Dear Medicare Patients,

This packet was designed to help you better understand your chiropractic benefits though Medicare.

First, before Medicare pays for any services, you must first meet your Medicare deductible. After you meet your deductible, you will have a 20% coinsurance per visit. A Medicare supplemental insurance plan covers only the portion of the charges (aka your coinsurance) that you would normally be responsible for. A secondary plan is different than a supplement plan because it may cover services that Medicare doesn't (exams, therapies, etc), as well as your coinsurance.

Medicare only covers the chiropractic adjustment; Medicare does not cover exams and therapies. "Medicare expects that acute symptoms/signs due to subluxation or acute exacerbation/recurrence of symptoms/signs due to subluxation might be treated vigorously. Improvement in the patient's symptoms is expected and in order for payment for chiropractic services to continue, should be demonstrated within a time frame consistent with the patient's clinical presentation. Failure of the patient's symptoms to improve accordingly or sustained worsening of symptoms should prompt referral of the patient for evaluation and/or treatment by an appropriate practitioner." (Source: Novitas Solutions Local Coverage Determination (LCD): Chiropractic Services (L34816))

"When further clinical improvement cannot reasonably be expected from continuous ongoing care, the treatment is then considered maintenance therapy." "Maintenance therapy is defined (per Chapter 15, Section 30.5.B. of the Medicare Benefit Policy Manual) as 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." Maintenance care is not covered under Medicare because, although it is considered beneficial, it is "not medically necessary."

"Services that are solely palliative in nature are not considered necessary and reasonable." Treatment must "have the potential to achieve significant improvement in, restoration of, and / or compensation for loss of function in a reasonable and generally predictable period of time". (Source: Local Coverage Determination (LCD): Physical Medicine & Rehabilitation Services, Physical Therapy and Occupational Therapy (L27513))

Below is a list of the conditions that Medicare covers. If Medicare deems your treatments to be not medically necessary, or does not cover the treatment, you will be responsible for these charges. However, we offer a discounted treatment price to patients whose treatment is deemed elective or not medically necessary by insurance or Medicare because it is not a covered benefit under any plan. This price is $35 per chiropractic adjustment.

In order to ensure that you understand the information presented in this packet, it is a Medicare requirement that you sign the form on the last page every year.

Medicare Designates **X number of visits, depending on your diagnosis**

MAX 12 VISITS

307.81 TENSION HEADACHE
719.48* PAIN IN JOINT INVOLVING OTHER SPECIFIED SITES (if site is the spine)
723.1 CERVICALGIA
724.1 PAIN IN THORACIC SPINE
724.2 LUMBAGO
724.5 BACKACHE UNSPECIFIED
724.8 OTHER SYMPTOMS REFERABLE TO BACK
728.85 SPASM OF MUSCLE
784.0 HEADACHE

MAX 18 VISITS

720.1 SPINAL ENTHESOPATHY
721.0 CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY
721.1 CERVICAL SPONDYLOSIS WITH MYELOPATHY
721.2 THORACIC SPONDYLOSIS WITHOUT MYELOPATHY
721.6 ANKYLOSING VERTEBRAL HYPEROSTOSIS
721.90 SPONDYLOSIS OF UNSPECIFIED SITE WITHOUT MYELOPATHY
721.91 SPONDYLOSIS OF UNSPECIFIED SITE WITH MYELOPATHY
724.79 OTHER DISORDERS OF COCCYX
729.1 MYALGIA AND MYOSITIS UNSPECIFIED
729.4 FASCIITIS UNSPECIFIED
846.0 LUMBOSACRAL (JOINT) (LIGAMENT) SPRAIN
846.1 SACROILIAC (LIGAMENT) SPRAIN
846.2 SACROSPINATUS (LIGAMENT) SPRAIN
846.3 SACROTUBEROUS (LIGAMENT) SPRAIN
846.8 OTHER SPECIFIED SITES OF SACROILIAC REGION SPRAIN
847.0 NECK SPRAIN
847.1 THORACIC SPRAIN
847.2 LUMBAR SPRAIN
847.3 SPRAIN OF SACRUM
847.4 SPRAIN OF COCCYX

MAX 24 VISITS

353.0 BRACHIAL PLEXUS LESIONS
353.1 LUMBOSACRAL PLEXUS LESIONS
353.2 CERVICAL ROOT LESIONS NOT ELSEWHERE CLASSIFIED
353.3 THORACIC ROOT LESIONS NOT ELSEWHERE CLASSIFIED
353.4 LUMBOSACRAL ROOT LESIONS NOT ELSEWHERE CLASSIFIED
353.8 OTHER NERVE ROOT AND PLEXUS DISORDERS
722.91 OTHER AND UNSPECIFIED DISC DISORDER OF CERVICAL REGION
722.92 OTHER AND UNSPECIFIED DISC DISORDER OF THORACIC REGION
722.93 OTHER AND UNSPECIFIED DISC DISORDER OF LUMBAR REGION
723.0 SPINAL STENOSIS IN CERVICAL REGION
723.2 CERVICOCRANIAL SYNDROME
723.3 CERVICOBRACHIAL SYNDROME (DIFFUSE)
723.4 BRACHIAL NEURITIS OR RADICULITIS NOS
723.5 TORTICOLLIS UNSPECIFIED

MAX 30 VISITS

721.3 LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY
721.41 SPONDYLOSIS WITH MYELOPATHY THORACIC REGION
721.42 SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION
721.7 TRAUMATIC SPONDYLOPATHY
722.0 DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC WITHOUT MYELOPATHY
722.10 DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY
722.11 DISPLACEMENT OF THORACIC INTERVERTEBRAL DISC WITHOUT MYELOPATHY
722.4 DEGENERATION OF CERVICAL INTERVERTEBRAL DISC
722.51 DEGENERATION OF THORACIC OR THORACOLUMBAR INTERVERTEBRAL DISC
722.52 DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL DISC
722.6 DEGENERATION OF INTERVERTEBRAL DISC SITE UNSPECIFIED
722.81 POSTLAMINECTOMY SYNDROME OF CERVICAL REGION
722.82 POSTLAMINECTOMY SYNDROME OF THORACIC REGION
722.83 POSTLAMINECTOMY SYNDROME OF LUMBAR REGION
724.01 SPINAL STENOSIS OF THORACIC REGION
724.02 SPINAL STENOSIS, LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION
724.03 SPINAL STENOSIS, LUMBAR REGION, WITH NEUROGENIC CLAUDICATION
724.3 SCIATICA
724.4 THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS UNSPECIFIED
724.6 DISORDERS OF SACRUM
738.4 ACQUIRED SPONDYLOLISTHESIS
756.11 CONGENITAL SPONDYLOLYSIS LUMBOSACRAL REGION
756.12 SPONDYLOLISTHESIS CONGENITAL
839.01 CLOSED DISLOCATION FIRST CERVICAL VERTEBRA
839.02 CLOSED DISLOCATION SECOND CERVICAL VERTEBRA
839.03 CLOSED DISLOCATION THIRD CERVICAL VERTEBRA
839.04 CLOSED DISLOCATION FOURTH CERVICAL VERTEBRA
839.05 CLOSED DISLOCATION FIFTH CERVICAL VERTEBRA
839.06 CLOSED DISLOCATION SIXTH CERVICAL VERTEBRA
839.07 CLOSED DISLOCATION SEVENTH CERVICAL VERTEBRA
839.08 CLOSED DISLOCATION MULTIPLE CERVICAL VERTEBRAE
839.20 CLOSED DISLOCATION LUMBAR VERTEBRA
839.21 CLOSED DISLOCATION THORACIC VERTEBRA
839.41 CLOSED DISLOCATION COCCYX
839.42 CLOSED DISLOCATION SACRUM
953.0 INJURY TO CERVICAL NERVE ROOT
953.1 INJURY TO DORSAL NERVE ROOT
953.2 INJURY TO LUMBAR NERVE ROOT
953.3 INJURY TO SACRAL NERVE ROOT
953.4 INJURY TO BRACHIAL PLEXUS
953.5 INJURY TO LUMBOSACRAL PLEXUS
953.8 INJURY TO MULTIPLE SITES OF NERVE ROOTS AND SPINAL PLEXUS

A. Notifier:

B. Patient Name: **C. Identification Number:**

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **D.** see below below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D.** _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Anything except for an adjustment to the spine to treat acute subluxation, including chiropractic treatments that are not "medically necessary"/maintenance/elective, exams, adjustments to an extremity, massage therapy, rehabilitation exercises, and any physiotherapy modalities (including ice, traction,	-only the chiropractic adjustment to the spine is a covered benefit. -if treatment is deemed to be "not medically necessary", elective, or maintenance care.	$35 chiropractic adjustment, $15 per 15min session of massage or a therapy, $50-$100 for exams (depending on complexity)

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D.** see above listed above.

  Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the **D.** _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN**.** If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the **D.** _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed**.

☐ **OPTION 3.** I don't want the **D.** _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date: