

oregon – large group

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

## what is the chiropractic care benefit

Your Providence Health Plan (PHP) Chiropractic Care Benefit provides coverage for chiropractic care services when they are:

- 1) Received by a participating licensed chiropractic physician 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 chiropractic care benefit

- All members must receive their covered services from participating providers. We have chiropractic participating providers available nationwide. To find a participating provider in your area visit our Web sit at [www.providence.org/healthplans](http://www.providence.org/healthplans). You also may contact your Customer Service team if you need help locating a participating provider.
- You may access any participating provider without a 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. This copayment is not applied toward your plan's medical annual out-of-pocket maximums or any applicable deductibles. Only one copayment is required per date of service regardless of the number of covered services received during that visit. You do not need to meet any applicable medical plan deductibles before receiving this benefit. The maximum chiropractic benefit per calendar year is \$1,500 per member.

## 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 recieved 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.

## covered benefits

Benefits for outpatient chiropractic services include:

- Office visits;
- Manipulation of the spine, joints and/or musculoskeletal soft tissue, a re-evaluation, and/or other services, in various combinations;
- 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;
- Related diagnostic x-rays and laboratory services.

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

### **exclusions and limitations**

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

**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