

WRITING A GOOD NARRATIVE REPORT IN PERSONAL INJURY CASES IS ESSENTIAL FOR PRE-LITIGATION SETTLEMENT

For those of you familiar with our newsletter, you are aware that we provide useful information that will assist in getting a prompt and fair settlement for your patients, which ultimately results in you, the doctor, receiving payment without delay for the services you have rendered.

Once the case has been turned over to an attorney for representation of your patient, it is ultimately the job of the attorney to move the case along, toward settlement. One thing that you can do to assist in the process is to provide timely, accurate records along with accurate billing and a quality narrative report. For the purposes of this newsletter, we will focus on the narrative report, but we can provide only an overview due to space limitations. Please feel free to contact us for further details and watch for subsequent editions of our newsletter in which we will focus on billing and records.

CERTAIN ESSENTIAL INFORMATION SHOULD BE PRESENT IN EACH AND EVERY NARRATIVE REPORT

As we have stressed before, it is not required that there be an initial, interim and final narrative report. One cohesive narrative report is sufficient, however, certain information should be present in the report in order to address those fields required to be entered by the adjuster that will be seeking settlement authority on the case. This is quite important. We have discussed computer assisted claims evaluation before (such as Colossus and other proprietary programs) and as it appears likely that they are around to stay, it is vital to our ability to settle the claim promptly that essential data appear in your report.

In addition to the standard reporting sections, e.g., Initial Examination, Orthopedic Testing, Discussion of Findings and Treatment Program, and Final Examination; the following should be considered in all narrative reports.

OBJECTIVE INJURY VS. OBJECTIVE FINDINGS

Often times, we see in medical reports that a patient was given an orthopedic test, and based on the complaint of pain by the patient while performing the test, a conclusion is made that an injury was sustained. However, in the same narrative, there is no mention as to the abrasions from the airbag, bruising from the seatbelt, and lacerations from flying glass.

Because it is possible for a patient to complain of pain before reaching the full potential of his range of motion, most insurers treat “objective findings” and “objective injury” very differently. Therefore, whenever an objective injury is present (positive findings on x-ray, MRI, visual bruising, abrasions or lacerations) it is imperative that a separate section be included in the report, in order to draw this to the attention of the adjuster to these objective injuries.

PATIENT INFORMATION SHOULD BE COMPLETE

Most insurers are using claims software, either licensed from a particular company such as CSC for Colossus, or are using their own proprietary software which is based, at least in part on the former. In order to see that the claim is evaluated in a timely manner, it should become common practice to include the patient's name, date of birth, sex, occupation, height and weight in the report. This will serve two purposes: one is that when the adjuster sees it laid out, they will take the file out of order to submit for settlement authority, over the receipt of a narrative report that requires them to look through the file for information before the file can be submitted for authority; Secondly, it will assist in making sure the patient receives a proper evaluation (example: if the patient is an elderly lady her claim will not be evaluated as a 25 year-old male in good health, or is the patient works in the construction field, the hard nature of his work will presume some element of lost wage.)

DIAGNOSIS MUST BE PRESENT AND SHOULD INCLUDE

ICD-9 CODES WITH WRITTEN DIAGNOSIS

Again, due to the use of computer evaluation, many of the programs will not take "cervical acceleration-deceleration syndrome" as a valid diagnosis. The computer will recognize this as "unspecified soft tissue injury" which will typically receive less by way of authority, than a specified injury to a particular region, such as "Cervical Sprain/Strain 847.0" or "Cervical Acceleration/Deceleration Syndrome 847.0".

Typically, when a narrative report is submitted without ICD-9 codes, it will be returned to the provider, or to the attorney in cases where the patient is represented, with accompanying notification that review will be made when the proper codes are received. In order to prevent undue delays, it is best to make it a practice of always including the ICD-9 codes in the diagnosis.

ALL REPORTS MUST INCLUDE A PROGNOSIS SECTION

For some time now, there has been debate as to whether or not a prognosis of anything other than "good" would be accepted if provided by a chiropractic doctor. While the weight of the prognosis given by anything other than a medical doctor still may be debated, and treated differently by the various software programs used by the carriers, what is not in dispute is this: A narrative report without a prognosis is treated as an "incomplete medical record." What this means is that the credibility of the doctor's entire report is questioned, if the record is not "complete", therefore a prognosis should be given in all cases.

PRE-EXISTING INJURIES AND PRIOR/SUBSEQUENT

ACCIDENTS SHOULD BE MENTIONED IN THE REPORT

In the law, sometimes we are required to "rely upon" authority for a judge or jury to make a decision, and sometimes we have to point out that our facts are "distinguished from" another cited authority. Similarly, the doctor must point out those pre-existing injuries that can be relied upon to show the patient is easily injured, or an "egg-shell patient" while at the same time, distinguishing a present injury from an earlier injury that was healed and bears no significance upon the present case.

Subsequent accidents and/or injuries should be documented and commented upon in the report, and if required, apportionment of injuries made. If the subsequent incident had no bearing on the injuries under treatment, please make that clear in your report as well.

FURTHER INFORMATION AVAILABLE

For further information on this topic, and other useful information please visit our website at nealsobol.com, or feel free to contact us at (818) 547-6650. And be sure to watch for our upcoming seminars and newsletters, where we will provide further information.