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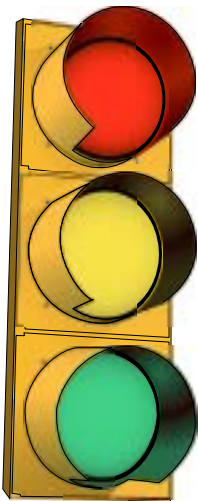
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Referral of Patients for X-rays by Chiropractors

Provider Types Affected

Chiropractic providers

Provider Action Needed



STOP – Impact to You

If you order an X-ray in the course of treating a Medicare beneficiary, the provider who takes and/or interprets it for you may not be reimbursed. However, chiropractors are no longer required to obtain x-rays prior to initiating treatment.

CAUTION – What You Need to Know

Even if the laws of your state permit you to order X-rays, any that you use in the treatment of a Medicare beneficiary must be ordered by a physician **who is a doctor of medicine or osteopathy**. Not having a physician order the X-ray may result in lack of reimbursement.

Note: A “plain” X-ray may be ordered by any physician. It is the only exception to the requirement that all diagnostic tests must be ordered by the beneficiary’s treating physician.

GO – What You Need to Do

Make certain that a physician orders any X-rays that you use in treating Medicare beneficiaries.

Background

A chiropractor, licensed or legally authorized by the state or jurisdiction of service, may provide treatment only in the form of manual spinal manipulation to correct a subluxation (provided such treatment is legal in the state where it is performed). Specifically, Medicare defines chiropractors, based on §18601(r) of the Act, as physicians with respect to treatment by means of manual manipulation of the spine (to correct a subluxation) which he is legally authorized to perform by the state or jurisdiction in which treatment is provided.

This article addresses ordering of X-rays for your patients. When you treat Medicare beneficiaries you don’t have to obtain X-rays prior to initiating treatment, since treatment based upon clinical evaluation alone

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is a covered service. But if you do use an X-ray in a patient's treatment, you must have a physician who is a doctor of medicine or osteopathy order it.

Why? Because as with all diagnostic tests for beneficiaries, Medicare regulations require that X-rays be ordered by a physician. Further, except for X-rays, diagnostic tests must be ordered by the physician actually treating the patient's specified condition at the time. To this point, Medicare considers tests not ordered by the beneficiary's treating physician to be neither reasonable nor necessary.

The specific regulatory language from the regulation (42 CFR 410.32(a)) states as follows:

(a) Ordering diagnostic tests. All diagnostic X-ray tests, diagnostic laboratory tests, and other diagnostic tests must be ordered by the physician who is treating the beneficiary, that is, the physician who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Tests not ordered by the physician who is treating the beneficiary are not reasonable and necessary.

Note: The only exception to this "treating physician" rule is the plain X-ray. Medicare does allow a physician other than the one actually treating the beneficiary for the disorder of the spine (such as the radiologist or beneficiary's primary care physician) to order an X-ray to be used by a chiropractor for patient treatment.

In the regulation at 42 CFR 410.32(a)(1), this exception is mentioned as follows:

(1) Chiropractic exception. A physician may order an x-ray to be used by a chiropractor to demonstrate the subluxation of the spine that is the basis for a beneficiary to receive manual manipulation treatments even though the physician does not treat the beneficiary.

The thing to remember is that even though the laws in your state might permit you to order X-rays and other services or tests, Medicare providers may not be reimbursed for performing them from your order. Specifically, Medicare may not reimburse for X-rays that you order, regardless of the qualifications or status of the provider who takes and interprets it for you.

To ensure that all providers are reimbursed for X-rays that you use in patient care, you should refer the beneficiary to a radiologist, or other physician, who would then order the X-ray. The physician would enter his own name and UPIN on the claim as the ordering physician and referring UPIN.

The documentation for the X-ray should be maintained by that physician, in the beneficiary's medical records. Documentation might consist of a written referral from you that includes:

- The X-ray test requested;
- A summary of the patient's complaints including symptoms and location of pain, and other relevant findings;
- A summary of your findings on physical examination;
- A diagnosis and level of spine involvement; and
- The name and address of a primary care physician, if any, to whom a copy of the report may be sent as a courtesy (this must be authorized by the beneficiary). This provider may not be indicated as the

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ordering provider for the x-ray(s) on the submitted claim, unless there is an actual written order for the test from him/her.

Additional Information

You can find more information about the use of X-rays in your practice from the Internet Only Manual, *Pub. 100-2, Medicare Benefit Policy Manual, Chapter 15, Covered Medical and Other Health Services, Section 240.1.1-Manual Manipulation Chiropractic Services*, which you can find online at:

http://www.cms.hhs.gov/manuals/102_policy/bp102index.asp

Or, if you have questions, please contact your carrier at their toll-free number, which may be found at:

<http://www.cms.hhs.gov/medlearn/tollnums.asp>

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