**Chiropractors, Be Cautious: Improper Billing Could Result in Significant Financial Penalties**

Recently, Healing Place Medical, P.C. and its owner, chiropractor Dr. Gregory Thomas White Jr., had to pay $170,000 to settle allegations of improper billing. The issue? They were accused of billing Medicare for treatments involving the Sanexas device, which weren't covered. This situation is part of a more extensive, ongoing national investigation into how these devices are being billed—and it serves as a big warning to chiropractors everywhere. (U.S. Attorney's Office, Eastern District of Pennsylvania, 2024)

**What Happened?**

Healing Place Medical, like many chiropractic clinics, used the Sanexas neoGEN-Series device to treat pain and other issues. Sanexas is an electric stimulation machine often used for patients with chronic or acute pain conditions such as edema. In this case, patients were treated with the device twice a week over 12 weeks, and each session lasted around 30-40 minutes. To enhance the treatment, the clinic also administered vitamin injections.

So, what's the problem? According to the U.S. government, Medicare doesn't cover these treatments when used as Healing Place was administering them. Specifically, rules such as National Coverage Determination (NCD) 160.7.1 don't reimburse electrical nerve stimulation treatments provided in a chiropractic clinic or similar settings. Despite these guidelines, Healing Place billed Medicare for over 27,000 claims related to Sanexas, vitamin injections, and other tests that weren't covered.

**Testing: More Is Not Always Better**

In addition to the treatments, Healing Place was also billing for extra tests that weren't necessary, such as ENFD (nerve damage testing) and T.M. Flow (a type of screening for underlying conditions). While these tests may sound good on paper, Medicare found them to be overkill. The Sanexas device isn't FDA-approved for nerve regeneration, so testing to see if nerves were healing after treatment was pointless—and billing Medicare for it was a no-go.

The TM Flow tests, used to screen patients before starting Sanexas treatments, also raised concerns. The clinic needed the right expertise to perform and interpret these tests, and they were using them on patients who didn't even show symptoms of the conditions the tests were meant to screen for. Medicare rules require specific training and symptoms for these tests to be covered.

**What Chiropractors Need to Know**

This case should be a wake-up call for chiropractors across the country. The government monitors how specific devices, such as the Sanexas, are being billed and cracking down on improper practices. The message is clear: if you're billing Medicare, ensure you follow the rules to the letter.

Improper billing can lead to serious financial consequences, as this case with Healing Place Medical shows. It's not just about the fine—it's about the potential damage to your reputation and the risk of being excluded from Medicare altogether. Chiropractors play a crucial role in patient care, but part of that responsibility includes ensuring that billing practices are ethical and compliant.

Remember, it's always better to be safe than sorry regarding Medicare billing! If you are unsure about the rules for chiropractors and Medicare, request your free copy of the Medicare Playbook [here](https://www.chirohealthusa.com/students/medicare-playbook/).

*Dr. Ray Foxworth, DC, FICC, is the visionary behind ChiroHealthUSA, serving as its esteemed founder and CEO. With over 39 years of dedicated service in chiropractic care, Dr. Foxworth has navigated the complexities of billing, coding, documentation, and compliance firsthand. His rich experience includes roles as the former Staff Chiropractor at the G.V. Sonny Montgomery VA Medical Center and past chairman of the Chiropractic Summit and Mississippi Department of Health.*

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