

## **MEDICARE REFUSED TO PAY FOR X-RAY OF LOWELL MAN**

**By Woodrow Wilcox**

**On January 11, 2011, a client couple visited our office from Lowell, Indiana. They came for my help regarding an unpaid bill for an x-ray which was taken prior to surgery and as a precondition for surgery.**

**The man needed a knee replacement. The doctor would not perform the surgery until the man got a chest x-ray. Surgery is a shock on the human body. The doctor wanted to make sure that the patient was in reasonably good health to take the stress of surgery.**

**On June 1, 2010, the man from Lowell went to a medical clinic for the x-ray to satisfy the surgeon's requirement. The medical clinic protected itself by having the man sign an Advance Beneficiary Notice waiver. By signing the waiver, the senior citizen agreed to pay for the x-ray even if Medicare refused to pay for it. The medical clinic suspected from its past experience that Medicare might refuse to pay for the x-ray. The medical clinic was right.**

**Medicare refused to pay anything for the x-ray of the man's chest prior to surgery to replace his knee. That left the senior citizen on Medicare with an unexpected \$150 bill. In the Medicare Summary Notice, Medicare ruled that "The information provided does not support the need for this service or item." So, Medicare ruled that the chest x-ray required by the doctor as a precondition to surgery was not medically necessary.**

**If Medicare disallows a medical service charge, neither Medicare nor the Medicare supplement insurance company will pay for the claim. That is what happened in this case. The doctor believed that the x-ray was needed to avoid any complications from surgery. The patient thought that the x-ray was needed. Medicare disagreed.**

**Both the medical clinic and the patient appealed the negative ruling by Medicare. The patient's doctor provided a letter giving the reasons that the x-ray was medically necessary to prevent medical complications for the patient. Medicare stood by its decision to deny coverage of the x-ray prior to surgery.**

**In the EXPLANATION OF DECISION of the negative appeal ruling, Medicare stated, "We reviewed the facts presented in your case. . . . After reviewing this data it has been decided the diagnosis for this service is not one that meets coverage guidelines. . . . The service you received is deemed a routine or non-covered service. Medicare does not cover services provided for this type of care."**

In the book "1984", author George Orwell warned of government leaders and bureaucrats adopting something he called "DOUBLESPEAK". That means that when politicians or bureaucrats say something, the average person ascribes one meaning to the words, but the politician or bureaucrat ascribes a different or twisted meaning to the words.

That is what is happening with Medicare and the federal health care system now. Expect more "doublespeak" from politicians and bureaucrats that will deny more and more Medicare benefits to senior citizens. The reason is that some politicians don't want to spend money on old, sick people when they could spend that same money on other people and things that they favor.

The "Obamacare" law took over half a trillion dollars of future Medicare benefits away from senior citizens in order to spend it on other things and other people. What senior citizens and their doctors believe is medically necessary is being ruled as "routine or non-covered service" by politicians and bureaucrats who use "doublespeak" to hurt America's senior citizens. Expect more of this in the future. In fact, in my eight years of helping senior citizens with Medicare medical bill problems, I have noticed that this journey to such "doublespeak" has accelerated since Obama took office and especially since "Obamacare" became law.

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