Co-Morbidities and Prognostic Factors in Documentation

No two patients are alike. Each of them has a multitude of factors that make up who they are, both inside and outside the office. When treating patients, we need to consider these variables in relation to how each patient responds to treatment and what modifications may be necessary to accommodate his/her unique situation. Additionally, these co-morbidities, also known as prognostic factors, could affect the patient’s return to health and the amount of time it takes to reach a final plateau.

When a doctor chooses a diagnosis that best describes a patient’s condition, the third-party payer assumes that the diagnosis is a condition presenting in a “textbook” manner. This means that the auditor may assume that the patient is having symptoms, complications, and responses to stimuli that are exactly like those described in the textbooks. True “textbook” presentations are rare in a clinical setting, because of the co-morbidities that are present and that may contribute to how the condition is presenting. Auditors and other third-party readers may not realize that “textbook” normal is uncommon. The doctor must explain, in writing, how each of the patient’s co-morbidities causes the presentation of the condition to look different than the “textbook normal.”

Co-morbidities are complicating factors that can affect diagnosis and treatment. The Council on Chiropractic Guidelines and Practice Parameters (CCGPP) has outlined co-morbidities that affect treatment or alter the “textbook” presentation of a diagnosis. Below are some examples of co-morbidities that the CCGPP has confirmed can affect chiropractic treatment. Additionally, there are sample descriptions of how these co-morbidities can present in a practice. When doctors use similar language in the assessment documentation, the auditors are able to disregard the “textbook” and recognize that the patient isn’t an example from a book, but rather a living being in need of medically necessary care.

Providers have an obligation to their patient and their patients’ health record to outline all of the mitigating factors that may affect or modify treatment and/or treatment goals.
Example: A patient is treated for 18 visits using a variety of treatment modalities including adjustments; passive and active therapies; examination and re-examination for the condition; and diagnostic radiology testing during the course of treatment. The patient’s condition is resolved after care. If the treatment screens and algorithms in the carrier’s medical review policy dictate that the condition reported should be resolved in 8-10 visits, claims may be denied for the additional visits up to 18, or auditors may ask for notes to justify the extended treatment. If the patient’s health record doesn’t outline the various co-morbidities and prognostic factors that extended the need for care, we can’t reasonably blame a third-party payer for denying the claim.

This Fact Sheet contains examples of co-morbidities that the CCGPP has directly stated can affect a patient’s results from chiropractic treatment. Additionally, there are descriptions of how these may present in practice. By using similar language in the assessment section of your documentation, the patient’s true presentation is recorded and auditors can see the unique needs of that particular patient and how those needs can be met by medically necessary care.
## Patient characteristics

- **Older** - Slower healing, possible mobility challenges, the likelihood of other co-morbidities increase.
- **Psychosocial factors** - Emotional state affecting treatment effectiveness or compliance with treatment plan.
- **Delay treatment >7 days** - Conditions worsen or are complicated if the patient waits for treatment.
- **Non-compliance** - History of missed appointments and/or failing to follow ordered treatment may slow “textbook” treatment progress.
- **Lifestyle habits** - Smoking, alcohol use, and carbonated beverage consumption drastically decrease innate healing abilities. The same is true of poor sleep habits. If the body does not reach REM (rapid eye movement) during sleep or if the cycle is interrupted by symptoms, the body will not repair properly or quickly.
- **Obesity** - Increased weight has been proven, through research, to complicate low back pain. Extra weight around the anterior abdomen causes an increase to the lumbar lordosis causing altered nerve flow.
- **Type of work activities** - If the patient is continually reinjuring himself on the job, progress will be slow and/or overall treatment goals may have to be truncated.

## Injury characteristics

- **Severe initial injury** - A patient with a cervical fracture will have a much different treatment time and less ability to follow normally prescribed treatments than one who “slept wrong” and is having mild, stiff cervicalgia.
- **Severe signs and symptoms** - Sciatica that presents on both sides can cause more mobility problems, resulting in joints becoming more fixated and muscles that may start to atrophy because of compensatory patterns. If the patient is having additional symptoms that involve numbness in the groin or anus, the patient may need co-management with a neurosurgeon. Some chiropractors may say that high-severity situations are beyond the scope of chiropractic. This may be true, but the documentation of the severity in the assessment can mean the difference between winning and losing a malpractice lawsuit filed over an improperly managed case and/or because the patient suffered irrevocable harm.
- **Number/severity of previous exacerbations** - Chronicity indicates a deeper cause than the initial acute injury. During previous episodes, the patient may have healed improperly, causing increased underlying scar tissue or adhesions that complicate traditional treatment effectiveness.
- **Treatment withdrawal fails to sustain Maximum Therapeutic Improvement** - If the patient cannot have his/her condition stabilized in order to have it maintained, there is likely something preventing further healing. The original diagnosis may have to be altered to explain the presentation of the injury.

## History

- **Pre-existing pathology/surgery** - If a patient has recently had a knee replacement, s/he is likely to have impaired gait and posture that complicates the therapeutic process of spinal correction. Additionally, if the patient has a vascular condition that affects his/her extremities, the response to treatments for radiculopathy will be slower due to the lack of proper blood flow to the affected peripheral nerves.
- **History of prior treatment** - If the patient has tried anti-inflammatories and/or steroid injections into the facet joints, had a course of physical therapy, and has been treated by another chiropractor for back pain; the patient is likely to heal much differently than someone with unremarkable low back pain.
- **Congenital anomalies** - If the patient has a right lumbar sacralization, and s/he is experiencing symptoms in the right Sacroiliac joint, traditional diversified adjustments may not be as effective as it is for those with normal joint function.
- **Symptoms persist despite previous treatment** - This means the patient’s condition requires more aggressive or different care than was previously attempted. This patient will likely require modifications that other patients may not.

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