



Chiropractic in Medicare: 1972 - 2022

1972: As part of the Social Security Amendments of 1972 passed by Congress, doctors of chiropractic are defined as "physicians" and a limited benefit for covered services is established under the Medicare program.

2001: Tommy Thompson, secretary of the Department of Health and Human Services (HHS), appears at ACA's National Chiropractic Legislative Conference (NCLC). ACA, together with Wisconsin DCs, lobby Sec. Thomson for full inclusion of chiropractic services in Medicare.



2005: Demonstration of Expanded Coverage of Chiropractic Service Under Medicare commences on April 1 in Maine, New Mexico, 26 counties in Illinois, 17 counties in Virginia, and one county in Iowa. This allows DCs to bill Medicare Part B for medical, radiology, clinical lab, and certain therapy services related to the treatment of neuromusculoskeletal conditions that DCs are legally permitted to provide according to state practice acts, and as allowed within Medicare rules.

1972



1997: President Clinton signs the 1997 Balanced Budget Act (Public Law 105-33), which includes a provision to eliminate the mandatory x-ray requirement for chiropractic services in the Medicare program.

1997

2001

2003: Congress includes in the Medicare Modernization Act of 2003 (MMA, Public Law 108-173) a provision requiring HHS to conduct a two-year chiropractic demonstration project at select sites designed to test expanded access to chiropractic services for America's seniors.

2003

2007: Demonstration of Expanded Coverage of Chiropractic Services Under Medicare concludes on March 31.

2005

2007

2013: CMS solicits comments in the 2014 Medicare Physician Fee Schedule Proposed Rule regarding DCs billing for Evaluation & Management (E/M) services in order to determine whether there are situations in which E/M services not included in CMT would meet the statutory requirements for chiropractic services. ACA submits comments in response to the request for information. CMS announces it will increase the value of Chiropractic Manipulative Treatment (CMT) CPT® codes up to 10 percent beginning with the 2014 Physician Fee Schedule. This is the largest increase for any provider group in 2014. Increase in CMT code values is a result of ACA's long campaign to expand and increase the value of chiropractic in Medicare.

2012: ACA meets with HHS to present findings from the Dartmouth/Palmer re-analysis of the demonstration project, with an eye toward estimating what the direct costs of the project might have been under different policy-relevant scenarios.



2008: Brief Report to Congress published on the Evaluation of the Demonstration of Expanded Coverage of Chiropractic Services Under Medicare. Data showed that in four of the five demonstration sites, allowing DCs to perform at their full scope of practice saves money or is budget neutral.

2008

2012

2010

2009

2010: Final Report to Congress on the Evaluation of the Demonstration of Expanded Coverage of Chiropractic Services Under Medicare published on June 1.

2009: ACA meets with HHS Secretary Kathleen Sebelius to propose regulatory revisions for coverage of X-rays, evaluation and management services, or other diagnostic or therapeutic services furnished or ordered by a doctor of chiropractic or furnished incident to a chiropractor's professional service if/when authorized under state law.

2013

2014: Senator Chuck Grassley (R-Iowa) sends letter to CMS administrator Marilyn Tavenner, suggesting that CMS consider the benefits of allowing DCs an expanded role within the Medicare program, as doing so would offer the potential to expand access to cost-effective treatment.

2015: Sen. Grassley sends letter to HHS inquiring as to why CMS has failed to provide any additional information to the chiropractic profession on the expansion of services under the Medicare program. ACA resolves that Medicare parity is the top legislative and regulatory priority for the association, emphasizing the importance of allowing chiropractic physicians to practice and be reimbursed to the fullest extent of their licensure, training and competencies. ACA launches the National Medicare Equality Petition, a national grassroots effort to raise awareness of the Medicare system's limits to coverage for medically necessary services delivered seniors by doctors of chiropractic.



2014

2015

2016

2016: ACA participates in hundreds of meetings on Capitol Hill, educating legislators on the ACA Medicare initiative.



2018

2018: ACA invests significant reserves to bring on additional lobbying resources specific to the industry's Medicare initiative on Capitol Hill. H.R. 7157 is introduced in the U.S. House of Representatives—the first bill in years aimed at modernizing Medicare coverage.



2021: The Chiropractic Medicare Coverage Modernization Act

H.R. 2654, introduced with bipartisan sponsorship:

- Provides patient access to all Medicare-covered benefits under a chiropractor's state licensure.
- Does not add any new services to Medicare.
- Fully defines a Doctor of Chiropractic as a 'physician' in Medicare.



CONGRESS AND HR. 2654: MODERNIZING AMERICA'S MEDICAL INFRASTRUCTURE

2019

2019: The First Chiropractic Medicare Coverage Modernization Act

H.R. 3654, the first Chiropractic Medicare Modernization Bill introduced in the U.S. Congress, drew more than 90 cosponsors. That momentum helped lead to a reintroduction in the 117th Congress in 2021.

2021

2022: Senate introduces companion bill (S. 4042) for the Chiropractic Medicare Coverage Modernization Act.

The legislation is sponsored by Sen. Richard Blumenthal (D-Conn.) with Sens. Kevin Cramer (R-N.D.), Tammy Baldwin (D-Wis.) and Roger Wicker (R-Miss.) as original cosponsors.

2022