

Over \$300 Million in Chiropractic Medicare Services

1997 WAS A GOOD YEAR FOR NEW CPT CODES

Editorial Staff

At the end of 1996, after years of ignoring the chiropractic profession, the CPT (Current Procedural Terminology) code book finally included chiropractic manipulation treatment (CMT) codes. The concern at that time was what the reimburse rate would be for doctors of chiropractic under the new coding system (see "CPT Includes Chiropractic" in the November 18, 1996 issue).

Now a report has just been released by the Health Care Financing Administration (HCFA) on the figures for chiropractic use by Medicare under the new CMT codes:

Code

98940 - Spinal CMT of one or two regions

98941 - Spinal CMT of three or four regions

98942 - Spinal CMT of five regions

Chiropractors provided over 99 percent of the CMT in 1997. The average reimbursement rate is \$25.52 per service, with an average of over \$5,000 of Medicare reimbursement per U.S. chiropractor.

While these numbers are promising, they also provide us with a bench mark. We can now measure if DCs will continue to develop their relationships with Medicare patients. Will we see a growth in the Medicare patient base in 1998? The numbers will tell.

JULY 1998