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HCFA Official Says PTs Can't Bill Medicare for Manipulation to Correct Subluxation

Apparent Reversal of HCFA Policy Going Back to the 1980s

By Editorial Staff

The Practicing Physicians Advisory Council (PPAC) meet June 14 with various officials of the Health Care Financing Administration (HCFA) at the HCFA headquarters in Baltimore, Maryland. The PPAC, a 15-member group of physicians appointed by the Secretary of Health and Human Services, meets quarterly to discuss proposed changes in regulations related to physician services. The sole chiropractic member of the PPAC is Jerilynn Kaibel of San Bernardino, California.

During an afternoon update session on managed care provider protections under Medicare+Choice for chiropractors and other specialists, Thomas Gustafson, director of Plan and Provider Purchasing Policy Group of the Center for Health Plans and Providers, was asked by Dr. Kaibel about the eligibility of PTs to be reimbursed under Medicare for manipulating the spine to correct subluxations.

Mr. Gustafson replied, **"There has been some confusion about the ability of physical therapists to be paid for delivering this service under Medicare. And I believe at one time our interpretation was that it was OK. We have come to a more mature understanding of what the statute in fact provides, and physical therapists are not permitted to bill Medicare for this service." He added: "If we have not already made this clear to managed care plans, we will be doing so in the operation policy letter this fall."**

This is, apparently, a reversal of a HCFA policy that goes back to the early 1980s. ACA President Michael Pedigo,DC, said that if HCFA follows up this change in policy with directives with "teeth in them, and sanctions for disregard of the directives, more HMOs may start recognizing their legal obligations to provided chiropractic services by chiropractors at meaningful levels to senior citizens."

The ACA, of course, filed a lawsuit against HCFA back in Nov. 1998 for the Medicare regulations that allow MDS, DOs and PTs to perform manual manipulation of the spine in place of chiropractic services. On May 18, 1999, ACA General Counsel George McAndrews filed an amended to the lawsuit that contended that PTs are not physicians by Medicare statute, and thus their services cannot be substituted for the chiropractic adjustment. The ACA considers the HCFA's reversal of policy on PTs a direct result of the lawsuit.

"The first victory in our lawsuit against HCFA was receiving the report that Congress ordered HCFA to submit nine years ago," observed Dr. Pedigo. "This reversal by HCFA is victory number two."

Counsel McAndrews said he was pleased with Mr. Gustafson's clarification of HCFA policy regarding PTs, but noted: "HCFA still maintains the position that medical doctors and osteopaths can perform manual manipulation of the spine to correct a subluxation, when only chiropractors are qualified to do so." Just as important, he observed, HCFA policy continues to permit MDs in HMOs to determine the medical necessity of chiropractic care. Mr. McAndrews said the ACA will continue with the lawsuit until these policies are changed.

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