



Health Net

## Health Net Health Plan of Oregon, Inc.

### Well Net (Alternative Care)

#### Supplemental Benefit Schedule CAM 20/500

##### Purpose and Function of this Schedule

The purpose of this Schedule is to provide coverage for alternative care services by Providers of chiropractic, acupuncture, therapeutic massage, and naturopathic medicine. This Schedule is an amending attachment to the Plan Benefits.

Subject to all terms, conditions, exclusions and definitions in the Group Medical and Hospital Service Agreement and its attachments, except as expressly amended by the Benefits provision of this Schedule, you are entitled to receive benefits set forth in this Schedule upon payment of the relevant premiums and Copayments specified in this Schedule.

This plan covers alternative care services as described below.

Copayments and/or Coinsurance and other amounts you pay for alternative care benefits do apply toward your plan's medical Deductibles.

Copayments and/or Coinsurance and other amounts you pay for alternative care benefits apply toward your plan's medical Out-of-Pocket Maximum as shown on your Copayment and Coinsurance Schedule under "Benefit Maximums".

The maximum combined benefit per Calendar Year for each specialty type is \$500. Medically Necessary Essential Health Benefit services provided by a chiropractic or naturopathic Physician are not subject to this Calendar Year maximum.

##### Copayments and Maximums

| Well Net Services                                       | ASH* Group   | Out-of-Network |
|---|--|----------------|
| Chiropractic Care                                       | \$20 <sup>1</sup> per visit                        | Not covered    |
| Acupuncture Care  | \$20 <sup>1</sup> per visit                        | Not covered    |
| Naturopathic Care                                       | \$<same as medical PCP office Copayment> per visit | Not covered    |
| Therapeutic Massage – maximum of 9 visits/Calendar Year | \$25 <sup>1</sup> per visit                        | Not covered    |

<sup>1</sup> Deductible is waived.

\* American Specialty Health Group, Inc. (ASH Group)

## **Chiropractic Services**

- Chiropractic services are covered as follows:
  - a. Patients have direct access to American Specialty Health (ASH) Group contracted chiropractors for their initial visit. A new patient examination is performed by the ASH Group contracted Provider to determine the nature of the Member's problem and, if Covered Services appear warranted, a treatment plan is prepared. A Copayment is required.
  - b. An established patient examination may be performed by the ASH Group contracted Provider to assess the need to continue, extend or change a treatment plan approved by ASH Group. A reevaluation may be performed during a subsequent office visit or separately. If performed separately, a Copayment is required.
  - c. Subsequent office visits, as set forth in a treatment plan approved by ASH Group, may involve an adjustment, a brief reexamination and other services, in various combinations. A Copayment is required for each visit to the office.
  - d. Adjunctive therapy, as set forth in a treatment plan approved by ASH Group, may involve modalities such as ultrasound, electrical muscle stimulation, therapeutic exercises, and other therapies.
  - e. X-rays and clinical laboratory tests are payable in full when performed by or referred by an ASH Group contracted chiropractor and approved by ASH Group. Radiological consultations are a covered benefit when approved by ASH Group as Medically Necessary services and provided by a licensed chiropractic radiologist, medical radiologist, radiology group or Hospital which has contracted with ASH Group to provide those services.
  - f. Chiropractic appliances are covered when prescribed by an ASH Group contracted chiropractor and approved by ASH Group.
  - g. All chiropractic services, except for the initial visit, may be subject to verification of Medical Necessity by ASH Group for treatment of Musculoskeletal and Related conditions.
- Chiropractic Exclusions and Limitations
  - a. Services or treatments not approved by ASH Group as Medically Necessary, except for a new patient examination and urgent services.
  - b. Services or treatments not delivered by ASH Group contracted chiropractors for the delivery of chiropractic care to Members, except for urgent services.
  - c. Services for examinations and/or treatments from ASH Group contracted chiropractors for conditions other than those related to Musculoskeletal and Related Disorders.
  - d. Hypnotherapy, behavior training, sleep therapy and weight programs.
  - e. Thermography.

- f. Services, lab tests, x-rays and other treatments not documented as Medically Necessary and appropriate or classified as Experimental or Investigational and/or as being in the research stage, except as provided in the “Clinical Trials” section of the Group Plan Benefits.
- g. Magnetic resonance imaging, CAT scans, bone scans, nuclear radiology and any diagnostic radiology other than covered plain film studies.
- h. Transportation costs including local ambulance charges.
- i. Education programs, non-medical lifestyle or self-help or any self-help physical exercise training or related diagnostic testing.
- j. Services or treatments for pre-employment physicals or vocational rehabilitation.
- k. Services covered under public liability insurance and services for any illness, condition or injury occurring in or arising out of the course of employment for which there is an approved workers' compensation claim.
- l. Air conditioners, air purifiers, therapeutic mattresses, supplies or any other similar devices or appliances; all chiropractic appliances or Durable Medical Equipment, except as specifically outlined.
- m. Prescription drugs or medicines including a non-legend or proprietary medicine or medication not requiring a prescription order.
- n. Hospitalization, anesthesia, manipulation under anesthesia and other related services.
- o. Auxiliary aids and services, including, but not limited to, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders and telephones compatible with hearing aids.
- p. Adjunctive therapy not associated with spinal, muscle or joint manipulation.
- q. Vitamins, minerals or other similar products.

## **Acupuncture Services**

- Acupuncture services are covered as follows:
  - a. Patients have direct access to ASH Group contracted acupuncturists for their initial visit. A new patient examination is performed by the ASH Group contracted Provider to determine the nature of the Member's problem and, if Covered Services appear warranted, a treatment plan is prepared. A Copayment is required.
  - b. An established patient examination may be performed by the ASH Group contracted Provider to assess the need to continue, extend or change a treatment plan approved by ASH Group. A reevaluation may be performed during a subsequent office visit or separately. If performed separately, a Copayment is required.
  - c. Subsequent office visits, as set forth in a treatment plan approved by ASH Group, may involve acupuncture treatment, a brief reexamination and other services in various combinations. A Copayment is required for each visit to the office.
  - d. Adjunctive therapy, as set forth in a treatment plan approved by ASH Group, may involve modalities such as acupressure, indirect moxibustion, and other therapies.

- e. All acupuncture services, except for the initial visit, may be subject to verification of Medical Necessity by ASH Group for treatment of nausea, pain syndromes or Musculoskeletal and Related conditions.
- Acupuncture exclusions and limitations:
  - a. Services or treatments not approved by ASH Group as Medically Necessary, except for a new patient examination and urgent services.
  - b. Services or treatments not delivered by ASH Group contracted acupuncturists for the delivery of acupuncture care to Members, except for urgent services.
  - c. Services for examinations and/or treatments from ASH Group contracted acupuncturists for conditions other than those related to Musculoskeletal and Related Disorders, nausea or pain syndromes.
  - d. Hypnotherapy, behavior training, sleep therapy and weight programs.
  - e. Thermography.
  - f. Services, lab tests, x-rays and other treatments not documented as Medically Necessary and appropriate or classified as Experimental or Investigational and/or as being in the research stage, except as provided in the “Clinical Trials” section of the Group Plan Benefits.
  - g. Radiological x-rays, magnetic resonance imaging, CAT scans, bone scans, nuclear radiology, diagnostic radiology and laboratory services.
  - h. Transportation costs including local ambulance charges.
  - i. Education programs, non-medical lifestyle or self-help or self-help physical exercise training or any related diagnostic testing.
  - j. Services or treatments for pre-employment physicals or vocational rehabilitation.
  - k. Services covered under public liability insurance and services for any illness, condition or injury occurring in or arising out of the course of employment for which there is an approved workers' compensation claim.
  - l. Air conditioners/purifiers, therapeutic mattresses, supplies, Durable Medical Equipment or appliances, or any other similar device.
  - m. Prescription drugs or medicines including a non-legend or proprietary medicine or medication not requiring a prescription order.
  - n. Hospitalization, anesthesia, manipulation under anesthesia and other related services.
  - o. Auxiliary aids and services, including, but not limited to, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders and telephones compatible with hearing aids.
  - p. Adjunctive therapy not associated with acupuncture.
  - q. Vitamins, minerals or other similar products.
  - r. Nutrition supplements which are Native American, South American, European or of any other origin.

- s. Nutrition supplements obtained by Member through an acupuncturist, health food store, grocery store or by any other means.
- t. Clinical laboratory services or any other type of diagnostic test or service.

## **Therapeutic Massage Services**

- Therapeutic massage services are covered as follows:
  - a. Patients have direct access to ASH Group contracted massage therapists for up to four visits. All visits beyond the first four visits annually must be verified by ASH Group as Medically Necessary to be eligible for coverage for myofascial, Musculoskeletal and Related conditions or pain syndromes. A Copayment is required for each therapeutic massage session/office visit.
  - b. After the first four visits, the ASH Group contracted massage therapist will provide therapeutic massage in support of a covered medical condition. The ASH Group contracted massage therapist develops an applicable treatment plan and submits it to ASH Group for approval. A Copayment is required for each therapeutic massage session/office visit.
  - c. Subsequent sessions include therapeutic massage and possibly a brief reassessment of patient status and progress toward therapy goals. A Copayment is required for each therapeutic massage session/office visit with the ASH Group contracted massage therapist. The subsequent session includes all services related to the therapeutic massage, a brief reassessment if necessary and any consultative support services.
  - d. Any treatment for a minor under the age of 19 requires parental consent and participation.
- Therapeutic massage exclusions and limitations:
  - a. Services or treatments not delivered by ASH Group contracted Providers for the delivery of therapeutic massage care to Members.
  - b. Services beyond the fourth annual visit for treatments of conditions other than those related to myofascial, Musculoskeletal and Related conditions or pain syndromes.
  - c. Therapeutic massage services beyond the fourth annual visit that are not verified by ASH Group as Medically Necessary.
  - d. Massage services rendered by a Provider of therapeutic massage services that are not delivered in accordance with the massage benefit plan, including but not limited to limited massage services rendered directly in conjunction with chiropractic, acupuncture or naturopathic services.
  - e. Hypnotherapy, behavior training, sleep therapy and weight programs.
  - f. Services and/or treatments not documented as Medically Necessary and appropriate or classified as Experimental or Investigational and/or as being in the research stage, except as provided in the “Clinical Trials” section of the Group Plan Benefits.
  - g. Transportation costs including local ambulance charges.
  - h. Education programs, non-medical lifestyle or self-help or any self-help physical exercise training or any related diagnostic testing.
  - i. Services or treatments for pre-employment physicals or vocational rehabilitation.

- j. Services covered under public liability insurance and services for any illness, condition or injury occurring in or arising out of the course of employment for which there is an approved workers' compensation claim.
- k. Air conditioners/purifiers, therapeutic mattresses, supplies, Durable Medical Equipment or appliances.
- l. Prescription drugs or medicines including a non-legend or proprietary medicine or medication not requiring a prescription order.
- m. Services provided outside the scope of a massage therapist's license.
- n. Hospitalization.
- o. Auxiliary aids and services, including, but not limited to, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders and telephones compatible with hearing aids.
- p. Adjunctive therapy whether or not associated with therapeutic massage.
- q. Vitamins, minerals, nutrition supplements or other similar products.

## **Naturopathy Services**

Refer to Your Plan Benefits and Group Medical and Hospital Service Agreement for further details regarding coverage of Medically Necessary Physician services provided by naturopathic physicians, other than naturopathic care.

- Naturopathic services are covered as follows:
  - a. Patients have direct access to ASH Group contracted naturopaths for their initial visit. A new patient examination or consultation, including the history and physical examination, is performed by the ASH Group contracted Provider to determine the nature of the Member's problem and, if Covered Services appear warranted, a treatment plan of services is prepared and furnished to ASH Group. A Copayment is required.
  - b. An office visit represents an all-inclusive per diem rate for all services associated with the office visit, including evaluation or reevaluation, any consultative services and any adjunctive services.
  - c. Adjunctive therapy is limited to that which is allowed by the Provider's state scope of practice and, is also limited to non-invasive modalities such as diathermy, electrical stimulation, hot and cold packs, hydrotherapy, manipulation, massage, range of motion exercises and therapeutic ultrasound. Acupuncture is also covered as allowed by the Provider's state scope of practice. If provided independent of an examination, a Copayment is required.
  - d. Diagnostic tests are limited to those required for further evaluation of the Member's condition.
  - e. Covered conditions and services are limited to those the Provider is qualified to treat or perform pursuant to state licensure and scope of practice, excluding obstetrics, surgery, invasive procedures, psychological services and services listed as Limitations and Exclusions.
- Naturopathic medicine exclusions and limitations:

- a. Services or treatments not approved by ASH Group as Medically Necessary, except for a new patient examination, services allowed under an applicable treatment plan threshold and urgent services.
- b. Services or treatments not delivered by ASH Group contracted Providers for the delivery of naturopathic care to Members, except for urgent services.
- c. Services for examinations and/or treatments for conditions that are not listed as a covered condition or listed as an exclusion.
- d. Immunizations, vaccinations, injectables and intravenous infusions (does not include venipuncture for the purpose of obtaining blood samples for laboratory studies).
- e. Preventive health services, such as those defined by the following: a) United States Preventive Services Task Force (USPSTF) recommended type “A” and “B” services; b) Immunizations and inoculations as recommended by the Advisory Committee on immunization Practices of the Center for Disease Control (CDC); c) Pediatric preventive care and screenings, as supported by the Health Resources and Services Administration (HRSA) guidelines; d) Women’s health care services not included in the “Preventive Care” section of the Group Plan Benefits, as supported by HRSA guidelines; e) Other USPSTF recommendations for breast cancer screening, mammography and prevention, are not available under the Naturopathy Benefit. Members seeking such services should consult their primary Physician.
- f. Hypnotherapy, behavior training, sleep therapy and weight programs.
- g. Thermography
- h. Services, lab tests, x-rays and other treatments not documented as Medically Necessary and appropriate; those classified as Experimental or Investigational; those that are in the research stage; and/or those not specifically referenced as covered diagnostic tests in the naturopathy Covered Services section above, except as provided in the “Clinical Trials” section of the Group Plan Benefits.
- i. Magnetic resonance imaging, CAT scans, bone scans, nuclear radiology and diagnostic radiology other than covered plain film studies.
- j. Transportation costs including local ambulance charges.
- k. Education programs, lifestyle or self-help programs or any self-help physical exercise training or related diagnostic testing.
- l. Services or treatments for pre-employment physicals or vocational rehabilitation.
- m. Services covered under public liability insurance and services for any illness, condition or injury occurring in or arising out of the course of employment for which there is an approved workers' compensation claim.
- n. Air conditioners/purifiers, therapeutic mattresses, supplies, Durable Medical Equipment or appliances.
- o. Prescription drugs or medicines.
- p. Hospitalization, anesthesia, manipulation under anesthesia and other related services.

- q. Auxiliary aids and services, including, but not limited to, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders and telephones compatible with hearing aids.
- r. Adjunctive therapy that is considered by ASH Group to be invasive or not listed on the payor summaries

**This document presents general information only. Refer to the Plan Agreement for complete details, limitations and exclusions.**

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