



Sample Voluntary Advance Notice Templates Statutorily Non-Covered Services

This resource provides an overview of the options you have with regard to communicating patient responsibility to your Medicare beneficiaries when rendering statutorily non-covered services. For chiropractors, this includes Evaluation and Management (E/M) services, X-rays, therapies, and other services.

- Page two of this document shows an example using an official Medicare ABN form that only includes those services which might be rendered on the first visit.
- Page three has an example of an official Medicare ABN form that includes all services which may be rendered for diagnosis and treatment.
- Page four offers a sample of what the letterhead for a non-ABN version of the notice might look like. Customize the sample language to meet the needs of your office.
- On page five you'll find a sample of a helpful tool available from Patient Media at <https://patientmedia.com/>.

All of these documents are editable and include sample language. On the ABN forms, areas are highlighted in yellow to indicate where you should customize for your office templates. If pre-printed information is used to describe items/services and/or common reasons for noncoverage, you must clearly indicate on the ABN which portions of the pre-printed information are applicable to the beneficiary when you give the form to each patient. For example, pre-printed items or services that are not applicable should be crossed out; applicable items/services should be highlighted or checked off.

We suggest you refrain from using Medicare's official ABN for Voluntary purposes. We recommend you give Medicare patients a special notice that they can sign for your files; give them a copy for their own files. Likewise, the form (shown below) that is offered by Patient Media is a wonderful tool and serves as a first visit receipt.

Depending on your choice, be sure that you take note of the modifier requirements for billing excluded services to Medicare.

Patient Name:

Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for services that are not covered when delivered by a Chiropractor, 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 non-covered services below.

Services Not Covered When Delivered or Ordered by a Chiropractor	Reason Medicare May Not Pay:	Estimated Cost
Evaluation and Management services (examinations) X-rays	Medicare does not pay for these services when delivered or ordered by a chiropractor. Medicare only covers spinal chiropractic adjustments, when medically necessary.	\$50-\$150, depending on your need \$75-\$175 depending on your need

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 non-covered services 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.

OPTIONS: Check only one box. We cannot choose a box for you.
<input type="checkbox"/> OPTION 1. I want the non-covered services 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. <input type="checkbox"/> OPTION 2. I want the non-covered services 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. <input type="checkbox"/> OPTION 3. I don't want the non-covered services listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

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.

Signature:	Date:
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CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850

Patient Name:

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Services Not Covered When Delivered or Ordered by a Chiropractor	Reason Medicare May Not Pay:	Estimated Cost
--Evaluation and Management services (examinations)	Medicare does not pay for these services when delivered or ordered by a chiropractor. Medicare only covers spinal chiropractic adjustments, when medically necessary.	\$50 - \$150
--X-rays		\$75 - \$175
--Therapy services		\$10 - \$35
--Acupuncture		\$45 - \$85

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OPTION 2. I want the non-covered services 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 non-covered services listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

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Your Letterhead

Special Notice for Medicare Patients

Dr. **PROVIDER NAME** and the team here at **CLINIC NAME** are committed to providing you with the best healthcare possible; our goal is to help you reach your optimal health and function. With that in mind, we always recommend everything you need for your condition and will not make recommendations based just on what your insurance will cover. The decision to proceed with care is always up to you, the patient, since your healthcare choices are personal decisions. With that in mind, this notice is intended to help you understand what is covered by Medicare in a chiropractic office and what may be your responsibility.

Medicare covers spinal adjustments ONLY when the doctor feels they meet Medicare's requirement of medical necessity. All other services that we deliver here in our office are excluded by Medicare because they are ordered or delivered by a chiropractor. This includes those items listed below:

(You must customize this list to include the services you offer in your office)

- X-rays
- E/M services (examinations)
- Adjustments to areas other than the spine, such as the shoulder, arm, hand, leg, ankle and foot.
- Physical therapy modalities and procedures, such as traction, electric muscle stimulation, ultrasound and exercises
- Durable medical equipment, such as pillows, braces, supports and exercise tools for home use
- Acupuncture
- Laboratory Tests

Remember, in this office it is our policy to never deny care to any patient due to financial circumstances. We offer many options to assist you with your financial responsibility and will discuss each of these options to you in detail--this includes billing any other insurance you may have as a supplement to Medicare.

We are happy to include you in our practice family. Please let us know if you have any questions related to your treatment here at **CLINIC NAME**.

Our Medicare Fees



1. Medicare handles chiropractic care differently from medical treatment.
2. Medicare sets the fee that we charge for your chiropractic adjustments.
3. All other services are NOT covered by Medicare.

HERE'S HOW YOUR ESTIMATED FINANCIAL RESPONSIBILITIES ARE CALCULATED.

Our Customary Fees

For excluded services NOT covered by Medicare or your supplemental insurance:

Today's Charges

For excluded services NOT covered by Medicare or your supplemental insurance:

Excluded Procedures	Range of Fees
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Examination: Required to properly document the necessity of care and to chart your progress. \$ _____

X-rays: As part of our thorough evaluation, pictures of your spine may be necessary. \$ _____

Therapies: Adjunctive procedures designed to support your chiropractic adjustments. \$ _____

Other: _____ \$ _____

Examination: \$ _____

X-rays: \$ _____

Therapies: \$ _____

Other: \$ _____

I understand that Medicare only covers medically necessary chiropractic adjustments. Medicare expects me (or my supplemental insurance), to pay for all other excluded services I receive.

Total due for above excluded services: \$ _____

Your responsibility for today's chiropractic adjustment: + \$ _____

Total Due Today: \$ _____

Patient signature Date

Printed name

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