

Carter Chiropractic Center, LLC
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ABOUT MEDICARE COVERAGE FOR CHIROPRACTIC CARE

Your Medicare coverage of chiropractic care is limited. Medicare will PAY for the following service:

Chiropractic Manipulations (Adjustments) – as long as the care provided meets Medicare’s rules

Medicare does NOT pay for the following services:

Exams: Initial or Re-exam

X-rays

Therapies – elec muscle stim, traction, ultrasound, cold laser, kinesio taping

Non-spinal manipulations(adjustments)–to the knee, wrist, shoulder, etc

Nutritional Counseling Services

Bloodwork – ordered by our office for Nutritional Analysis purposes

Labwork – urinalysis, hair analysis ,etc done by our office for Nutritional Analysis purposes

Supplements or supplies

Massage Therapy

“Maintenance Care” Adjustments– you are stable and not making continued improvement

“Wellness Care” Adjustments – to promote better health

What kind of Chiropractic Manipulation(Adjustment) will Medicare pay for?

Medicare will only pay for the chiropractic adjustment when you are injured or in much pain due to a spinal condition. You should expect Medicare to pay for your chiropractic adjustments as long as you are showing improvement. This phase of your treatment is called “active treatment”. If Medicare determines that you are no longer showing improvement, they will deem your chiropractic treatment as “Maintenance or Wellness Care” and will consider it not “Medically Necessary”. Maintenance &/or Wellness Care is NOT a Medicare covered service.

Which Option should I choose on the Medicare ABN Form?

Option 1 on the ABN form allows you to receive the items or services and requires our office to submit a claim to Medicare for these services. This will result in a payment decision by Medicare that can be appealed if you so choose. *This option also allows you to obtain an official Medicare decision of coverage in order to file a claim with a secondary insurance company.*

Option 2 on the ABN form allows you to receive any noncovered items or services and pay for them out of pocket. No claim will be filed and Medicare will not be billed. Thus, there are no appeal rights associated with this option.

Option 3 on the ABN form means that you do not want to receive our services. If you check this box, we will not provide care to you.