Original Date: 08/01/1995
Revision Date: 07/01/2026
Effective Date: 07/01/2026

# Chiropractic Services (Optional Benefit)

## Benefit Coverage

Medically necessary chiropractic services, for example, are covered up to 30 visits per calendar year* for routine chiropractic care when provided by an American Specialty Health Plans, Inc. (ASH Plans) participating provider. An initial examination, chiropractic adjustments, and conjunctive therapy specifically for the treatment of neuromusculoskeletal disorders are covered. Chiropractic plain film x-rays are also covered and must be determined as medically necessary by ASH Plans.

A referral from the member's Blue Shield HMO primary care physician (PCP) is not required. The ASH Plans provider will refer the member to the PCP for evaluation of conditions not related to neuromusculoskeletal disorders and for evaluation of non-covered services such as diagnostic scanning (CAT scans or MRIs).

ASH Plans must determine all subsequent services as medically necessary except the initial examination and emergency services by an ASH Plans provider.

One brief re-examination is covered for each treatment program.

* Some plan visit limits may vary. Refer to the members' *Evidence of Coverage (EOC)* for details or call ASH Plans at (800) 678-9133.

## Copayment

See the members' *EOC* and *Summary of Benefits and Coverage* for member copayments.

# Chiropractic Services (Optional Benefit)

## Benefit Exclusions

- Services administered by a chiropractor not in the ASH Plans network
- Hypnotherapy, behavior training, sleep therapy, and weight programs
- Treatment or service for pre-employment physicals
- Services, laboratory tests, x-rays, and other treatment classified as experimental or investigational, or in the research stage
- Services for examination and/or treatment of strictly non-musculoskeletal disorders
- Massage therapy provided by a massage therapist.
- Vocational rehabilitation
- Thermography
- Air conditioners, air purifiers, mattresses, supplies, or any other similar devices or appliances
- Transportation costs including local ambulance charges
- Vitamin, minerals, nutritional supplements, or other similar products
- Education programs, non-medical self-care, or self-help training, or any related diagnostic testing
- Any treatment or service caused by or arising out of the course of employment, or covered under any public liability insurance
- MRI, CAT scans, bone scans, nuclear radiology, and/or other types of diagnostic radiology, other than plain film studies
- Hospitalization, anesthesia, manipulation under anesthesia, or other related services

# Chiropractic Services (Optional Benefit)

## Benefit Limitations

- One examination for each treatment program may be provided by an ASH Plans provider.
- Services are provided up to a maximum of 30 visits per calendar year*
- Chiropractic appliances are covered up to a maximum of $50.00 in a calendar year as authorized by ASH Plans
- One brief re-examination is covered for each treatment program
- Covered services are limited to musculoskeletal disorders of the spine, neck, and joints

* Some plan visit limits may vary. Refer to the members' EOC for details or call ASH Plans at (800) 678-9133.

## Exceptions

Emergency services by a non-ASH Plans provider will be covered. Under certain circumstances, in California counties without ASH Plans participating providers, other services by non-ASH Plans providers may be covered as well.

## Examples of Covered Services

- Initial examination
- Spinal manipulations or adjustments
- Adjunctive therapy
- Radiology procedures involving the spine and extremities
- Chiropractic appliances

# Chiropractic Services (Optional Benefit)

## Examples of Non-Covered Services

- Treatment of cancer
- Hypnotherapy
- Diagnostic ultrasound
- Thermography
- Nutritional and digestive supplements
- Vitamins and minerals

## References

Supplement to the *Blue Shield HMO Evidence of Coverage for Chiropractic Services.*