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Explanation of Medicare Chiropractic Coverage

Your Medicare Part B or Advantage Plan coverage of chiropractic care is limited. Medicare will only reimburse for the chiropractic adjustment (manipulative treatment) when it meets Medicare's rules. At this time, Medicare will only reimburse for medically necessary chiropractic adjustment/manipulation of the spine. Chiropractic treatment is covered by Medicare and secondary payers if **all** the following criteria are met:

The patient **must have** a significant health problem in the form of a neuro-musculoskeletal condition necessitating condition, provide reasonable expectation of recovery or improvement of function **and**

- The patient **must have** a diagnosis of subluxation of the spine as demonstrated by x-ray and or physical exam. **PHYSICAL EXAMINATION IS REQUIRED BUT NOT REIMBURSED BY MEDICARE**

Description of covered spinal joint problems categorized by Medicare as follows:

- **Acute subluxation:** A patient's condition is considered acute when the patient is being treated for a new injury identified by x-ray or physical exam as specified above. The result of chiropractic manipulation is expected to be an improvement in, or arrest of progression, of the patient's condition.
- **Chronic Subluxation** : A patient's condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment (as is the case with an acute condition), but where the continued therapy can be expected to result in some functional improvement. Once the clinical status has remained stable for a given condition, without expectation of additional objective clinical improvements, further manipulative treatment is considered maintenance therapy which is not covered.
- **Exacerbation:** A temporary marked deterioration of the patient's condition due to a flare up of:
  1. A condition being treated in which case additional treatment may be allowed but would not necessitate a whole new course of treatment.
  2. A chronic condition (after having achieved maximum therapeutic benefit and stabilized functional status for a reasonable period of time) where the patient experiences a marked increase in symptoms from baseline. This may warrant an initiation of a new course of treatment.
  3. Exacerbation must be documented in the patient's clinical record: including the date of occurrence, nature of the onset or other factors that will support the reasonableness and necessity of treatment.

MEDICARE WILL NOT REIMBURSE FOR:

1. **Exam Visits** – to evaluate and manage, re-evaluate, advise or counsel. ($105.00 to $180.00)
2. **Physiotherapy** – such as massage, electrical stimulation, ice therapy, ultrasound. ($25.00 per modality)
3. **X-rays, Laboratory, Supplies and Vitamins**.
4. **Various non-spinal Chiropractic manipulations** to the shoulder, arm, leg, etc. ($40.00+)
5. **Maintenance Care** – When you are stable and not making any more improvement. ($51.00)
6. **Wellness Care** – promote better health, improve wellbeing and prevent illness or deterioration of a chronic condition.
7. **Acupuncture**
8. **Myofascial Release**

Deductible and Secondary Insurance Coverage – As a participating provider with Medicare, we will submit claims directly to Medicare for you. Medicare plans require patients to pay the first $198.00 of eligible covered services each calendar year prior to paying 80% if approved services. If you have secondary or supplemental insurance coverage (Medigap) your yearly deductible and the 20% co-pay after Medicare may be covered by your secondary policy. Extended (non-Medigap) policies may also have coverage for services Medicare considers non-covered. We will send a monthly statement which will be an **estimate** of your out of pocket responsibility. We will not be able to make a final determination of your financial responsibilities until all claims have been submitted and received back from Medicare as well as any other policies you may have.

- I certify that I have read the Medicare rules regarding chiropractic coverage as stated above. I understand that some of the services may be recommended for treatment of my condition may not be paid for by my Medicare or my private insurance policy. I therefore understand and agree that I will be personally responsible for the payment of any and all non-covered services, co-pays and deductibles.

Patient Name(print):_____ DOB:_____

Patient Signature:_____