Special Notice for Medicare Patients

Dr. Hoch and the team here at Fort Myers Chiropractic Studio are dedicated to providing you with the best healthcare possible, with the goal of you reaching your optimal health and function. For that reason, we will always recommend only the treatment you need for the improvement of your condition and will not make recommendations based on what your insurance policy may or may not cover.

The decision to proceed with care is always up to you, the patient, since your healthcare choices are a personal decision. With that in mind, this notice will help you understand what is covered by Medicare in a chiropractic office, and what may be your responsibility.

Medicare covers ONLY spinal adjustments, when the doctor determines that your case meets Medicare's specific requirements of active care and medical necessity. All other services that we deliver here in our office are excluded or not covered by Medicare. This includes those items listed below:

X-rays*
Evaluation and Management services (examinations)
Adjustments to areas other than the spine
Physiotherapy modalities and procedures such as EMS, Ultrasound Therapy, Laser therapy, Manual Therapy or Massage Therapy
Exercises
Durable medical equipment
Acupuncture
Laboratory tests
Other medical supplies or procedures not listed which are not considered spinal adjustments.

Any Maintenance, Wellness or Elective Care is never a covered service under Medicare.

Dr. Hoch is a Non-Par Medicare provider. This means that she extends the Medicare allowable fees to her Medicare patients who are under active care. Our patients pay us those fees at the time of service and we in turn submit electronic claims to Medicare on our patient's behalf. Any covered services to be reimbursed are paid directly to the patient. If you have a secondary insurance, Medicare will forward the claim to your secondary automatically.

Medicare Replacement policies are NOT the same as traditional Medicare and operate more like HMOs. We do not submit billing for Medicare Replacement Policy Holders as those claims do not get sent directly to Medicare.

Remember, it is the policy of this office never to turn any patient away from care due to financial circumstances. We offer many options to assist you with your financial responsibility and will explain each of these to you in detail.

We are happy to include you among our practice family. Please let us know about any questions you have related to your treatment here at Fort Myers Chiropractic Studio.

***X-rays may or may not be covered if taken at another facility.**

For more information about the highlighted section, scroll down to the next pages taken directly from Medicare's LCD.

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L36617

LCD Title
Chiropractic Services

Proposed LCD in Comment Period
N/A

Source Proposed LCD
DL36617

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Revision Ending Date
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Notice Period Start Date
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CMS National Coverage Policy

Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Code of Federal Regulations:

42 CFR 410.21 describes limitations on services of a chiropractor.

42 CFR Section 410.32, indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements).

CMS Publications:

CMS Publication 100-01, *Medicare General Information, Eligibility and Entitlement Manual,* Chapter 5: 70.6 Chiropractors
CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15: 30.5 Physician Services – Chiropractor's Services
CMS Publication 100-02, *Medicare Benefit Policy Manual,* Chapter 15: 240 Chiropractic Services - General

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

Chiropractic manipulative treatment (CMT) is a form of manual treatment to influence joint and neurophysiological function. This treatment may be accomplished using a variety of techniques. Medicare covers limited chiropractic services when performed by a chiropractor who is *licensed or legally authorized to furnish chiropractic services by the State or jurisdiction in which the services are furnished* (CMS Publication 100-01, *Medicare General Information, Eligibility and Entitlement Manual,* Chapter 5, Section 70.6). A chiropractor must also meet uniform minimum standards as set forth in the CMS Internet-Only Manual (IOM) Publication 100-1, Chapter 5, Section 70.6. This policy restates language directly from the CMS Internet-Only manuals and if necessary provides clarification to educate providers on specified Medicare requirements for the diagnosis, treatment, documentation and billing of chiropractic services.

Indications

Chiropractic Services – Active Treatment:

The patient must have a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment, and the manipulative services rendered must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function. The patient must have a subluxation of the spine as demonstrated by x-ray or physical exam. (CMS Publication 100-02, *Medicare Benefit Policy Manual,*Chapter 15, Section 240.1.3)

Most spinal joint problems fall into the following categories:

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 and is not covered (CMS Publication 100-02, *Medicare Benefit Policy Manual,* Chapter 15, Section 240.1.3)

An acute exacerbation is a temporary but marked deterioration of the patient's condition that is causing significant interference with activities of daily living due to an acute flare-up of the previously treated condition. The patient's clinical record must specify the date of occurrence, nature of the onset, or other pertinent factors that would support the medical necessity of treatment. As with an acute injury, treatment

should result in improvement or arrest of the deterioration within a reasonable period of time.

A. Maintenance Therapy

Maintenance therapy includes services that seek to prevent disease, promote health and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy. (CMS Publication 100-02, *Medicare Benefit Policy Manual,* Chapter 15, Section 240.1.3A)