

Voluntary Advance Notice for Statutorily Non-Covered Services

Medicare patients often think they are fully covered for all healthcare, especially if they have both Medicare and secondary insurance. Your patient may have received therapeutic services, exams, and even x-rays in the past and had them covered by Medicare and/or their secondary payer. What they may not be aware of is the **statutory limitation** of coverage when the service is **provided by a chiropractor**. These include extra spinal chiropractic manipulative treatment, evaluation and management services, x-rays, physical therapy modalities and procedures, durable medical equipment, and every other service delivered or ordered by a chiropractor.

Although written notice is NOT required by Medicare in these circumstances, it is good business practice to manage the Medicare patient's expectations about costs with voluntary advance notice. This Support Tool provides an overview of the options you have with regard to communicating patient responsibility to your Medicare beneficiaries when rendering statutorily non-covered services. Depending on your choice, be sure that you take note of the modifier requirements for billing excluded services to Medicare.

- **Utilize the official Medicare ABN form.** Using Medicare's official ABN form for excluded services means that you must follow a strict set of rules* associated with that form. For that reason, KMC University recommends that you give serious consideration to your options when it comes to using the official Medicare ABN form for the excluded or statutorily non-covered services. (NOTE: we are not referring to using the ABN form for spinal CMT services here. You must always use the official form for the spinal CMT codes.)

Sample ABN for All Non-Covered Services
Kathy's Chiropractic Heaven
1234 Main Street Honolulu, HI 99998 999-888-7777

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) | 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 |

WHAT YOU NEED TO DO NOW:

- **Utilize a customized non-ABN notice of non-coverage form.** You can create a general notification to Medicare patients that can be placed on your practice letterhead. The advantage of doing so in this format is that it exempts you from every requirement associated with the official ABN form. For a practice concerned about the copious regulations associated with Medicare, this option keeps it a little simpler. Page two offers a sample of what the letter for a non-ABN version of the notice might look like. Customize the sample language to meet the needs of your office.
- **Utilize the Patient Media Medicare resources.** On page three you'll find a sample of a helpful tool available from Patient Media at <https://patientmedia.com> which can serve as a first visit receipt.

*NOTE: If you choose to use the mandatory ABN (official form) and you have pre-printed information 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.

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 make recommendations based on your health condition and not on what your insurance will cover. The decision to proceed with care is always up to you, as 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 if the treatment meets Medicare's guidelines for medical necessity. Medicare does not pay for maintenance care. Medicare (CMS) defines maintenance care as follows: "Maintenance therapy includes services that seek to prevent disease, promote health and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. 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." While being treated for a chronic condition, you may elect to receive care beyond that which is determined to be medically necessary. You may also choose to receive maintenance care once maximum benefit from treatment has been reached.

Since Medicare only covers medically necessary spinal adjustments, all other services that we deliver here in our office are excluded by Medicare because they are ordered or rendered by a Doctor of Chiropractic. This includes the 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
- ☐ Dry Needling
- ☐ Laser Treatment
- ☐ Laboratory Tests

It is our office 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 with you in detail. This includes billing any other insurance you may have as a supplement to Medicare. We are happy to have you as a part of our practice family. Please let us know if you have any questions related to your treatment here at **CLINIC NAME**.

I _____ acknowledge that I have been told in
PRINT NAME
advance by my provider that the services/products listed above are not covered by my Medicare plan.

Signature

Date

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:

Excluded Procedures

Range of Fees

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: _____

\$ _____

\$ _____

\$ _____

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.

Patient signature

Date

Printed name

Today's Charges

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

Examination: \$ _____

X-rays: \$ _____

Therapies: \$ _____

Other: \$ _____

Total due for above excluded services: \$ _____

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

Total Due Today: \$ _____