The Anatomy of an Initial New Patient Visit Note

Initial visits come in all shapes and sizes. This example demonstrates the components necessary to meet the requirements of an initial visit for a new patient, for two regional complaints. This patient's complaints and findings warrant the ordering of functional orthotics.

Date of Service: 2/5/24

HISTORY:

Chief Complaint: Reports an acute complaint in the lumbar, right sacroiliac and right buttock regions.

- **Mechanism of injury:** The patient states she bent over to pick up a case of water on 2/1/24 and felt a pull in her lower back and right hip.
- **Frequency/Quality:** Frequent (< 75% but > 50% of the time) discomfort described as burning, "shock like" and aching.
- **Radiation of Symptoms:** Currently radiating down right leg, right buttock and down to mid-calf.
- **Change in Complaint/VAS:** Complaint has stayed the same since the onset and the pain scale is presently rated 6/10 (10 being most severe).
- **Modifying Factors:** Relieved by: stretching and aggravated by: changing positions, coughing and sneezing, getting in or out of car, getting out of bed, getting up from sitting and household chores.
- **Previous Episodes or Care:** Patient states this happened a few years ago and she went to a chiropractor and had a month of care which fixed the problem. Since the onset of this condition she has received no medical or chiropractic treatment for this condition.
- **Recent Diagnostic Tests:** Not for this episode. Had x-rays 6 months ago with her PCP which she brought with her.
- **ADL/Functional Deficits:** Explains changing positions, coughing and sneezing, getting in or out of car, getting out of bed, getting up from sitting and household chores have become difficult.

Secondary Compliant: Right hip pain and stiffness.

- **Mechanism of Injury:** After picking up a case of water as noted above.
- **Frequency/Quality:** Frequent (< 75% but > 50% of the time) discomfort described as burning, "shock-like", stiffness and aching.
- **Radiation of Symptoms:** Currently radiating down right leg, right buttock and down to mid-calf.
- **Change in Complaint/VAS:** Complaint has stayed the same since the onset and the pain scale is presently rated 5/10 (10 being most severe).
- **Modifying Factors:** Relieved by ice and aggravated by changing positions, getting in or out of the car, getting out of bed, getting up from sitting, and doing household chores.
- **Previous Episodes or Care:** Denies past episodes related to the hip and has had no care for the hip since the onset.
- **Recent Diagnostic Tests:** None.
- **ADL/Functional Deficits:** Explains changing positions, getting in or out of the car, getting out of bed, getting up from sitting, and household chores have become difficult.

Mechanism of injury/onset is clearly indicated

Components of History of Present Illness are well-defined

Patient specific functional deficits included

Secondary complaint is clearly listed with all necessary components

The Anatomy of an Initial New Patient Visit Note (Page 2)

Systems Review: Minnie reports status of conditions below which may relate to complaints:

- **Musculoskeletal:** Other than presenting musculoskeletal complaints, left knee pain/history of knee replacement.
- **Neurological:** Other than presenting complaints, patient denies dizziness, numbness, pins/needles, weakened muscles, progressive neurological disease, temporary loss of vision, smell or hearing, dizziness and numbness.
- **Cardiovascular:** Reports high blood pressure.
- **Genitourinary:** Reports no change in function since this episode began.

Past, Family and Social History:

- **Past Health History:**
  Surgery: left knee replacement-8/2019.
  Medications: Lisinopril for HBP-monitored by Dr. Jones PCP.
  Illnesses: pneumonia 5 years ago.
  Accidents: single automobile accident when she was 40, no residual complaints.
- **Family and Social History:**
  Social Habits: is a social drinker, never smoked tobacco and drinks 2 to 4 cups of caffeine per day.
  Exercise Habits: plays golf three days a week. The patient states she has not been able to play this week due to her back pain and hip stiffness.

EXAMINATION:

- **Age/Gender/DOB:** 57, Female, born 1/1/1964

Constitutional:

- **Appearance:** average build, clean/neat, well-dressed and well-groomed.
- **Vital Signs:** Height: 5'6" Weight: 160 lbs. Pulse: 82 bpm. BP: 136/90, mm/Hg left arm in the seated position.
- **Mood and Affect:** visibly uncomfortable and concerned.

Musculoskeletal Assessment:

- Tenderness with Palpation: right sacroiliac joint, right glute medius, and bilateral lumbar paraspinal muscles worse on the right.
- Postural Analysis: low right shoulder, lumbar curve to the right, mild thoracolumbar curve to the left, high right hip, and short right leg (pelvic deficiency), right adult dysfunctional flat foot.
- Spinal Stability/Restriction(s)/Subluxation(s): right C2, L3, L4, L5 and right SI joint, Increased sacral nutation.
- Extraspinal restrictions/subluxations: right hip.
- Soft Tissue Changes: right cervical paraspinal, right lumbar paraspinal, right quadratus lumborum, and right glute muscle spasms were present.

Neurological Low Back Assessment:

- **Mental Status:** evaluations performed and the patient was observed to be alert and oriented X 3 (person place time) and cooperative.
- **Sensory-Discomfort:** evaluations performed bilaterally. Dermatomal normal findings at all lower spinal segments except right S1 dermatome had decreased sensation.
- **Deep Tendon Reflexes** (normal 2+):

Patellar	Left 2+, Right 2+
Achilles	Left 2+, Right 1+

- **Lower extremity resistive isometric motor testing (normal 5/5):**

Iliopsoas:	Left: 5 / 5 Right: 5 / 5
Quadriceps:	Left: 5 / 5 Right: 5 / 5
Anterior Tibialis:	Left: 5 / 5 Right: 5 / 5
Gluteus Medius:	Left: 5 / 5 Right: 4 / 5
Fibularis Brevis:	Left: 5 / 5 Right: 4 / 5

Relevant systems related to the chief and secondary complaints are noted and reviewed

Clinically appropriate PFS History is noted

Easily measured as the patient returns to pre-condition status

Clinically appropriate examination conducted to quantify complaints and arrive at differential diagnoses

PART requirements met

Asymptomatic spinal restrictions and findings are also noted

The Anatomy of an Initial New Patient Visit Note (Page 3)

Thoraco-Lumbar Range of Motion - Active

- Flexion (normal 90˚): Mildly reduced with pain noted.
- Extension (normal 30˚): Severely reduced with pain noted.
- Left Lat. Flexion (normal 35˚): Mildly reduced with pain noted.
- Right Lat. Flexion (normal 35˚): Severely reduced with pain noted.
- Left Rotation (normal 30˚): Moderately reduced with pain noted.
- Right Rotation (normal 30˚): Moderately reduced with pain noted.

Hip Range of Motion - Active

- Flexion (normal 120˚): Mildly reduced to 90 with pain noted.
- Extension (normal 10˚): WNL
- Left Hip Internal Rotation (normal 35˚): WNL
- Left Hip External Rotation (normal 40˚): WNL
- Right Hip Internal Rotation (normal 35˚): Moderately reduced to 20 with pain noted.
- Right Hip External Rotation (normal 40˚): WNL

Ortho - Straight Leg Raise Test performed bilaterally. The patient indicated 5 out of 10 (10 being the most severe) pain on the right in the region of the lower lumbar and lumbosacral joint with radiation to the right calf at 30 degrees.
Ortho - Kemp's Test was performed bilaterally. The patient indicated pain rated a 7 out of 10 (10 being most severe) on the right segmental level at L4, L5, sacrum, and right SI joint region with radiation to the posterior knee.
Ortho - Nachlas' Test performed. The patient indicated pain in the right lumbar and sacro-iliac regions and right hip.
Ortho - Log Roll test performed. The patient indicated pain and stiffness with internal rotation right hip.
Ortho - Yeoman's Test performed. Patient indicated no pain bilaterally.
Ortho – Ankle: Talar tilt positive on the right for increased lateral ankle instability.

Reviewed lumbar x-rays today provided on disc by patient. These were taken of her low back 6 months ago by her PCP. There is noted degenerative disc disease at L3-L4, L4-L5 and L5-S1.
The plan is to order x-rays of bilateral hips. The rationale is based on positive Log Roll and Nachlas tests and palpatory findings of localized pain to confirm suspected osteoarthritis of the right hip.

ASSESSMENT:

I have diagnosed Minnie with lumbar nerve root compression which is a chronic illness with acute exacerbation due to lifting the case of water. I expect a low risk of morbidity with the recommended treatment. She is in fair health and is expected to make fair progress and recover with some possible residuals. She is older and has disc degeneration in the lumbar spine being exacerbated by the flat foot and hip dysfunction on the right. These complicating factors may affect her recovery time. Based on her history and examination, it is reasonable to believe that her recovery may take a bit longer than an average patient with no complicating factors. There appear to be no contraindications to gentle, conservative chiropractic treatment at this time.

DIAGNOSIS:

Upon consideration of the information available, I have diagnosed Minnie with (M51.37): Other intervertebral disc degeneration, lumbosacral region, (M54.41): Lumbago w/ sciatica, RT side, (M25.651): Stiffness of right hip (M21.41): Flat foot (pes planus) in the right foot; (M62.838): Muscle Spasm, Hip.

Compensatory Diagnosis found on exam: (M99.01) Seg and somatic dysfunction of cervical region.

Hip condition findings are necessary to support treatment for complaint #2. The medical necessity for treatment to the extremity and functional orthotics can be tracked back through the positive findings.

Notation is necessary to warrant the diagnosis below

Rationale for additional x-rays is clearly documented to support medical necessity

This language in the assessment points to the doctor's decision making when coding

Prognostic factors noted

Active diagnoses are listed in descending order of severity and includes diagnoses that warrant the ordering and dispensing of functional orthotics

Findings are consistent with this diagnosis, even if it will be deemed a compensatory area and not eligible for billing

The Anatomy of an Initial New Patient Visit Note (Page 3)

TREATMENT PLAN:

Minnie's treatment plan for this episode begins on 2/5/2024 and is projected to be completed by 4/2/2024.

- **Short Term Tx Goal:** To get in and out of the car and out of bed and rise from sitting without jolting pain within 30 days unless improvement warrants discharge sooner.
- **Long Term Goal:** Attain pre-condition status which is playing golf three days a week without pain and having no limitations when rising out of bed or from a seated position.
- **Treatment Frequency:** We'll start an initial therapeutic trial of care with 6 to 12 visits over a 2-to-4-week period. The necessity for additional treatment will be determined based on the response to the initial trial of care and the likelihood that additional gains can be achieved.
- **Chiropractic Manipulative Treatment (CMT):** Diversified Drop Table and Activator to the primary spinal regions: lumbar and pelvis. Activator to the compensatory cervical spinal region. Diversified extraspinal manipulation to the right hip.
- **Supportive Therapy:** To optimize the treatment effectiveness, the following supportive therapies are ordered:
  - **Traction:** (97012) Mechanical Flexion / Distraction without CMT to be performed to lumbar and sacral regions to increase joint mobility and to increase disc height & hydration during relief phase treatment for 10 minutes at a frequency of 3 visits per week for the next four weeks.
  - **Electrical Muscle Stimulation:** (97014/G0283) EMS to be performed to the right lower lumbar and glute region(s) to decrease spasms during relief phase treatment for 15 minutes at a frequency of 3 visits per week for the next two weeks.
  - **Manual Therapy:** (97140) To be performed for 10 minutes to the right glute using motion release technique, at a frequency of 3 visits per week for the next two weeks.
- **Ancillary Supportive Devices:** (L3020RT & L3020LT) Customized functional orthotics to be ordered based on hyper-pronation and postural stability index of 139 and the diagnosis of adult dysfunctional flat foot.
- **Tx Effectiveness:** to be evaluated by analyzing objective and subjective findings along with the results of the Low Back Disability Questionnaire (Oswestry) (Disability Scale: 0-20% = minimal disability; 21-40%+ = moderate disability; 41-60%+ = severe disability; 61%+ = very severe disability)
  - **Initial Score (%): 55**
  - **Goal Score: 20% or better**

The Evaluation and Management (E/M) **(99203) service is coded from this data. If no treatment is rendered on the initial visit, the note ends here.

TODAY'S TREATMENT:

- **Primary Treatment (98940):** Diversified, Drop Table- Chiropractic Manipulative Treatment (CMT) to the right pelvis and right L5 spinal level(s).
  - Compensatory adjustment(s) at level(s): right C2 activator.
- **Supportive Therapy** to optimize treatment effectiveness, the following therapy(s) were performed today:
  - Electrical muscle stimulation **(97014/G0283)** was performed to the right lumbar and right glute region(s) for 10 minutes on an interferential, non-accommodating current.
  - Mechanical Traction **(97012)** was performed to lumbar and sacral regions for 10 minutes.
  - Manual Therapy **(97140)** performed to the right glute using motion release technique for 8 minutes.
- **Customized Functional Orthotics** were measured and ordered today.
  - Custom functional orthotics: **(L3020-RT and L3020-LT)**

Examination and treatment rendered without incident.

Estimated duration of total treatment plan itemized

Short and long term goals are specific, measurable, attainable, relevant and time bound

Primary, medically necessary spinal regions noted

Compensatory, clinically appropriate spinal region noted

The modality, location, frequency, and duration, along with rationale are noted

Custom functional orthotics are included in the treatment plan, along with the rationale. This practice has confirmed that this diagnosis is allowed in the payer's Medical Review Policy

Use of the OATs data for treatment effectiveness is easily measured at evaluations

Treatment rendered is separately noted and coded

Asymptomatic, compensatory adjustment is noted but not billed

Supportive therapy performed includes location, time, and other details

Functional Orthotics ordered is noted so we may bill for the orthotic