



CHIROPRACTIC & ACUPUNCTURE SUPPLEMENTAL COVERAGE OUTLINE

Group Name: Teamsters Managed Health Care Trust Fund

Group Number: 868

This category of coverage is designed to provide specified limited benefits for chiropractic and acupuncture services that supplement your major medical plan. Benefits are not provided for basic hospital, basic medical-surgical, or major-medical expenses. The chiropractic and/or acupuncture benefits are covered only if Medically Necessary.

Benefits of the plan:

COVERED SERVICES *	PARTICIPATING	NON-PARTICIPATING
Maximum Annual Visit Limits**	20 (combined for all provider types, as well as in-network and out-of-network providers)	
Copayment	\$5 copayment per insured, per visit	Services provided by Non-Participating Practitioners are covered for Emergency Services Only . \$5 copayment per insured, per emergency service visit
Medical Necessity Requirements	After 12 th Visit Services provided to a Minor (under the age of 18 years old)	All services to certify if Emergency Service criteria met
Chiropractic & Manual Manipulation Services***		
Initial new patient exam	One every three years, per provider	
Established patient exams	One every year, per provider	
X-rays	Maximum Benefit: \$100 per insured, per calendar year**	
Durable Medical Equipment	No copayment Maximum Benefit: \$50 per insured, per benefit year, must be prescribed by a Participating Chiropractor	
Acupuncture Services		
Initial new patient exam	One every three years, per provider	
Established patient exams	One every year, per provider	

* Not all services are available in states outside of California. Claims are subject to review for medical/clinical necessity.

** Each visit to an in-network provider in a calendar year will reduce the number of visits available under the out-of-network benefits for the rest of that calendar year. Similarly, each visit to an out-of-network provider in a calendar year will reduce the number of visits available under the in-network benefits for the rest of that calendar year.

*** No coverage for Massage or Soft Tissue Techniques.

Access to Providers: In California, you may generally access any appropriately licensed provider without a physician referral for each of the services listed on this page. In states outside of California, the scope of practice for certain types of providers may require that either a diagnosis, referral, or a specific prescriptive order be obtained from specified providers prior to the provider with the restricted scope of practice providing treatment to persons in that state.

Please contact PhysMetrics Customer Service (877) 519-8839 with any questions you may have about this plan.

BENEFIT DETERMINATION REVIEW

If you or your physician disagree with an initial benefit review determination, or question how it was reached, reconsideration may be requested. The request may be made by you, your physician or someone chosen to represent you.

How to Initiate Requests for Reconsideration or Appeals

Requests for reconsideration of benefit denials or appeals of reconsidered determinations must be directed to the claims administrator at the following address:

PhysMetrics
Dispute Resolution Department
P.O. Box 25220
Fresno, CA 93729

Chiropractic Exclusions and Limitations

The following are specifically excluded from this agreement:

- Services provided by a non-participating provider, except for emergencies, or as approved by PhysMetrics
- Services incurred prior to the beginning or after the end of coverage
- Services not documented as necessary and appropriate or classified as experimental or investigational chiropractic care
- Diagnostic scanning, including Magnetic Resonance Imaging (MRI), CAT scan and/or other types of diagnostic scanning
- Massage therapy or soft-tissue techniques
- Thermography, hair analysis, heavy metal screening, or mineral studies
- Lab services
- Treatment or services for pre-employment physicals or vocational rehabilitation
- Any treatment or service caused by or arising out of the course of employment or covered under any public liability insurance
- Hypnotherapy, behavioral training, sleep therapy, weight programs, education programs, non-medical self-care or self-help, or any other self-help physical exercise training, or any other related diagnostic testing
- Air conditioners, humidifiers, air purifiers, therapeutic mattress supplies, or any other similar devices and appliances
- Vitamins, minerals, nutritional supplements or other similar products
- Anesthesia, manipulation under anesthesia, hospitalization, or any related service
- Orthotics
- Precertification by PhysMetrics is required for:
 - Any treatment rendered to a Minor (under the age of 18) or
 - Treatment exceeding 12 visits in a benefit year
- For coverage by the plan, all Minor and 12th Visit Review Certifications are valid for 60 days
- Services rendered by a person who ordinarily resides in the Member's home or who is related to the Member by marriage or blood
- Additional CPT Codes may require precertification as set forth in the fee schedule
- Any exceptions provided for in the Group Plan Document
- Services related to diagnosis and treatment of jaw joint or TMJ disorders
- Treatment of any non-neuromusculoskeletal disorders

Acupuncture Exclusions and Limitations

The following are specifically excluded from this agreement:

- Services provided by a non-participating provider, except for emergencies, or as approved by PhysMetrics
- Services incurred prior to the beginning or after the end of coverage
- Services not documented as necessary and appropriate or classified as experimental or investigational chiropractic care
- Diagnostic scanning, including Magnetic Resonance Imaging (MRI), CAT scan and/or other types of diagnostic scanning
- Massage therapy or soft-tissue techniques
- Thermography, hair analysis, heavy metal screening, or mineral studies
- Lab services
- Treatment or services for pre-employment physicals or vocational rehabilitation
- Any treatment or service caused by or arising out of the course of employment or covered under any public liability insurance
- Hypnotherapy, behavioral training, sleep therapy, weight programs, education programs, non-medical self-care or self-help, or any other self-help physical exercise training, or any other related diagnostic testing
- Air conditioners, humidifiers, air purifiers, therapeutic mattress supplies, or any other similar devices and appliances
- Vitamins, minerals, nutritional supplements or other similar products
- Anesthesia, manipulation under anesthesia, hospitalization, or any related service
- Orthotics
- Precertification by PhysMetrics is required for:
 - Any treatment rendered to a Minor (under the age of 18) or
 - Treatment exceeding 12 visits
- For coverage by the plan, all Minor and 12th Visit Review Certifications are valid for 60 days
- Services rendered by a person who ordinarily resides in the Member's home or who is related to the Member by marriage or blood
- Additional CPT Codes may require precertification as set forth in the fee schedule
- Any exceptions provided for in the Group Plan Document
- X-rays of any kind
- Services related to addiction, including smoking cessation