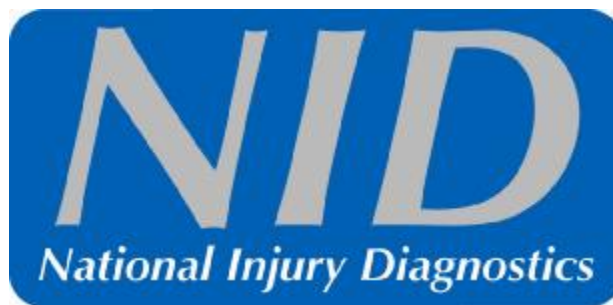


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“Optimal Patient Outcomes through Accurate Injury Assessment”

Maintenance Care vs. Supportive Care

In injury practices, doctors rightfully so, get into treatment which is no longer going to correct the patient’s condition but does help them to maintain the gains that they have achieved with care. When this comes into play you must understand the definition of the two words above or you can get your care bill denied or worse you can be accused of over-utilizing (delivering more care than what you can objectively justify).

Well if you understand the definition of supportive care and maintenance care I am sure you will know what to do, and how to OBJECTIVELY document which you are delivering...so here are the definitions according the American College of Chiropractic Consultants. I have taken the liberty to underline the most important aspect of each definition.

Supportive Care - [Bibliography](#)

Long-term treatment/care **that is therapeutically necessary. This is treatment for patients who have reached maximum therapeutic benefit, but who fail to sustain benefit and progressively deteriorate when there are periodic trials of treatment withdrawal.** Supportive care follows appropriate application of active and passive care including rehabilitation and/or lifestyle modifications.

Supportive care is appropriate when alternative care options, including home-based self-care or referral have been considered and/or attempted. Supportive care may be inappropriate when it interferes with other appropriate primary care, or when risk of supportive care outweighs its benefit, i.e. physician/treatment dependence, somatization, illness behavior or secondary gain.

NB: Chiropractic physicians should be sure and clearly document treatment withdrawal attempts and the results of those attempts.

- [Position Statement of the American College of Chiropractic Consultants - 2006](#)

Preventive/Maintenance Care

Elective health care that is typically long-term, **by definition not therapeutically necessary** but is provided at preferably regular intervals to prevent disease, prolong life, promote health and enhance the quality of life. This care may be provided after maximum therapeutic improvement, **without a trial of withdrawal of treatment**, to prevent symptomatic deterioration or it may be initiated with patients without symptoms in order to promote health and to prevent future problems.

This care may incorporate screening/evaluation procedures designed to identify developing risks or problems that may pertain to the patient's health status and give care/advice for these.

Preventative/maintenance care is provided to optimize a patient's health.

NB: Coverage for preventive/maintenance care is often dependant on the patient's contract language.

- Position Statement of the American College of Chiropractic Consultants - 2006

To sum it up Supportive care needs to have two qualifiers:

1. A test of treatment withdrawal to determine IF the patient's condition actually worsens without regular care. You cannot know this unless you test it with each patient and if you do not document testing it than it can be determined to be maintenance care, with little recourse on your part. What this looks like is really simple. *"Mrs. Smith we have been treating you now every other week for the last two months and I know you like the care that you receive here, as I know you know how much it has helped you. At this point in your care, we need to test how you do with no care, so we can get determine if you will maintain benefit without further care or if ongoing regular care may be necessary for awhile. So I need to see you again in one month, to see how you do with one month of no treatment."* And that is how you do it and document it.
2. During the treatment withdrawal the patient must show a worsening. And it would be best if it written out by the patient in their own words.

If the patient does not worsen with withdrawal and both you and the patient are determining to continue to treat, than just know that the care that you are delivering is, by definition, maintenance care, and is usually not the responsibility of any insurance carrier to pay for, depending on the individual policy language. This of course should be discussed with the patient in your billing department, as this care would be patient elective care that may not be covered.

Hope this helps.