

Special Notice for Medicare Patients

Dr. Chad Luce and the team at The Chiropractic Place are dedicated to providing you with the best chiropractic 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 (any chiropractic office), and what may be your responsibility.

Medicare covers ONLY spinal adjustments, and only when the provider determines that your case meets Medicare's specific and stringent requirements of active care and medical necessity. (Please review *Local Coverage Determination* on the proceeding pages.) All other services that we deliver in our office are excluded or not covered by Medicare. This includes those items listed below:

- Evaluation and Management services (examinations, both new and existing patients)
- Adjustments to areas other than the spine (i.e. extremities)
- Physiotherapy modalities and procedures such as Laser therapy, Manual Therapy, EMS, Ultrasound, or Massage Therapy
- Exercises and Assisted Stretching
- Other medical supplies or procedures not listed which are not considered spinal adjustments
- **Maintenance, Wellness, or Elective Care are never a covered service under Medicare**

Dr. Luce is a **Non-Participating Medicare provider**. This means that we extend the Medicare allowable fees to Medicare patients who are under **active** care. It also means we collect payment from patients at the time of service for active, medically necessary care, and we in turn submit electronic claims to Medicare on the patient's behalf. Any covered services to be reimbursed are paid directly to the patient. If there is a secondary insurance policy, Medicare will forward the claim to them automatically.

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

Care provided to Medicare patients whose condition does not meet the stringent criteria of Medicare's specific requirements of active care and medical necessity, or care provided to Medicare patients who have graduated from active care into maintenance care, will follow the normal non-Medicare office rates of The Chiropractic Place. These non-active care/non-medical necessity visits are not reimbursable by Medicare and hence are not billable to Medicare.

It is the policy of this office never to turn any patient away from care due to financial circumstances. We offer options to assist you with your financial responsibility and we can explain these options 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 care at The Chiropractic Place.

**Local Coverage Determination (LCD) as defined on
<https://www.cms.gov/medicare-coverage-database>**

*Highlighted for easier reference
Abbreviated where necessary to fit this document*

Chiropractic Services
L37387

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Issue Description

This LCD outlines limited coverage for this service with specific details under **Coverage Indications, Limitations and/or Medical Necessity**.

CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member

42 CFR §410.32(a) 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 Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §240 Chiropractor's Services-General

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

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 carried out by a chiropractor who is legally authorized or licensed to provide chiropractic services by the State or jurisdiction in which the services are provided. A chiropractor must also meet uniform minimum standards as set forth in the Centers for Medicare and Medicaid Services (CMS) Internet-Only Manual (IOM). This policy restates language directly from the CMS IOMs 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.

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.**

An acute exacerbation is a temporary but marked deterioration of the patient's condition that is causing significant interference with activities of daily living (ADLs) 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 attempt to avert disease, facilitate health and extend and improve the quality of life; or therapy that is implemented to preserve or avoid deterioration of a chronic condition. The treatment is considered maintenance therapy when additional clinical advancement cannot logically be expected from constant ongoing care and the chiropractic treatment becomes auxiliary rather than curative in nature.

Limitations [abbreviated]:

The mere statement or diagnosis of "pain" is not sufficient to support medical necessity for the treatments. The precise level(s) of the subluxation(s) must be specified by the chiropractor to substantiate a claim for manipulation of each spinal region(s). There are 5 spinal regions addressed by this local coverage determination (LCD): cervical region (atlanto-occipital joint), thoracic region (costovertebral/costotransverse joints), lumbar region, pelvic region (sacro-iliac joint) and sacral region.

Medicare does not cover chiropractic treatments to extraspinal regions. The 5 extraspinal regions are: head (including temporomandibular joint, excluding atlanto-occipital) region, lower extremities, upper extremities, rib cage (excluding costotransverse and costovertebral joints) and abdomen.