

# ABOUT MEDICARE COVERAGE

The government's Medicare program only pays Doctors of Chiropractic (DCs) for limited services. If your needed Chiropractic Adjustment (manipulation treatment) meets Medicare's rules, they will usually pay for it. There are three categories of Medicare services: 1) non-covered 2) always covered, and 3) perhaps covered.

## NON-COVERED

According to existing Medicare law, most of the available services in our office are NON-COVERED. Hopefully, the U.S. Congress will change that someday and treat Doctors of Chiropractic like all other doctors. Until then:

### Examples of Non-Covered Services

*All Services Other than Chiropractic Adjustments:*

- Office visits – to evaluate and manage, re-evaluate, advise, or counsel.
- Physiotherapy – such as massage, traction, electrical stimulation, neuromuscular re-education, etc.
- X-rays, Laboratory, Supplies, Vitamins, etc.

*Various Chiropractic Adjustments:*

- Adjustment on an area other than the spine – (to the shoulder, arm, leg, etc.)
- Maintenance Care – you are stable and not making any more improvement.
- Wellness Care – to promote better health.

NON-Covered Items will appear on your insurance claim form. They will show as a Medicare NON-Covered service like this: "72010-GY". The "72010" code is for x-ray. The "-GY" code means that it is not covered, allowing your service to go through the Medicare system. After denial by Medicare, it can then go on to your other insurance. If you have Medigap insurance (also known as Medicare Secondary or Supplemental Insurance) they will pay according to the terms of your contract.

## ALWAYS COVERED

A typical example of a Medicare COVERED service (or clinically needed) is when you are in much pain due to a bad spinal condition. You should also expect Medicare to cover and pay for your rehabilitation as long as you are improving. When you have a COVERED chiropractic spinal adjustment (manipulation treatment), it will be shown on your Medicare claim form and payment reports as either "98940", "98941", or "98942".

## PERHAPS COVERED

Your Chiropractic Adjustment must be clinically needed according to Medicare. If Medicare thinks that your condition is not "Medically Necessary" they won't pay. If we know or believe that Medicare **will not** pay for your Chiropractic Adjustment due to any rules that they might have, we will let you know. We will give you a special Medicare form known as the Advance Beneficiary Notice (ABN).

## STATEMENT OF UNDERSTANDING

I understand that I am personally financially responsible for all Medicare NON-covered services. I also understand that there could be times when my chiropractic adjustments might not be covered. If so, my doctor will let me know. I am also responsible for any annual deductibles or applicable co-payments as required by Medicare.

\_\_\_\_\_  
Signature of patient or person acting on person's behalf

\_\_\_\_\_  
Date

## LONG-TERM AUTHORIZATION

You won't have to sign again during this time period. This authorization can be revoked upon your written request.

Patient Name: \_\_\_\_\_ Medicare # (HICN): \_\_\_\_\_

Provider Name: **Back To Health Wellness**  
**1651 Galisteo St. Ste. 12**  
**Santa Fe, NM 87505**

Provider Address: \_\_\_\_\_

Authorization Period: From: \_\_\_\_\_ 201\_\_ To: \_\_\_\_\_ 201\_\_ (must be completed to be valid)

I request that payment under the medicare insurance program be made either to me or to the provider named above on any bills for services furnished to me during the effective period of this authorization, and I authorize the above named provider to release to the Social Security Administration or its intermediaries or carriers, or to any other payor for information needed to process claims. I further permit a copy of this authorization to be used in place of the original.

\_\_\_\_\_  
Signature of patient or person acting on person's behalf

\_\_\_\_\_  
Date

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to a payer, your health information on this form may be shared with the payer. Your health information which the payer sees will be kept confidential by the payer.