NOTICE OF EXCLUSIONS FROM MEDICARE BENEFITS (NEMB)

There are items and services for which Medicare will not pay

- Medicare does not pay for all of your health care costs. Medicare only pays for covered benefits. Some items and services are not Medicare benefits and Medicare will not pay for them. When you receive an item or service that is not a Medicare benefit, you are responsible to pay for it, personally or through any other insurance that you may have. The purpose of this notice is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you will have to pay for them yourself.
- Before you make a decision, you should read this entire notice carefully.
- Ask us to explain, if you don't understand why Medicare won't pay.
- Ask us how much these items or services will cost you (See non-covered service fees on reverse)

Medicare will not pay for:

☐ The following services when performed by a licensed Doctor of Chiropractic:

- Evaluation and Management Services to include examinations necessary to prepare treatment plans required to justify the medical necessity of covered services such as manipulation.
- Radiographs/X-Rays
- Physical Medicine Modalities such as the application of hot/cold packs, electric stimulation, ultrasound, mechanical traction or hydrotherapy.
- Physical Medicine Procedures such as manual therapy, therapeutic exercises and/or therapeutic activities.
- Neuromuscular Diagnostic Services including physical performance testing, range of motion testing.
- Electrodiagnostic testing including sEMG, EMG, NCV, SSEP.

☐ Maintenance manipulation.

CMS defines maintenance manipulation 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. [emphasis added]

☐ **1. Because it does not meet the definition of any Medicare benefit.**

☐ **2. Because of the following exclusion * from Medicare benefits:**

☐ Non Medically Necessary Services
☐ Personal comfort items.
☐ Orthopedic shoes and foot supports (orthotics).
☐ Health care received outside of the USA.
☐ Routine physicals and most tests for screening.
☐ Cosmetic surgery.
☐ Routine foot care and flat foot care.
☐ Services by immediate relatives.
☐ Services under a physician's private contract.
☐ Services required as a result of war.
☐ Routine eye care, eyeglasses and examinations.
☐ Dental care and dentures (in most cases).
☐ Services for which the patient has no legal obligation to pay.
☐ Services paid for by a governmental entity that is not Medicare.
☐ Items and services furnished to an individual who is a resident of a skilled nursing facility (a SNF) or of a part of a facility that includes a SNF, unless they are furnished under arrangements by the SNF.
☐ Outpatient occupational and physical therapy services furnished incident to a physician's services.

*** This is only a general summary of exclusions from Medicare benefits. It is not a legal document. The official Medicare program provisions are contained in relevant laws, regulations, and rulings.**

Patient Signature ____________________ Date ____________

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