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Medicare Implements Demonstration to Expand Coverage of Chiropractic Services

The Centers for Medicare and Medicaid announced today the start of a two-year demonstration to expand Medicare coverage of chiropractic services in five states and determine the impact on satisfaction, use of services, and costs for Medicare beneficiaries.

Beginning April 1, 2005, chiropractors in the entire states of Maine and New Mexico, the northern Illinois area (including 26 counties in Illinois and Scott County, Iowa), and 17 counties in Virginia will be able to offer Medicare Part B patients an expanded array of services they are currently allowed to provide by state law, but were not previously paid for by Medicare.

These services include medical, diagnostic, and therapy services, including extraspinal manipulation or adjustment of a body part other than the spine, x-rays, EMG and nerve conduction studies, clinical lab tests, electrotherapy, ultrasound therapy, and evaluation and management services. Doctors of chiropractic will also be allowed to order MRIs, CT scans, x-rays, clinical lab services, as well as make referrals for physical therapy services.

Current Medicare coverage for chiropractic care is limited to manual manipulation of the spine to correct a subluxation of the spine. The demonstration expands Medicare coverage to include medical, diagnostic, and therapy services to treat neuromusculoskeletal conditions.

The two-year demonstration, which was mandated under section 651 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), will evaluate the feasibility and advisability of expanding the coverage of diagnostic and other chiropractic services under Medicare.

"Medicare currently only pays for a limited number of services from doctors of chiropractic, even though chiropractic services may be less costly alternatives to other types of medical care," said CMS Administrator Mark B. McClellan, M.D., Ph.D. "By expanding chiropractic coverage in this demonstration, we are reducing out-of-pocket costs for seniors who visit chiropractors, and we will learn whether paying chiropractors for delivering these additional services can help improve health outcomes and keep Medicare costs down."

CMS will hire an independent evaluator to assess the cost impact, utilization and beneficiary satisfaction under the demonstration.

"The ultimate beneficiaries of the demonstration project are the 1.6 million Medicare recipients who will now have greater access to a broader scope of chiropractic services," said ACA President Donald Krippendorf, DC. "Not only do we believe patient satisfaction will be high among seniors -- who typically do very well with chiropractic treatment -- but also that outcomes will be improved and Medicare costs will be lowered because chiropractic will help seniors avoid costly and unnecessary medications, hospital stays and back surgeries. This is a win-win situation -- for seniors, the Medicare program and the chiropractic profession-- and we are thankful to have this opportunity."

More information regarding the demonstration is available on the CMS website at <u>http://www.cms.hhs.gov/researchers/demos/eccs/default.asp</u>.

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