

<b>SUMMARY OF CHIROPRACTIC SERVICES</b>	
<b>Clovis Unified School District Chiropractic Benefit</b>	
<b>Chiropractic services by Participating Provider</b>	\$25 Patient Copayment plus the PhysMetrics contract rate, subject to maximum rates identified in the provider fee schedule.
<b>Chiropractic services by Non-Participating Provider</b>	Plan does not cover treatment provided by out of network providers.
<b>LIMITATIONS:</b>	
<ul style="list-style-type: none"> <li>• 24 office visits maximum per year</li> <li>• 10 office visits maximum per month</li> <li>• \$25 copayment per office visit, due and payable prior to treatment</li> <li>• X-rays are not reimbursed to the chiropractor; X-rays must be precertified by PhysMetrics and referred to a CUSD contracted imaging provider</li> <li>• CUSD DOES NOT COVER MASSAGE THERAPY, MASSAGE THERAPY CODES WILL NOT BE ACCEPTED</li> <li>• Additional exclusions and limitations are set forth under the caption "Exclusions and Limitations"</li> </ul> <p><b>Written precertification is required for the following services before any claims will be paid. Please call PhysMetrics toll-free at (877) 519-8839 for precertification for the following services:</b></p> <ul style="list-style-type: none"> <li>• Treatment for Minor Dependents (under 15 years of age) must be precertified by PhysMetrics. In the case of an Emergency or where authorization was unable to be obtained on the first visit, then <u>ONLY</u> the first visit will be covered.</li> <li>• Treatment involving more than twelve (12) visits during the benefit year. After the 12<sup>th</sup> visit, all services must be precertified by PhysMetrics.</li> <li>• Additional CPT Codes may require precertification as set forth in the provider fee schedule.</li> </ul>	

## **Exclusions and Limitations**

The following are specifically excluded from this agreement:

- Any treatment or service not delivered by a PhysMetrics provider within the defined service areas
- 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
- Thermography
- 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
- Massage Therapy
- Juveniles age 15 and under require a referral from PhysMetrics prior to treatment
- Any treatment more than 12 visits requires precertification for additional visits