INSTRUCTIONS FOR CHIROPRACTIC REQUEST FORM

General Instructions for FAX Submissions:

1. Submit all Chiropractic Request Forms within seven- (7) days from the “Requested Start Date” listed on the form
2. Always use a completed Chiropractic Request Form as the FAX Cover Sheet – no other cover sheets are necessary
3. Summarize the patients current Clinical Findings on the form (clinical findings should be from the Initial Exam, Re-Exam, or the “Date of Last Visit or Treatment”, whichever is the most recent)
4. Enter the Fax Date:________ and # of Pages Faxed:_____ at the top right of the Request Form
5. Remember, you need not submit any supporting clinical data unless specifically requested
6. Please PRINT, in black ink, one character per box in each requested information field
7. Completely fill in each circle that represents the corresponding entry where applicable.
   a. Shade All Circles COMPLETELY Like This: → ● Not Like This: → Ø Ø Ø Ø Ø

Detailed Instructions:

1. CHIROPRACTIC PROVIDER INFORMATION
   a. Enter Name of Treating Physician by entering one printed character per box
   b. Enter Street Address of Treating Physician by entering one printed character per box
   c. Enter City, State and ZIP Code of Treating Physician by entering one printed character per box
   d. Enter Telephone Number with Area Code by entering one printed character per box
   e. Enter FAX Number with Area Code by entering one printed character per box
   f. Enter Provider Tax ID Number of Treating Physician by entering one printed character per box
   g. Enter Billing National Provider Identifier (NPI Number) of Treating Physician by entering one printed character per box

2. PATIENT INFORMATION
   a. Enter First Name of patient by entering one printed character per box
   b. Enter Last Name of patient by entering one printed character per box
   c. Enter the patient’s Date of Birth in a month, day, and year format using one number per box
   d. Enter the patient’s BCBS IL Member ID Number using one character or number per box. Omit any letters (e.g., CTY) at the beginning of the ID and enter numbers only. Enter the suffix number in the last two boxes to identify the insured person or dependent (e.g., 01, 02, 03, etc.)
   e. Enter the, Date of First Visit this Calendar Year in a month, day, and year format using one number per box. The Date of First Visit this Calendar Year represents the first date of service in the current calendar year, regardless of whether the first visit comprised a checkup only, a consultation only, an exam only, an exam and treatment, treatment only, or a wellness visit.
f. Enter the **Total Number of Chiropractic Visits to Date This Calendar Year** using one number per box. If the patient has had less than 10 visits this calendar year, make sure the numbers are *right justified* by entering zero in the left box and a numeric digit in the right box (e.g., 00, 03, 05, 09, etc.). **NOTE:** Enter the **total** number of visits the patient has had this calendar year, regardless of changes in condition, whether billed or paid under the same or different policy/group/carrier/plan, pre-authorization was (or was not) required, the visit was a “wellness” visit or for “maintenance care”, the visit was paid for by the patient, or the visit was denied for any reason.

g. Enter the **Exam Date for Current Request** in a month, day, and year (MM/DD/YYYY) format using one number per box. This date represents the most recent exam date for the patient’s current **Chief Complaint** and can be the Initial Exam, Interim Exam, or the **Date of Last Visit or Treatment**, whichever is the most recent.

h. In the **Requested Start Date** box, enter the date you want this authorization to start. Enter one number per box in a Month, Day, and Year (MM/DD/YYYY) format.

i. Enter the **Date of Last Visit or Treatment**, which represents the most recent visit or treatment in your office *just prior* to the current Chiropractic Request Form you are faxing, regardless of whether this visit was authorized or not. For example, if you are faxing the Chiropractic Request Form today, but you last saw the patient yesterday, then enter yesterday’s date as the Date of Last Visit or Treatment. Enter one number per box in a Month, Day, and Year (MM/DD/YYYY) format. (Please note this field does NOT mean the date of the last visit or treatment in your proposed treatment plan).

3. Select whether this is an **Initial Submission this Calendar Year**, an **Additional Request this Calendar Year**, or that you are **Responding with More Info**.

4. **NOTE:** Prior to filling out the Clinical Section (questions 1 - 9), OrthoNet recommends that you make a copy of the top half of the **completed form** (i.e., **CHIROPRACTIC PROVIDER INFORMATION** and **PATIENT INFORMATION** sections) and place it in the patient’s file for future use. This should help save time by already having the doctor/patient demographic information completed for any future requests on the same member.

5. **CLINICAL SECTION** - Enter **ONLY ONE CHOICE** for each question in this section unless the question states you may enter more than one choice (see exceptions below). If you obtained a normal examination result, or the question does not apply, or you did not perform a test, simply enter “None” for that question.

   a. **Section 1. Chief Complaint:**
      i. First, enter the **PRIMARY DIAGNOSIS CODE** that best describes the patient’s CURRENT Chief Complaint. For example, if the patient presents to your office with neck pain, and
the diagnosis that best describes this complaint is Cervical Segmental Dysfunction, enter ICD-9 code 739.1. (You must enter AT LEAST ONE diagnosis code – however, you can certainly enter more than one for the current Chief Complaint or other complaints. For example, if the next best diagnosis code for the patient’s neck pain is Cervical Sprain/Strain, enter ICD-9 code 847.0 in the section marked Diagnosis Code 2).

ii. Secondly, CHOOSE ONLY ONE Chief Complaint that matches the body area or spinal region of the patient’s CURRENT complaint. For example, if the PRIMARY DIAGNOSIS code is Cervical Segmental Dysfunction (ICD-9 code 739.1), enter a Chief Complaint of “Occiput/Neck” for this question.

iii. If your office has already implemented ICD-10, you may enter ICD-10 codes in place of ICD-9 codes on the Chiropractic Request Form. Please be aware that the deadline for ICD-10 implementation is October 1, 2015.

b. Section 2. Onset: In this section, you may select: None, or choose one other answer, or choose more than one answer (i.e., “Choose one or more”)

c. Section 3. Average Pain Intensity: In this section, enter ONLY ONE CHOICE by selecting the patient’s “average pain” score over the past 2-4 weeks or since the last evaluation (whichever is the most recent).

d. Section 4. Range of Motion Limitations: Enter ONLY ONE CHOICE from None to 10.

e. Section 5. Functional Limitations: Enter ONLY ONE CHOICE from None to Bed Bound.

f. Section 6. Tissue/Tone Changes: Enter ONLY ONE CHOICE from None to Rigidity/Spasm.

g. Section 7. Muscle Strength Limitations: Enter ONLY ONE CHOICE from None to 0/5. Also, enter ONLY ONE CHOICE for “Unilateral” or “Bilateral”.

h. Section 8. Nerve Abnormalities: You may enter None or any combination of answers in this section. Remember: Numbness, Tingling, and Weakness are subjective symptoms communicated to you by the patient. Dermatomes, Myotomes, and Reflexes are objective findings elicited by the practitioner on specific nerve tests that reveal nerve abnormalities and/or reproduce the patient’s subjective symptoms.

i. Section 9. Outcomes Assessment: Enter “None” if you did not have the patient complete a recent Outcomes Assessment Form. Enter “Baseline Score” if this is the initial Outcomes Assessment score for a New Condition. Enter “Most Recent Score” if this is a follow up Outcomes Assessment Score for an existing patient with the same condition. Enter the most recent FINAL score (right justified) as a whole “number” (1, 2, 3, etc.) or as a “percentage” (e.g.,
list 48% as 48) in the box(es) provided. If the outcomes assessment has two scores (e.g., Mental and Physical Component Scores or MCS and PCS), you may enter up to two separate scores in the boxes provided (e.g., if the MCS is 52 and the PCS is 48, enter the score as 5248). Enter the form type used in accordance with the abbreviations below. If the form or questionnaire you used is not listed, choose “Other: ______“ and enter the form type (or abbreviation) on the line provided. Pre-printed abbreviations are as follows:

- **ODI** (Oswestry Disability Index)
- **NDI** (Neck Disability Index)
- **HDI:** (Headache Disability Index)
- **RMDQ** (Roland Morris Disability Questionnaire)
- **SF 12/36** (Short Form 12 or 36)
- **LEFS** (Lower Extremity Functional Score)
- **DASH** (Disability Arm Shoulder Hand)
- **Other:** ________________ (List)

6. *Just prior* to FAXING (or mailing), please check all responses on the Chiropractic Request Form for missed fields or questions, errors, illegible characters, stray lines, or whether more than one choice was entered for clinical question number 1 (Chief Complaint) or clinical questions 3, 4, 5, 6 and 7. If so, please correct the Request Form prior to submitting to OrthoNet in order to avoid processing delays.

7. FAX (or mail) the completed Chiropractic Request Form to OrthoNet at **1-888-875-9503**. Please retain a copy of the completed form and FAX confirmation sheet in the patient’s file for future reference.

8. Any questions, please call **OrthoNet Clinical Inquiries and Provider Services** at 1-888-875-9480, Monday Thru Friday, 8:00 am – 5:30 pm Central Time.