

Chiropractic Services & Medicare Coverage

1. What chiropractic services does Medicare cover?

Traditional Medicare plans will pay for a portion of the cost of **chiropractic spinal adjustments** if they meet Medicare's requirements of being *medically necessary*. Medicare will **NOT** pay for maintenance/supportive care (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:

- New Patient Exam (or re-exams)
- X-rays
- "Maintenance" spinal adjustments
- Electric Muscle Stimulation
- Massage Therapy Services
- Laser Therapy
- Kinesio Taping
- Mechanical Traction
- Non-spinal Adjustments (ie: knee, wrist, etc)
- Supplements or Products
- Nutritional Counseling

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 (as determined by Medicare) of acute or chronic spinal conditions are covered and reimbursable**. Manipulation of the spine 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/or 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/Supportive Care spinal adjustments and will not be covered by Medicare.** Maintenance/Supportive 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/supportive therapy.

4. What is the cost of medically necessary (according to Medicare) 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 be 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 medically necessary (according to Medicare) spinal adjustments to a patient covered by a Medicare Advantage Plan?

Most advantage plans have a copay from \$20 - \$30 for chiropractic spinal adjustments. However, some of the Medicare advantage plans have no out-of-network coverage for chiropractic care and we may not be in your network. **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?

This form explains why Medicare might not pay for certain types of chiropractic adjustments they have deemed as **“not medically necessary”** or **“maintenance/supportive therapy”**. **Once your condition stabilizes and/or you have reached maximum medical improvement in your condition, your care will become maintenance/supportive in nature 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)

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

The fee for “Maintenance/Supportive Care” spinal adjustments is \$60. We do offer a 15% prompt payment discount and our office is also a member of the DMPO, ChiroHealth USA. ChiroHealth USA members can receive further compliant discounts off our regular rate. Our staff can provide more information on these plans.

8. Which Option should I choose on the ABN form if I wish to receive my Maintenance/Supportive Care adjustment?

■ ■ 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 even though we do not expect Medicare to pay for a maintenance adjustment. 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 treat you.**

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

Let our office staff know of this important information **immediately *BEFORE YOUR TREATMENT***. Your doctor will need to discuss the new injury or symptom with you and perform a physical exam to determine if it might be a condition covered by Medicare. If the doctor thinks your condition meets the requirements for treatment to be considered medically necessary 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.