

CHIROPRACTIC MEDICARE COVERAGE INFORMATION

The government's Medicare program ONLY pays Doctors of Chiropractic (DC's) for limited services. If your needed Chiropractic Adjustment meets Medicare's rules they will usually pay for it. There are three categories of Medicare services 1) non covered 2) always covered 3) perhaps covered.

Non Covered

The following services are not at this time covered by Medicare for Chiropractors

- 1) Office Visits - Evaluate and manage, re-evaluate, advise or counsel
- 2) Adjustments – Areas other than the spine, e.g. knee, shoulder, leg, arm
- 3) Maintenance Care – When you are stable and not making any more improvement
- 4) Wellness Care – To promote better health
- 5) Physiotherapy – Massage, traction, electrical stim, neuromuscular re-education
- 6) X-Rays – Lab work, supplies, supplements, etc.
- 7) Manual Therapies – CranioSacral therapy, Somato Emotional Release, Visceral Manipulation, Massage
- 8) Acupuncture

If you require an insurance claim form the non-covered services will appear on your form as 97140—GY. This is a code for manual therapies and the GY means it is not covered, allowing your service to go through the Medicare system. Then after denial it can go to your secondary provider. If you have Medigap insurance know as Medicare Secondary or Supplement insurance they will pay according to the terms of your contract.

Always Covered

Clinically needed when you are in pain due to a bad spinal condition, along with rehabilitation as long as you are improving, a covered spinal adjustment will show as 98940, 98941, and 98942.

Perhaps Covered

The adjustment must be clinically needed according to Medicare. If they think it is not medically necessary they will not pay. If it is known that or believed that Medicare will not pay for the adjustment this office will let you know. You will be given a form known as the Advance Beneficiary Notice (ABN)

Statement of Understanding

I understand that I am personally financially responsible for all the covered services and as this office is a non-participating provider payment is collected at the time of service as well as payment for non-covered services. An insurance form will be prepared and mailed for you to Medicare only if treatment is payable by them. Medicare will then re-imburse you for the covered services if appropriate.

Signature of patient or person acting on patient's behalf

Date: _____

900 E. Indiantown Rd. suite 310 Jupiter FL 33477
561 746 5232