

# Medicare Waiver of Liability

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CONFIDENTIAL

Reviews of previously denied claims may be considered for a variety of reasons. Some services may be requested as a result of receiving a non-payment code of 50-61 on a Medicare Summary Payment Voucher, which indicates the clinical service(s) is not payable because it appears unreasonable and unnecessary.

The Medicare Waiver of Liability provision applies when all of the following requirements are met:

- the claim is assigned or unassigned
- the claim was denied because the services were not considered reasonable and necessary (non-payment codes 50-61 or other Medicare procedures or codes)
- the item or service must be otherwise covered, i.e., one that is not specifically excluded from coverage, or one that does not fall outside of the conditions for coverage
- a request for review of the initial determination is submitted to the carrier by the patient and doctor
- the co-pay if applicable, was collected or an attempt was made

In these cases, the review will incorporate any additional information that the physician and you can provide to support your claim that the services were reasonable and necessary for the diagnosis. A diagnosis of subluxation is necessary for a Chiropractic claim.

In addition to a determination of reasonable and necessary services, a determination must be made as to the Medicare Waiver of Liability for the beneficiary and/or the provider/supplier of services. If it is found upon review that all of the requirements noted previously are met, and if it is found that the beneficiary and provider/supplier did not have or could not have expected to know that the item or services were unreasonable and necessary, the Medicare program will accept liability, i.e., make payment.

Medicare will pay only for services that it determines to be reasonable and necessary under Section (a)(1) of Title XVIII of the Social Security Act. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under Medicare Program Standards, Medicare will deny payment for that service. I believe that, in your case, Medicare is likely to deny payment for Chiropractic Manipulative Therapy (98940, 98941, 98942) for the following reasons:

- \_\_\_ 1. Medicare usually does not pay for this many visits in this time period.
- \_\_\_ 2. Other \_\_\_\_\_

I have been notified by my DC/physician that he/she believes that in my case Medicare is likely to deny payment for covered services identified above for the following reasons stated. If Medicare denies payment, I agree to be fully and personally responsible for payment.

Date \_\_\_\_\_ Signature \_\_\_\_\_ (Beneficiary)

On this day, I, the undersigned, do hereby acknowledge that I have read the attached and clearly understand that (as of January 1, 1986) Medicare DOES NOT COVER the following services:

- |                                       |  |
|---------------------------------------|--|
| 1. X-rays                             | 11. Patient education videos, books, etc.                              |
| 2. Examinations                       | 12. More than 12 spinal adjustments per year without additional review |
| 3. Office Calls                       | 13. Dietary recommendations  |
| 4. Intersegmental Traction            | 14. P.T. or Ancillary procedures                                       |
| 5. Specialized adjusting techniques   | 15. Pelvic stabilizers   |
| 6. Rehab exercises and/or apparatus   | 16. Spinal Graphs  |
| 7. Nutritional supplements            | 17. Other _____  |
| 8. Braces and supports                | _____  |
| 9. Cervical pillows and support units | _____  |
| 10. Low back pillows                  | _____  |

I further understand that I am responsible for payment of all non-covered services whether or not Medicare deems them necessary or reasonable and/or any visits over 12 visits in 365 days arbitrarily allowed by Medicare.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Witness \_\_\_\_\_ Staff/Notary \_\_\_\_\_ Date \_\_\_\_\_

MEDICARE WAIVER OF LIABILITY

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