Chiropractic Services & Medicare Coverage

1. What chiropractic services does Medicare cover?

Medicare will pay for a portion of the cost of chiropractic spinal adjustments as long as they meet Medicare's requirements of being ***medically necessary***. (see answer to #3 below for more info)

2. What chiropractic services does Medicare NOT cover?

Medicare does NOT pay for the following services when received in a chiropractor's office:

Exams: New patient or Re-exam
X-rays
Electric Muscle Stimulation
Cold Laser Therapy
Kineseo Taping
Mechanical Traction
Non-spinal Adjustments (ie: knee, wrist, etc)
"Maintenance Care" or "Wellness Care" Spinal Adjustments
Supplements or Products
Nutritional Counseling
Massage Therapy Services

3. Why are all chiropractic spinal adjustments not covered by Medicare?

Medicare Part B (Medical Insurance) covers only manipulation (adjustment) of the spine if medically necessary to correct a spinal misalignment when provided by a chiropractor. Only active treatment of acute or chronic spinal conditions are covered and reimbursable. Manipulation of a particular spinal level or levels is considered ***medically necessary*** if the patient has symptoms or complaints that can be directly correlated by the doctor to the spinal level of misalignment. Once the patient has reached maximum improvement of his/her condition (ie: further clinical improvement cannot be expected from continuous ongoing care) and has been placed on a regular "maintenance type" schedule of visits (ie: 1 per 2 weeks or 1 per month) then the spinal adjustments will be considered Maintenance spinal adjustments and will not be covered by Medicare.

Maintenance care is not considered by Medicare to be medically reasonable or necessary, and is not reimbursable by Medicare. Maintenance therapy is defined (per Chapter 15, Section 30.5.B. of the Medicare Benefit Policy Manual) as a treatment plan that seeks to prevent disease, promote health, and prolong and enhance the quality of life; or therapy that is performed to maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, the treatment is then considered maintenance therapy.

4. What is the cost of Medicare covered spinal adjustments to a patient covered by a traditional Medicare plan (not Advantage plans)?

You pay 20% of the Medicare-approved amount for the cost of the medically necessary spinal adjustment provided your deductible has been met. If your deductible has not been met, you will responsible for all covered charges until deductible is met. If you have supplemental insurance, it may cover the 20% coinsurance and sometimes the deductible. Supplemental insurance coverage varies and must be verified by our staff.

You pay all costs for other non-covered services or tests provided by a chiropractor or chiropractic office.

5. What is the cost of Medicare covered spinal adjustments to a patient covered by a Medicare Advantage Plan?

Most advantage plan have a copay from $20 - $30 for chiropractic spinal adjustments. Coverage varies by plan and our office staff will need to verify your benefits individually to tell you this information.

6. What is an ABN form and is it required by Medicare?

An ABN is a specific form we are required by Medicare to have you sign if you receive chiropractic adjustments at our office. This form explains why Medicare might not pay for certain chiropractic adjustments they have deemed as **"not medically necessary"** or "**maintenance therapy"** that you receive at our office. If you are a patient coming in to our office with a NEW CONDITION or NEW INJURY that is musculoskeletal in nature and the doctor can directly correlate your symptoms to a spinal misalignment of a specific level or levels in your spine, then your chiropractic adjustments should be considered active treatment and covered by Medicare. If, at an point in your treatment at our office, Medicare deems your care to be **"maintenance therapy"**, they will not pay for the visit and you will be responsible for payment. We don't always know in advance that Medicare will deem your care as not medically necessary. **Once your condition stabilizes and/or your doctor instructs you to schedule your appointments on a regular ongoing basis to "maintain" your condition, the spinal adjustments will become "Maintenance" adjustments and you will be personally responsible for paying for your chiropractic adjustments.** Should you have a new injury or flare up we will update your case and Medicare may begin to pay for the active treatment once again. (See item #9 below) A new ABN form will be required if this occurs.

7. What is the cost of Maintenance spinal adjustments to a Medicare patient?

The regular cost of "Maintenance" or "Wellness" spinal adjustments is $50. We offer a "Time of Service" discounted price of $40 if payment is received the same day services are rendered. We also offer several levels of prepaid maintenance care plans that can decrease the cost per visit even further. Our staff can provide more information on these plans.

8. Which Option should I choose on the ABN form?

■■ Option #1: If you select option #1, you are agreeing that you wish to receive the chiropractic adjustment services and you want our office to file a claim for that service with Medicare. Our office is permitted to collect payment from you of any deductible amount or copay at the time of service if option #1 is chosen.

■■Option #2: If you select option #2 you agree to pay out of pocket for the chiropractic adjustment service and do not want a claim sent to Medicare. In accordance with the ABN, we will not file a claim to Medicare. If you change your mind at a future time you can request the claim be submitted.

■■ Option #3: If you select option #3 then you are choosing NOT TO RECEIVE chiropractic adjustment services and thus not to pay for the service. **The doctor will not adjust you** and no claim will be filed.

9. What if I've been receiving and paying for Maintenance chiropractic adjustments but I have a NEW injury or symptom?

Let our office staff know **immediately** of this important information. Your doctor will need to discuss the new injury or symptom with you to determine if it might be a condition covered by Medicare. If the doctor thinks your condition meets the requirements for medical necessity then he will document this appropriately and instruct the billing staff to file the chiropractic adjustment to Medicare for payment. He will also start you on a new treatment plan and recommend an increased frequency of visits for chiropractic adjustments until your condition stabilizes again. We would expect Medicare should cover your chiropractic adjustments while you are once again under active treatment for this new injury or condition.