MEMORANDUM

TO: Chiropractic Patients seeking Peer Review on Chiropractic Claims

FROM: Chiropractic Peer Review Committee

SUBJECT: Requirements for submission of Requests for Peer Review

The following requirements are set forth for the submission of all claims submitted to the Kentucky B.C.E. Peer Review Committee in order to perform a fair and impartial review. ALL ITEMS LISTED BELOW MUST BE SUBMITTED AND ALL DOCUMENTS MUST BE COMPLETELY LEGIBLE. Please be sure to sign the Petition for Review authorizing the release of your records for the Committee’s review.

FOR PATIENT'S USE ONLY

The following procedures are for CHIROPRACTIC PATIENTS requesting Chiropractic Peer Review:

SIX (6) copies of the records to be reviewed must be submitted. FIVE (5) of these six copies MUST BE SANITIZED. (ALL names, addresses, or any other identifying information, including the name and address of the submitting party, must be sanitized). The initials of D.C., M.D., titles and dates (including patient's date of birth) should not be sanitized. These copies of records must be submitted in the following manner:

(a) Reports must be submitted in ascending chronological order
(b) Treatment billings must be submitted in ascending chronological order.
(c) Back up chiropractor's documentation, in chronological order.
(d) ALL PAGES MUST BE NUMBERED (in the lower right hand corner of each page) IN ASCENDING CHRONOLOGICAL DATE ORDER.
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The records must include the following information:

- Date and history of onset of each complaint.
- Examination test results and findings, including the chiropractic and neurological examination results, and/or a narrative report.
- X-ray findings.
- Lab reports or special diagnostic procedures (CAT scans, MRIs, Second Opinions, Consultations, etc.)
- Diagnosis
- Describe manipulative and/or other therapy used and describe any particular problems involved in the manipulative or therapy utilization.
- Prognosis or date treatment terminated. Dates of exacerbations, if any.
- Copies of daily clinical notes.
- Progress Notes.
- If ICE performed, indicate by whom and attach copy.
- If more than one doctor was involved, please separate documents and explain role by specialty.
- Condition: Chronic _______ Acute______

Total Number of Chiropractic Office Visits
- Initial Treatment Date
- Last Known Treatment Date
- Cost Per Visit
- Chiropractor Total Cost
- Total Cost of Case

AREA OF CONCERN (REASON FOR REVIEW):

Please submit all requests for Peer Review to:

B.C.E. Peer Review
P. O. Box 183
Glasgow, Kentucky 42142-0183

PEER REVIEW RESULTS

Once the claim has been submitted and the initial $50 fee has been paid, the claim will be reviewed by staff for completeness. The doctor will be notified of the receipt of the claim. The complete case file with all supporting documents will be submitted to the Peer Review Committee. The Primary Reviewer will review the case and submit an evaluation of the review and the case will be placed on the Agenda for the next regularly scheduled meeting of the Committee. Once the full Committee has reviewed the case, upon receipt of additional fees required (from the requestor), the results of the findings will be submitted in writing to the Board of Chiropractic Examiners, the carrier, the patient and the health care provider.