



BACK SPECIALISTS

Medical Necessity:

This information is intended for patients who are insured by Medicare. It is important to know that Medicare is not comprehensive coverage.

Medicare only pays for chiropractic spine treatment when care is deemed warranted/necessary. Proper documentation of a spinal subluxation is required. If Medicare determines treatment is unnecessary, they will deny payment and the patient will be responsible for the cost.

There are two ways to gather information to document a need for care. The treating doctor can prescribe an x-ray to differentiate a diagnosis or perform an examination. Unfortunately, providers cannot circumvent performing one or both. The patient's presenting condition will be the determining factor. The cost to perform these tests will be passed directly onto the patient as it is a non-covered service by Medicare. This cost will recur every 6 months, or if there is a new complaint/injury, or if you have had a break in care with us beyond a month.

To reiterate, the following services will not be reimbursed by Medicare:

- Examinations
- X-ray

In addition, Medicare will not reimburse for the following:

- Cold Laser
- Decompression
- Electrical Stimulation
- Hydrotherapy
- Mechanical Traction
- Ultrasound

Medicare will likely pay for spinal manipulation as long as deductibles have been met and there is enough documentation to support a need for care.

If you have any questions, please feel free to ask one of our staff for clarification. Thank you.

Please sign after you have read and understand the above listed information.

Patient Signature

Date