

Medicare Fact Sheet – Chiropractic services

<https://www.medicare.gov/coverage/chiropractic-services>

Chiropractic services

Medicare Part B (Medical Insurance) covers manual manipulation of the spine provided by a chiropractor or other qualified provider if medically necessary to correct a subluxation.

Medicare doesn't cover other services or tests a chiropractor orders, including X-rays, massage therapy, and acupuncture.

Your costs in Original Medicare

You pay 20% of the Medicare-approved amount and the Part B deductible applies.

Note

To find out how much your test, item, or service will cost, talk to your doctor or health care provider. The specific amount you will owe may depend on several things, like:

- Other insurance you may have
- How much your doctor charges
- Whether your doctor accepts assignment
- The type of facility
- Where you get your test, item, or service

Note

Your doctor or other health care provider may recommend you get services more often than Medicare covers. Or they may recommend services that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs. Ask questions so you understand why your doctor is recommending certain services and whether Medicare will pay for them.

Things to know

Medicare does not cover other services or tests ordered by a chiropractor, including but not limited to: Office exams, X-rays, extremity adjustments, manual therapy, massage therapy, and acupuncture.

All Medicare CMS administered policies (Medicare Advantage, Humana, etc...)

Medicare allows only services that are medically necessary. Except as mandated by statute. For chiropractic services, this means the patient must have “a significant health problem in the form of neuromusculoskeletal condition necessitating the treatment, and the manipulative services rendered must have a direct, therapeutic relationship to the patient's condition and provide a 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.”

Definitions

Manual manipulation: treatment by means of manual manipulation of the spine to correct a subluxation (that is, by use of the hands).

- Patient must require treatment by means of manual manipulation.
- Manipulation services rendered must have direct therapeutic relationship to the patient's condition.
- There must be a reasonable expectation of recovery or improvement of function resulting from the planned treatment.

Scope: Services Other than Manual Manipulation of the Spine

When required criteria are met, Medicare covers manual manipulation of the spine by chiropractors. NO other diagnostic or therapeutic service furnished by a chiropractor or under the chiropractors' order is covered.

This includes order for, performing, or interpreting x-rays or other diagnostic tests. The tests MUST be used for claims processing purposes, but Medicare does not cover them when performed by chiropractors.

Terms

Terms used to describe manual manipulation include:

- Spine or spinal adjustment by manual means
- Manual adjustment
- Spine or spinal manipulation
- Vertebral manipulation or adjustment

Active Treatment

Medicare only pays for active/corrective treatment to correct acute or chronic subluxation. Medicare Does NOT pay for maintenance therapy.

- **Acute:** Patient is being treated for a new injury, identified by x-ray or physical exam (Medicare does NOT cover diagnostic tests performed by a chiropractor). Result of a chiropractic manipulation is expected to be improvement in, or arrest of progression (absence of progress) , of patient's condition.
- **Chronic:** Is not expected to significantly improve or be resolved without further treatment (as is the case with acute conditions), but where continued therapy can be expected to result in some functional improvement
- o Once clinical status has remained stable for a given condition, without exception of additional objective clinical improvements, further manipulative treatment is considered **maintenance therapy** and is not covered by Medicare.
- **Maintenance therapy:** includes “services that seek to prevent disease, promote health and prolong and enhance 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 chiropractic treatment becomes supportive rather than corrective in nature, treatment is considered maintenance therapy.”

- o If you choose to seek treatment for maintenance therapy; you will be asked to fill out and Advance Beneficiary Notice of Non Coverage (ABN)

<https://www.medicare.gov/claims-appeals/your-medicare-rights/advance-beneficiary-notice-of-noncoverage#:~:text=The%20ABN%20lists%20the%20items,why%20Medicare%20may%20not%20pay.&text=If%20Medicare%20does%20pay%2C%20the,copayments%20and%20deductibles%20you%20paid>)