

oregon – large group

traditional option alternative care
20% / \$1,500

acupuncture + chiropractic + naturopathy

Providence Health Plan (PHP) offers this alternative care benefit as an additional option to our standard menu of health benefits. With this benefit you have access to three of the most popular types of alternative health care providers: acupuncturists, chiropractors and naturopaths.

how to use the alternative care benefit

- **You pay your Traditional Option Medical Plan Deductible, then 20%** of the charges per office visit or manipulation session in addition to any amounts over usual, customary and reasonable (UCR) charges. Payments you make exceeding UCR charges are not applied toward your annual out-of-pocket maximums or annual deductibles.
- The maximum alternative care benefit per calendar year is \$1,500 per member.
- You must receive covered services from a licensed chiropractor (DC), licensed acupuncturist (LAc) or naturopathic physician (ND).
- To be covered, claims must be submitted within 12 months of the date of service. **Submit claims to:**
**Providence Health Plan,
Attn: Claims Department,
P.O. Box 3125,
Portland, OR 97208-3125.**
- See your Traditional Option Medical Summary of Benefits and your member handbook for additional information about annual deductibles and annual out-of-pocket maximums.

what is covered?

Covered services are as described below under **“acupuncture covered services,” “chiropractic covered services”** and **“naturopathic covered services.”**

acupuncture covered services

1. Office visits;
2. Adjunctive therapy which may include therapies such as acupressure, cupping, moxibustion, or breathing techniques; Adjunctive therapy is only covered when provided during the same course of treatment and in conjunction with acupuncture; and
3. All adjunctive therapy must be medically necessary for the treatment of neuromusculoskeletal disorders, nausea or pain and provided in conjunction with Acupuncture services.

acupuncture limitations and exclusions

The acupuncture benefit does not cover:

1. Adjunctive therapy not associated with acupuncture;
2. Acupuncture performed with reusable needles; and
3. Treatment of alcohol, drug or chemical dependency in a specialized inpatient or residential facility.

chiropractic covered services

1. Office visits;
2. Manipulation of the spine, joints and/or musculoskeletal soft tissue, a re-evaluation, and/or other services, in various combinations;
3. Adjunctive physiotherapy which may include ultrasound, hot packs, cold pack, electrical muscle stimulation or other therapies and procedures which are medically necessary for the treatment of neuromusculoskeletal disorders; and
4. Related diagnostic x-rays and laboratory service.

traditional option alternative care (continued)

chiropractic limitations and exclusions

The chiropractic benefit does not cover:

1. Services, exams and/or treatments for conditions other than neuromusculoskeletal disorders;
2. All chiropractic appliances or durable medical equipment;
3. Adjunctive physiotherapy not associated with chiropractic manipulation of the spine, joints, and/or musculoskeletal soft tissue;
4. Clinical laboratory studies performed in a chiropractor's office; and
5. Venipuncture.

naturopathy covered services

Naturopathic services are examination, clinical laboratory, diagnostic x-ray, office visit, consultation, and/or adjunctive therapeutic procedures delivered by a licensed provider of naturopathic services within a course of treatment that both (a) includes natural treatment methods, modalities, nutritional advice, recommendation of homeopathic protocols and (b) excludes the prescription of pharmaceuticals (whether prescription or over-the-counter) and surgery or invasive therapeutic procedures.

1. Office visits/consultations, therapeutic procedures and other services provided in various combinations. Office visits must include covered naturopathic services;
2. Physical therapy which may include ultrasound, hot packs, cold pack, manual, mechanical, or electrical stimulation of the muscles, rehabilitative exercise;
3. Related diagnostic x-rays and laboratory services;
4. All naturopathic services must be approved by Providence Health Plan or its authorizing agent as medically necessary.

naturopathy limitations and exclusions

The naturopathy benefit does NOT cover:

1. Adjunctive therapy is limited to non-invasive modalities such as diathermy, electrical stimulation, hot and cold packs, hydrotherapy, manipulation, massage, range of motion exercises and therapeutic;
2. Immunizations, vaccinations, injectables and intravenous infusions (does not include venipuncture for the purpose of obtaining blood samples for laboratory studies);
3. Topical and oral drugs, pharmaceuticals, intravenous administered treatments, minor surgery;
4. Vaccines/vaccination services, homeopathic products, botanical medicine products;
5. Dietary and nutritional supplements, including vitamins, minerals, herbs, herbals and herbal products, injectable supplements and injection services, or other similar products;
6. Natural childbirth services;
7. Preventive health studies such as PAP smears, PSA studies, mammograms, etc. referred to the member's personal physician;
8. Treatment of alcohol, drug or chemical dependency in a specialized inpatient or residential facility;
9. Cosmetic or reconstructive surgery, surgical treatment to correct a congenital abnormality, dental services, hearing exams for the purpose of prescribing hearing aids, infertility services, sterilizations, reversals of sterilizations or penile implants, massages for palliation, relaxation, or maintenance, obstetrics, optometry, psychological counseling, routine foot care, sigmoidoscopy;
10. The following tests:
 - **Comprehensive digestive stool** analysis.
 - **Cytotoxic** food allergy test.
 - **Darkfield** examination for toxicity or parasites.
 - **EAV** and electronic tests for diagnosis and allergy.
 - **Fecal transient** and retention time.
 - **Henshaw** test.
 - **Intestinal** permeability.
 - **Loomis** 24 hour urine nutrient/enzyme analysis.
 - **Melatonin** biorhythm challenge.
 - **Salivary** caffeine clearance.
 - **Sulfate/creatinine** ratio.
 - **Tryptophan** load test.
 - **Urinary** sodium benzoate.
 - **Urine/saliva pH.**
 - **Zinc** tolerancy test.

traditional option alternative care (continued)

general exclusions and limitations

- Services or treatments that are not approved by Providence Health Plan or its authorizing agent as medically necessary.
- Services or treatments delivered by a non-participating provider, except for urgently needed services.
- Military service connected disability care for which the treatment is legally entitled through a federal government facility
- Hypnotherapy, behavior training, sleep therapy and weight programs.
- Thermography, (magnets used for diagnostic or therapeutic use; nerve conduction studies (e.g., EEG, EMG, SEMG, SSEP, and NCV); or electrocardiogram (EKG) studies
- Services, clinical laboratory studies, x-rays and other treatments or products that are (1) not documented as medically necessary; or (2) classified as experimental or investigational; or (3) in the research stage.
- Magnetic resonance imaging, CAT scans, bone scans, nuclear radiology, therapeutic radiology, and any diagnostic radiology other than covered plain film studies.
- Transportation costs including local ambulance charges.
- Education programs, self-care or self-help programs or any self-help physical exercise training or any related diagnostic testing.
- Services or treatments for pre-employment physicals or vocational rehabilitation.
- Services or treatments for conditions caused by or arising out of the course of employment or covered under workers' compensation or similar law.
- Air conditioners, air purifiers, therapeutic mattresses, supplies, durable medical equipment or appliances.
- Prescription drugs or medicines.
- Hospitalization, surgical procedures, anesthesia, manipulation under anesthesia, proctology, colonic irrigation, injections and injection services, or other related services.
- Auxiliary aids and services, including, but not limited to, interpreters, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders and telephones compatible with hearing aids.
- Therapeutic modalities and procedures that are considered by Providence Health Plan or its authorizing agent to be invasive.
- Any service or supply that is not permitted by state law with respect to the provider's scope of practice.
- Massage therapy.
- Any services provided by a person who is a family member.
- Services in excess of benefit visits or maximums.

customer service:	• Portland Metro Area: 503-574-7500	• All Other Areas: 1-800-878-4445	• TTY (For the Hearing Impaired): 503-574-8702 or 1-888-244-6642
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