

Common Questions From Medicare Patients

1. Why won't Medicare cover my chiropractic care anymore? They have in the past.

A fair question. Here is the answer straight from the federal government: Medicare Benefit Policy Manual, Chapter 15 Section 30.5 says, "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 is deemed **not medically reasonable or necessary.**"

In other words, Medicare only pays for your chiropractic care if you have an active complaint that is expected to have documentable, measureable improvement. This means that third party payers, (Blue Cross Blue Shield, Aetna, Cigna, etc.) now have government permission to deny health insurance claims in these cases. If your chiropractor determines that ongoing care will help make you more healthy, but is not necessarily directed toward an existing complaint, then Medicare will not pay.

Medicare also says, "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."

If your condition is at the point where Medicare considers you in "supportive care," they discontinue your coverage. However, if this same condition resurfaces in the future or you do something to exacerbate the problem and it comes back, Medicare coverage for chiropractic adjustments resumes. Additionally, if another separate complaint arises that warrants a new evaluation and new plan of care, Medicare will pay for chiropractic adjustments needed for that complaint.

2. Medicare won't cover the cost of my initial exam or PT with you? Why?

Also a good question and chiropractors dislike the answer as much as you. The Medicare rule nationwide is that for care received in a chiropractor's office, Medicare will only insure their beneficiaries (you) for the cost of the adjustment. For any other service you receive: examination, heat, traction, x-rays, or anything other than the adjustment, these services are statutorily excluded from Medicare for chiropractors. This means a chiropractor cannot bill these charges to Medicare and they are deemed your responsibility. The good news is that initial exams are a one time charge. Many Medicare patients elect to received non-covered services from our office because the alternative is to receive chiropractic care here, while traveling to another location to receive other rehabilitative exercises, which can become quite an inconvenience.

Our office has financial policies in place to make your out-of-pocket expenses more affordable. While we are unable to discount the services, we allow patients to finance their care, interest free, by signing up in our office. Please ask us if you have any questions and we will be happy discuss them with you and possibly add them to this list.