

oregon – large group

**alternative care \$15 / \$1,500**

## **acupuncture + chiropractic + naturopathy**

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

### **what is the alternative care benefit**

PHP will provide coverage for alternative care services when they are:

- 1) Received by a participating licensed chiropractic physician, naturopathic physician or acupuncturist who is practicing within the scope of his or her license;
- 2) Determined by PHP or its authorizing agent to be medically necessary; and
- 3) Not listed as an exclusion in this Summary of Benefits or your Member Handbook.

### **how to use the alternative care benefit**

- **All members must receive their covered services from participating providers.** We have approximately 28,000 alternative care participating providers available nationwide. To find a participating provider in your area, visit our Web site at [www.providence.org/healthplans](http://www.providence.org/healthplans). You may also contact your Customer Service team if you need help locating a participating provider.
- You may access any participating provider without a physician referral. Simply call a participating provider to schedule a new patient examination. Services are not covered when you use non-participating providers.
- Pay your \$15 copayment to your participating provider at the time of service. That is your complete out-of-pocket charge for covered services, up to a maximum benefit of \$1,500 per member annually. Only one copayment is required per date of service, regardless of the number of covered services received during the visit. This copayment is not applied toward your Plan's medical annual out-of-pocket maximums. You do not need to meet any applicable medical plan deductibles before receiving this benefit.

### **use of non-participating providers**

In rare circumstances our national network of participating providers may not include a provider in your area. If this occurs, please contact us before making an appointment with a non-participating provider. If, after contacting us, we are unable to locate a participating provider within a reasonable distance, we will authorize the use of a non-participating provider.

Non-participating providers must be licensed in the state in which they are practicing and must practice within the scope of their license.

You will need to pay the non-participating provider directly for the full cost of the services received and submit your itemized billing statement to us for reimbursement. When submitting your billing statement, please provide an explanation as to why you used a non-participating provider. Once received, we will reimburse you the cost of your covered services at a Usual, Customary and Reasonable (UCR) rate, subject to the terms of this endorsement and your Summary of Benefits, less your applicable copayment or coinsurance. You will be responsible for all amounts above UCR.

If you do not contact us prior to receiving covered services from a non-participating provider, you may still submit your itemized billing to us as directed in the previous paragraph. Once received, your claim will be reviewed (submission of a claim does not guarantee payment). If approved, we will reimburse you the cost of your claim subject to the terms and limitations stated in the previous paragraph.

You are responsible for obtaining prior authorization for services from Providence Health Plan or its authorizing agent.

### **what is covered**

Covered services are as described on the next page under **"acupuncture covered services," "chiropractic covered services"** and **"naturopathic covered services."**

## **alternative care \$15 / \$1,500 (continued)**

### **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.

### **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 participating 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; and
4. All naturopathic services must be approved by Providence Health Plan or its authorizing agent as medically necessary.

# alternative care \$15 / \$1,500 (continued)

## 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, and;
7. 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.

## general exclusions and limitations

- Services or treatments delivered by a non-participating provider, except as stated in the “non participating provider” section of this Summary of Benefits or for urgently needed services.
- Alternative care services not stated as a covered service on this Summary of Benefits.
- Hypnotherapy, behavior training, sleep therapy and weight programs.
- Thermography.
- 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.
- 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.

<b>customer service:</b>	• 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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