DOCUMENT PLUS TECHNOLOGIES

SECRETS AND RESOURCES

of EXCELLENT Personal Injury Documentation

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"…. Brilliant! “Secrets and Resources” … A comprehensive guide to understanding what AI is looking for in third-party payer and PI documentation!! Every doctor should be aware of this!" - Dan Murphy, D.C.

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PERSONAL INJURY CLAIMS PROCESSING AND(AD

Personal Injury Claims Processing and Artificial Intelligence (AI)

In a recently published article, Findlay Law discussed how Zurich Insurance, one of the largest insurance companies in the world, had recently begun using artificial intelligence to assist with their assessment of personal injury claims. As a result, they reportedly experienced a significant reduction in the time it took to evaluate these claims - the amount of work that used to take an hour to complete, can now be completed in a matter of seconds.

The article went on to discuss how Fukoku Mutual Life Insurance, a Japanese insurance company, has also begun using artificial intelligence to analyze images, documents, videos and audio files. The technology used by Fukoku Mutual Life Insurance has the capability to read thousands of medical documents, medical reports and MVA reports in order to calculate the payouts for a claim.

The improved efficiency of evaluating claims using artificial intelligence is moving these claims through the process faster than ever before.

These successes all but ensure that artificial intelligence has found its place in the insurance industry.

Soon, you will submit your Personal Injury case records to be reviewed by very accurate, automated record checking systems intentionally designed to seek out specific pieces of information within those records.

To meet the specific demands of this newly adopted automated technology, your records will need to be complete, consistent, and legible. One of the easiest and best ways to accomplish this is by adopting and utilizing automated systems.

Document Plus Technologies offers a complete checklist data entry system that utilizes automated processes and error checking capabilities to ensure that this very information is included in your records.

With complete, correct, consistent, and legible documentation, these automated processes could actually work to your advantage resulting in:

- Faster claims processing
- Fewer denials
- Higher case values
- Faster payment of claims

The Document Plus System is designed to streamline data collection and ensure complete, consistent, and accurate data entry through automated error checking processes. The data is then organized and stored in a format that can be easily accessed, reviewed, and recalled on demand.

Ref:

https://www.docplus.net/post/medicare-claims-and-records-review-cms-teams-up-with-artificial-intelligence-in-2020

https://findlaylaw.ca/blog/the-impact-of-technology-on-personal-injury-law/

https://attorneyatlawmagazine.com/3-ways-ai-changing-personal-injury

COLOSSUS

COLOSSUS

Auto insurers use a variety of software programs to limit claim value. In addition to medical bill review software and vehicle damage software programs, most insurers use software to evaluate **bodily injury claim value**. The predominant software used by insurers is the Colossus program, which determines values for up to 60 percent of all auto claims in the United States.

An additional 10 percent are analyzed by competing programs such as Claims Outcome Advisor, Claim IQ, and Exposure Manager.

Determining Values

Colossus determines values based on approximately 720 diagnoses and 12,500 "rules" or "factors." These diagnoses and factors determine the value of the settlement offer. It is important, in order to obtain the highest offer on a case, that evidence of all the patient's injuries is documented in the medical record and that the patient's attorney make the appropriate claims in the demand letter.

The Top Five Factors

1. **Injuries** - In Colossus, diagnoses are referred to as "injuries." Injuries, in Colossus, are the largest value driver in the system.

   It is critical to your patient's evaluation that you diagnose every condition presented in the chart notes.

   Failure to diagnose all conditions will result in an undervaluation of the case. Colossus is a system set up to open additional screens of factors when triggered by the adjustor's answer. If certain

diagnoses are not entered, it will prevent the adjustor from reaching screens containing factors that provide additional value. The value of each "severity point" attached to the factors increases in value as more severity points are added in a case.

2. AMA Permanent Impairment Ratings

"Permanent impairment" is the second largest driver of value in these systems, only behind diagnoses (or "injuries", as discussed previously).

Colossus only recognizes The American Medical Association Guides to the Evaluation of Permanent Impairment, 5th Edition (the AMA Guides), which is reproduced in its entirety in the Colossus system and uses only ratings to the person as a whole. These are referred to as **"Whole Person Impairment Ratings."**

There are certain injuries that, in and of themselves, carry a permanency rating. For example, a compression fracture of the lumbar spine under some circumstances may not require aggressive or long-term treatment. However, this injury automatically carries a permanency rating under the AMA guidelines. Under a Colossus evaluation, the permanency rating greatly increases the value of the claim.

If you wish to handle personal injury cases, you should familiarize yourself with the structure of the AMA Guides, become and position yourself as a knowledgeable medical specialist to whom personal injury clients can be referred for these evaluations.

Many injured people get a substantially lower offer than what they deserve due to a failure to obtain an AMA permanent impairment rating.

**For the impairment rating to qualify as an impairment in Colossus, you must include the tables and pages from the AMA Guides book from which the rating was taken.

3. Prognosis

It is important that you understand, as one of the patient's treating doctors, this important point. Prognosis should not be given for the patient as a whole. Prognosis should be given for each area injured.

Please note that Colossus does not use the typical medical prognoses such as "Excellent," "Good," "Fair," "Guarded," and "Poor."

Prognosis Categories Under Colossus

- Resolution Undetermined
- No Complaint / No Further Treatment Required
- Complaint / No Further Treatment Required
- Complaint / Further Treatment Required
- Guarded

4. **Loss of Enjoyment of Life -** "Loss of Enjoyment of Life" can only be considered if there is a permanent impairment greater than the threshold percentage set by the insurer (typically 3 percent).

   There is a three-part process that must occur in order to get Loss of Enjoyment of Life included in a patient's claim:

   1. The patient must have lost enjoyment of life in one of the six prescribed types of activities.

   2. The loss of enjoyment of life must be supported and documented in the physician's report or notes.

3. The patient's lawyer must make a specific claim, or the insurer will not consider it.

It is imperative that you interview the patient and document the expected areas of impact in the medical records that they will have to deal with because of the permanent injury.

There are six categories of Loss of Enjoyment of Life, and there are approximately 100 factors associated with a Loss of Enjoyment of Life claim. Each one has value.

5. Duties Under Duress - "Duties Under Duress" equals "Pain while conducting an activity." It is the term that replaces the medical term "Disability" in Colossus.

If a patient has pain during an activity, but does it anyway, due to the necessity for them to continue doing the activity, it must be noted in your chart notes and the narrative report.

There is a three-part process that must occur in order to get Duties Under Duress payment included in a patient's settlement offer:

1. The patient must have experienced pain during one of the four prescribed types of activities.

2. The pain with activity must be supported and documented in a physician's report or notes.

3. The patient's lawyer must make a specific Duties Under Duress claim, or the insurer will not consider it.

If the any of these are not done, the patient will not get credit in the Colossus analysis and the claim will be substantially undervalued.

In previous years, claim information was manually entered by a claims adjustor. Now, as processes become more and more automated, it is increasingly crucial that the facts of a case be documented clearly, accurately, and thoroughly. This is the best way to ensure a fair value assessment of a personal injury case.

Ref:
https://cdn.trialguides.com/uploads/2017/03/21105901/DeShaw_Increasing_Article_Doctors.pdf

Colossus: What Every Trial Lawyer Needs to Know – Dr. Aaron DeShaw, Esq.
https://www.theinjuryspecialists.com/upload/Colossus.pdf

Colossus: When your opponent is a computer algorithm – Kristi S. Schubert
https://lamothefirm.com/wp-content/uploads/2020/01/LaAdvocatesOctober2017-Colossus-Opponent-computer-algorithym.pdf

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THREE SIMPLE STEPS

THREE SIMPLE STEPS NECESSARY TO PROVIDING HIGH QUALITY PERSONAL INJURY DOCUMENTATION

1. **Patient involvement** - Most of the Information critical to diagnose, treat patients and document a Med /legal case can be obtained from the patient using 4-time tested tools.

2. **Examine, Diagnose, Plan and Treat** –

    a. **Clinical Evaluation Worksheet (CE3b)** – The Document Plus Clinical Evaluation Worksheet was created for use during the initial assessment or subsequent re-assessment of your patient.

    It is divided into sections. As you perform your examination, you or staff can record findings on the worksheet. Any section, tests or procedures not recorded on the worksheet will not be reflected in your patient records after the worksheet is scanned. Only those tests performed and recorded will be reflected in the patient file.

    The worksheet has a section for physical examination, posture examination, neurological assessment, orthopedic and spinal examinations. It also provides for recording of your assessment/diagnosis of the patient's condition and comprehensive treatment plan including goals of treatment.

    b. **Radiographic Evaluation Worksheet (RD2)** – In a Personal Injury case, X-Rays are almost always taken. An X-ray can help a physician rule out things such as broken bones,

dislocated joints, bone fragments, and some other internal injuries.

Often times, the X-rays are taken at the hospital following the injury, and often times are taken by the Chiropractic Physician at the initiation of a course of Chiropractic treatment. Either way, a Radiographic Report is required!

The Document Plus Radiographic Evaluation Worksheet was created for documentation of Radiographic findings and can be used whether you have taken X-rays in your office or are reviewing X-rays taken elsewhere (e.g., hospital, imaging center). The worksheet was also designed to allow you to easily include radiographic images in your narrative report.

c. **Informed Consent –** Certain states require chiropractors to get written informed consent from patients prior to treatment. Others including California, require both written and verbal consent. Besides complying with your state licensing board, getting informed consent can also protect you in the case of a claim. While chiropractic care is generally very safe, even the most careful and conscientious practitioner will have some patients who do not respond well to chiropractic care. During your consultation with each patient, go over the consent form. Once you have discussed the consent with the patient, ask if the patient has any questions. Once you have finished discussing the informed consent, note in the patient's record that it was discussed.

Download Sample Informed Consent

3. **Quick. Easy, Accurate Data Entry and Review** - Information gathered from the patient along with Clinical Examination findings will be entered quickly and accurately using Document Plus machine readable questionnaires. Studies show this allows staff to scan and accurately enter the data from the forms in seconds rather than spending hours entering the data inaccurately and manually.

   Error checking software like that designed by Document Plus Technologies uses automated scanning entry to prevent human errors due to manual data entry. Reports are immediately available for the doctor to review with the patient for accuracy and add any additional information required.

Ref:

https://chiropracticcouncil.com/informed-consent/

4 TIME-TESTED PATIENT TOOLS

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1. **The Automobile Crash Questionnaire** - If your patient has been in an **automobile crash**, you need to collect as much information as possible regarding what happened in the crash, not only to make the best decisions regarding treatment but also to have on record a very accurate and detailed account of the occurrence. Your patient will complete this form, which asks specific information about the crash and the patient's own interpretation of what happened to them.

   Ref: **3 Big Ways Mechanism of Injury Matters….**
   https://mkcmedicalmanagement.com/three-big-ways-that-mechanism-of-injury-matters-in-workers-comp-motor-vehicle-accidents-falls-and-other-medical-cases-and-insurance-claims/

2. **The Trauma Questionnaire** - If your patient has suffered an injury or been in a motor vehicle crash, they would fill in a trauma form. This questionnaire, also known as the Accident/Injury Questionnaire, allows for the documentation of detailed subjective information about the trauma experienced by the patient. The information will include the date and time of the crash, as well as a description of the initial patient trauma and the treatment received at the accident site or the hospital. The questionnaire also allows for documentation of consequential development of symptoms following the accident, other providers seen, patient restrictions and work missed due to the accident/injury.

   Ref: **A Mechanism-Based Approach to Injury Detection after Motor Vehicle Collision**
   https://pubs.rsna.org/doi/full/10.1148/rg.2019180063

3. **Current Health History Questionnaire –** This questionnaire provides a summary of patient's present health status and main concerns and why they are coming to see you today.

   It also allows for a preliminary screening of patient's history, including review of systems, current medications, drug allergies, social history, family history, and current conditions and illnesses. This questionnaire eliminates the need for office staff and clinicians to interpret patient handwriting and ask repetitive questions. By ensuring that you have detailed current information regarding their concerns, the questionnaire also promotes patient confidence and protection against malpractice litigation.

   Ref: **Importance of a Medical History as it Relates to Patients Injured in Accidents**
   https://www.workerscompdrbrooklyn.com/2015/04/01/the-importance-of-a-medical-history-as-it-relates-to-patients-injured-in-accidents/

4. **Functional Outcome Measures** - The healthcare and legal systems are moving into an era of assessment and accountability. The emerging tools for measuring the effectiveness of patient treatment procedures are Outcome Assessment forms.

   These assessment tools offer a statement of both subjective and objective data. They will assist you in establishing validity, responsiveness and efficacy of treatment!

   Outcome Assessment questionnaires should be administered in conjunction with your examination and re-examination procedures. They should be administered ***initially to establish a baseline for where the patient is at the beginning of treatment*** and again ***at re-evaluation to provide a detailed assessment of functional progress over time.***

It is recommended that a separate and specific outcome assessment questionnaire be given for each area of treatment. For example, if you will be treating the neck and the low back, you will want to administer a Neck Pain Disability questionnaire and either a Roland Morris or Revised Oswestry Low Back Pain questionnaire. While general health outcomes (such as the Health Status Questionnaire) are valuable and should still be used in addition to area specific outcome assessments, independent assessment and documentation of each area allows multiple injury cases to be managed more easily and shows therapeutic improvement more accurately.

Types of Outcome Measures are:

- **Health Status Questionnaire** - This questionnaire, established by the Health Outcomes Institute, is a measure of overall functional status, well-being and risk of depression for adults. The form measures eight specific health attributes grouped under three major health dimensions (Functional Status, Well-being, and Overall Evaluation of Health). The Health Status Questionnaire should be incorporated as part of the routine initial exam on each new patient.

- **Neck Pain Disability Index Questionnaire** – This questionnaire is designed to measure interference in the activities of daily living in persons suffering with neck pain. The average patient will be able to complete it in five to ten minutes.

- **Roland-Morris Acute Low Back Pain Disability Questionnaire** - This form is designed to be a simple and accurate measure of assessing back pain and disability in patients with completion time of approximately five minutes.

- **Revised Oswestry Chronic Low Back Pain Disability Questionnaire** - This is a self- administered subjective questionnaire that quantifies the degree of functional impairment of individuals with low back pain. The Oswestry is a well-known outcome measure used in evaluating the effectiveness of treatment protocols. It can also be used for screening and treatment planning. The amount of time required to complete this form is minimal.

Refs:

Medical Necessity – Outcomes Are Likely the Missing Piece
https://www.docplus.net/post/2017/03/17/medical-necessity-outcomes-likely-the-missing-piece

Preparing for PI Patients
https://www.chiroeco.com/preparing-for-pi-patients/

9 Ways Personal Injury Chiropractors Can Help a PI Case
https://www.accidenthelpzone.com/personal-injury-chiropractors/

Assessment and Management of Common Musculoskeletal Injuries
https://www.independentnurse.co.uk/clinical-article/assessment-and-management-of-common-musculoskeletal-injuries/219339/

Evaluation and Treatment of the Acutely Injured Worker
https://www.aafp.org/afp/2014/0101/p17.html

External Cause-of-injury Framework for Categorizing Mechanism and Intent of Injury
https://www.cdc.gov/nchs/data/nhsr/nhsr136-508.pdf

SUPPLEMENTAL QUESTIONNAIRES

TO HELP FORMULATE PROGNOSIS

SUPPLEMENTAL QUESTIONNAIRES TO HELP FORMULATE PROGNOSIS

- **Duties Under Duress Patient Questionnaire**

  Duties under duress refers to activities a patient had to, and did perform at home, work and recreation which were made more difficult due to the injuries from the accident. It is important to gather information about every task the patient is having trouble completing. Have the patient be as detailed as possible and clear about the severity of each issue. Make sure that these difficulties are clearly documented in the patient record. Medical documents are often the only record of the pain or difficulties experienced after an accident. This information will help you determine your prognosis for this patient and what the insurance company will later use to assess the claim.

- **Loss of Enjoyment Patient Questionnaire**

  "Loss of Enjoyment of Life" can only be considered if there is a permanent impairment greater than the threshold percentage set by the insurer (typically 3 percent).

  There is a three-part process that must occur to get Loss of Enjoyment of Life AND/OR Duties Under Duress included in a patient's claim:

  1. The client must have lost enjoyment of life in one of the six prescribed types of activities.
  2. The loss of enjoyment of life must be supported and documented in a physician's report or notes.
  3. The client's lawyer must make a specific claim, or the insurer will not consider it.

BENEFITS OF THE DOCPLUS MED/LEGAL DOCUMENTATION SYSTEM

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- **Increased Income –** Get paid for Med-Legal narratives (Initial, Re-Evaluation, and Final Reports)

- **Prevents Denial of Care Plans –** Support Medical Necessity and your rationale for continuing care with effortless comprehensive documentation Provides effortless comprehensive documentation to support Medical Necessity and your rationale for continuing care

- **Makes Documenting a PI Case Easy** –

    - Patient driven checklists delegate 98% of paperwork to patients and staff, allowing physician to focus on patient diagnosis and treatment.

    - Ready-to-use complete documentation system is fully customizable to your clinic and language you prefer!

    - Assures the quality and efficiency necessary for professional handling of Med-Legal case documentation.

    - Additional tests, procedures, clinical findings, and physician points of discussion can be customized easily to accommodate your clinic's needs.

- **Better Documentation = Better Outcomes** –
    - Legible clearly defined records sufficient for Med-Legal proceedings

- Provides checklists that answer the needs of third-party payers' value driven software

Ref:

https://www.dynamicchiropractic.com/mpacms/dc/article.php?id=38323

https://backtochiropractic.net/PDF/Narrative%20Reports%20Ethics%20Notes.pdf

https://backtochiropractic.net/PDF/Sample%20Narrative%20Report%20New%203-25.pdf

GETTING IT DOCUMENTED

Are we all familiar with the old saying…", If it isn't documented, it didn't happen"?

Well, that doesn't ever have to be you.

The checklist systems developed by Document Plus are designed to make documenting for E&M easier no matter the level.

If you need a time-tested, comprehensive, and complete documentation system in your office we can help!

Document Plus can be fully integrated with your existing computer and practice management software and customization to fit your practice is built right into the system.

Please call to schedule your free software demo. 800-642-0600 or go online at: https://www.docplus.net/request-a-book-dvd

If you currently have and love Document Plus but have questions, please call Melanie at 800-642-0600 Ext. 113.

Thank you!