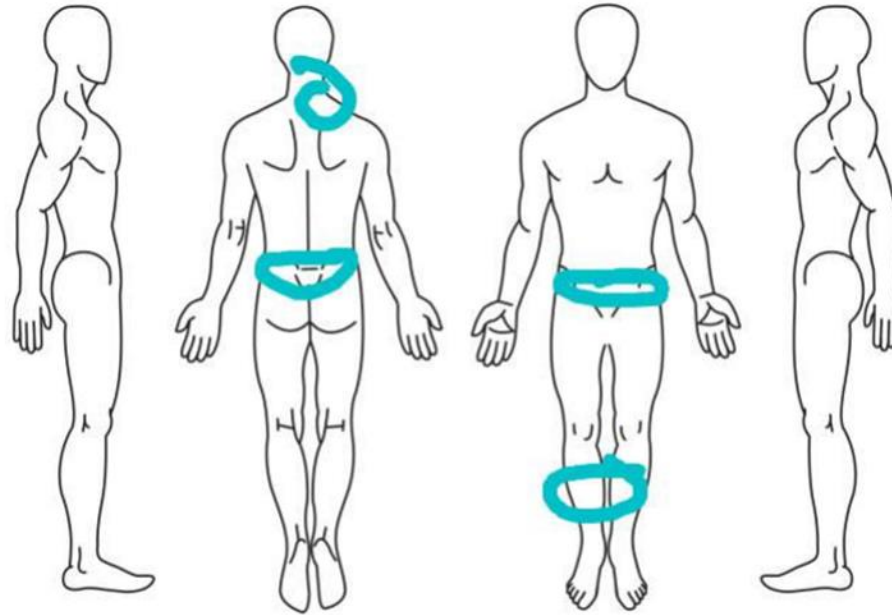
8/1/25

Body Chart



9/22/25

Body Chart



8 weeks with the same complaints



You have established you are not medically necessary



You must show improvement in a two-week period

If not change a therapy and get another 2 weeks

Failure to show improvement in two consecutive 2 week periods
proves a lack of medical necessity

The problems?

- Ten visits with the same symptom drawing
- Over six weeks the doctor established that care was ineffective
- This invalidates the doctor's records
- You do not want to go before the State Board with these records

Billing & Coding

M47.812 Spondylosis without myelopathy or
radiculopathy, cervical region

W/U Status: confirmed

M54.12 Radiculopathy, cervical region

W/U Status: confirmed

One more thing

DO NOT PAY FOR REFERRALS

Ariz. Rev. Stat. § 13-3713.

Consideration for referral of patient, client or customer; fraud; violation; classification

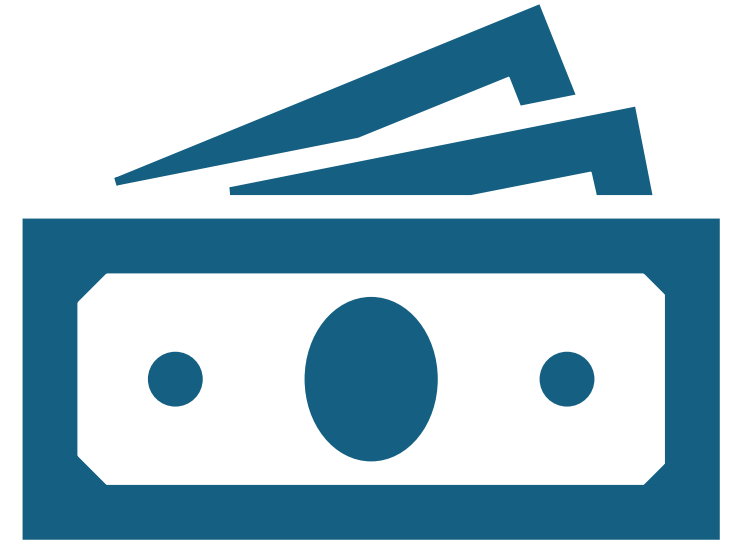
A. Except for payments from a medical researcher to a physician licensed pursuant to title 32, chapter 13 or 17 in connection with identifying and monitoring patients for a clinical trial regulated by the United States food and drug administration, **a person who knowingly offers, delivers, receives or accepts any rebate, refund, commission, preference or other consideration as compensation for referring a patient, client or customer to any individual, pharmacy, laboratory, clinic or health care institution providing medical or health-related services** or items pursuant to title 11, chapter 2, article 7 or title 36, chapter 29, other than specifically provided for in accordance with title 11, chapter 2, article 7 or title 36, chapter 29, **is guilty of:**

Is guilty of:

1. A class 3 felony if the consideration had a value of one thousand dollars or more.
2. A class 4 felony if the consideration had a value of more than one hundred dollars but less than one thousand dollars.
3. A class 6 felony if the consideration had a value of one hundred dollars or less.

Possibilities

- \$1,000 For PI referrals bill \$10,000 to afford accepting \$5,000
- This is also insurance fraud
- \$100 paying per referral for patients. Paying a monthly fee usually protects you
- \$10 Giving a gift card to patients who refer friends or relatives
- AZ Supreme Court decision allows attorneys to pay for referrals
- EXCEPT

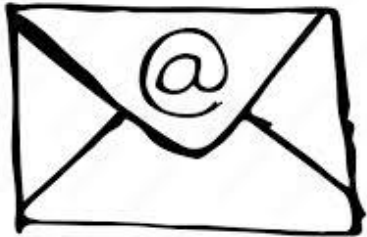




We want to help

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JAMES DOUGLAS / PERSIMMONS