

MEDICAL POLICY – 8.03.501


Chiropractic Services

Effective Date: March 1, 2020
Last Revised: Feb. 4, 2020
Replaces: N/A

RELATED MEDICAL POLICIES:
8.03.09 Vertebral Axial Decompression

Select a hyperlink below to be directed to that section.

[POLICY CRITERIA](#) | [DOCUMENTATION REQUIREMENTS](#) | [CODING](#)
[RELATED INFORMATION](#) | [EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.

Introduction

Chiropractic care is a health care profession based on the connection between the structure and function of the human body as it relates to the spine. When the spine is aligned, it is proposed to aid the body's ability to heal, restore and maintain joint mobility health without drugs or surgical intervention. A Doctor of Chiropractic (D.C.) also known as a Chiropractic Physician or Chiropractor treats neuromusculoskeletal conditions. Chiropractors use various techniques, including manual therapy, and manipulation of the spine, other joints and soft tissues to treat disorders related to muscle function. This policy outlines when chiropractic services may be covered.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

If health plan benefits for chiropractic care are available, then the criteria in this policy will apply.

| Procedure | Medical Necessity |
|-------------------|--|
| Chiropractic care | <p>Chiropractic care is considered <u>not</u> medically necessary for the following:</p> <ul style="list-style-type: none"> • Treatment done without a diagnosed and documented neuromusculoskeletal condition • Continuation of chiropractic care when the neuromusculoskeletal condition being treated is not resolving and/or is not improving • Treatment for preventive or maintenance therapy (see Definition of Terms) • Treatment to correct the curve for idiopathic scoliosis • Treatment done solely to restore spinal curves, or to treat spinal pain, or to normalize spinal curves in asymptomatic patients |
| Chiropractic care | <p>Chiropractic care and adjunct modalities may be considered medically necessary when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • The neuromusculoskeletal condition/diagnosis may improve or resolve with chiropractic treatment. (ie, neuromusculoskeletal conditions include, but are not limited to, spondylosis, osteoarthritis, sprains and strains, headaches, degenerative conditions of the joints, repetitive motion injuries) <p>AND</p> <ul style="list-style-type: none"> • A patient-specific, goal-oriented treatment plan is documented (see Documentation Requirements) <p>AND</p> <ul style="list-style-type: none"> • The diagnostic procedures and treatment interventions are directly related to the patient’s symptoms <p>In order to determine when chiropractic treatment is appropriate or when it is not appropriate, the patient must have a significant neuromusculoskeletal condition or problem that requires evaluation.</p> <p>Complaints of functional mechanical dysfunction related to a neuromusculoskeletal condition may include but are not limited to the following:</p> <ul style="list-style-type: none"> • Cephalalgia (head pain) • Limb symptoms (eg, pain/numbness of arm(s), shoulder(s), hand(s), leg(s), foot/feet) • Musculoskeletal symptoms |



| Procedure | Medical Necessity |
|-----------|---|
| | <ul style="list-style-type: none"> • Rib and rib/chest symptoms • Spinal joint symptoms <p>The symptoms listed above, when clearly documented, are considered to be reasonable and necessary indications for therapeutic chiropractic manipulative therapy (CMT). The simple statement or diagnosis of “pain” without documentation of the cause is not sufficient to support medical necessity for CMT.</p> <p>Coverage will be denied if continuation of chiropractic treatment is not expected to result in improvement of the patient’s condition. Once the clinical status has remained stable for a given condition, without expectation of additional objective clinical improvement, further manipulative treatment is considered maintenance therapy and is not covered.</p> |

| Procedure | Investigational |
|-----------------------------------|--|
| Chiropractic care | Chiropractic care is considered investigational for treatment of patients with non-neuromusculoskeletal conditions because effectiveness has not yet been proven. |
| Chiropractic interventions | <p>Chiropractic interventions considered to be investigational include, but are not limited to the following:</p> <ul style="list-style-type: none"> • Applied Spinal Biomechanical Engineering • BioEnergetic Synchronization Technique • Chiropractic Biophysics Technique • Coccygeal Meningeal Stress Fixation Technique • Cranial Manipulation • Craniosacral Therapy (The Upledger Institute Technique) • Digital analysis of posture • Digital radiographic mensuration analysis of spinal alignment • Directional Non-Force Technique • Dry Hydrotherapy • Graston technique • Manipulation for infant colic • Manipulation for Internal (non-neuromuscular) Disorders/Applied Kinesiology |



| Procedure | Investigational |
|-----------|--|
| | <ul style="list-style-type: none"> • Manipulation Under Anesthesia • Moire Contourographic Analysis • Network Technique • Neural Organizational Technique • Neurocalometer/Nervoscope • Paraspinal Electromyography (EMG)/Surface Scanning EMG • Sacro-Occiptal Technique • Spinoscopy • Thermography • Thermomechanical massage (eg, Spinalator, Hill Anatomotor, Chattanooga Ergo Wave) • Webster technique (to turn babies in the breech position) • Wobble chair |

Documentation Requirements

Documentation must be legible and include:

- Initials of the provider of service and any staff/employees who provide services;
- A key for any symbols or codes that are used by the provider and/or staff;
- Brief notations, check boxes, and codes/symbols for procedures [eg, neuromuscular re-education (NMR), myofascial release (MFR), hot packs (HP)] used in daily notes are acceptable only when the notations refer to the repeated application of a treatment modality which has been described in the current plan of care outlined in a separate medical policy (see [Related Policies](#)).

The clinical impression, diagnosis and treatment care plan documented for the initial and the follow-up visits must clearly support the medical necessity of the care and/or treatment provided. The initial treatment plan should not project care beyond a 30-45 day interval.²

Documentation of objective findings includes the following:

- A physical examination specific to the patient’s reported complaint
- Signs and symptoms of impairment or injury including cause and date of onset
- Signs or symptoms of the patient’s inability to perform activities of daily living (ADLs)

The Chiropractic Plan of Treatment includes the following:

- A patient-centered level of care that is appropriate for the symptoms, diagnosis and care of the condition



Documentation Requirements

- Objectively measurable short and long-term goals for specific clinical and/or functional improvements
- Frequency and duration of visits for the treatment modalities to achieve the functional improvement goals
- Anticipated date of discharge to self-care

Documentation of the patient's progress at each follow-up visit includes the following:

- The patient's subjective complaint/symptom changes
- Changes in objective physical findings of the patient's current status
- Measured clinical and/or functional improvement in the patient's condition and meeting care plan goals
- Updates to the initial treatment plan of care, as needed, with new goals that are appropriate to the patient's condition with a defined timeframe to achieve the goals

Coding

| Code | Description |
|------------|---|
| CPT | |
| 97112 | Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities |
| 97140 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes |
| 98940 | Chiropractic manipulative treatment (CMT); spinal, 1-2 regions |
| 98941 | Chiropractic manipulative treatment (CMT); spinal, 3-4 regions |
| 98942 | Chiropractic manipulative treatment (CMT); spinal, 5 regions |
| 98943 | Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions |

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information



Definition of Terms

Adjunct modalities: Both active and passive interventions are used as adjunct modalities/treatments. The purpose of most chiropractic modalities is to reduce pain and inflammation (increase circulation) as well as reduce spasm.

Active modalities: Active modalities focus on patients' participation in the therapeutic interventions after the acute phase that may include but are not limited to the following:

- Increasing endurance capabilities of the muscles
- Increasing range of motion
- Progressive resistive exercises
- Strengthening primary and secondary stabilizer muscles of a specific region

Some active modalities focus on patient education and training (eg, back school, work hardening programs, vocational rehabilitation programs, weight training, endurance training) and may not be covered by health plan benefits (see [Benefit Application](#)).

Chiropractic maintenance therapy: Treatment to prevent disease, promote health, and prolong and enhance the quality of life or therapy done to maintain or prevent deterioration of a chronic condition. When further clinical improvement is not reasonably expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is considered maintenance therapy. Maintenance therapy is not a covered benefit. Examples of maintenance therapy include, but are not limited to, the following:

- A general exercise program to promote fitness
- Ongoing repetitive treatment without a clearly defined clinical end-point and without evidence to support reasonable expectation of improvement
- Passive exercises to maintain range of motion and prevent deterioration of a chronic condition
- Therapy that is provided after the patient has reached maximum rehabilitation potential or functional level has shown no significant improvement for two weeks
- Therapy to enhance strength and endurance



Chiropractic manipulation treatment (CMT) or spinal manipulative therapy (SMT): These terms have the following descriptions:

- Adjustment or manipulation is where there is an application of force using a high velocity-low amplitude thrust. The procedures may be performed either device/instrument-assisted or by manual therapy means only.
- Adjustment or manipulation may apply to the spine, other joints and extremities and/or soft tissues with the goal to restore normal joint motion, improve functionality and relieve pain/nerve irritability secondary to disrupted biomechanics.
- Correction may be used in lieu of the word treatment.
- Mobilization is low velocity manipulation along with moving/stretching the muscles/joints to increase the range of motion in those symptomatic areas.

Chiropractic preventive service: Treatment to prevent pain/disability, promote health, and enhance quality of life for a patient who has no pain or symptoms above their normal baseline. A preventive/maintenance program may include patient education, home exercises, and ergonomic postural modification. The appropriateness and effectiveness of preventive or maintenance chiropractic therapy has not been established by clinical research. Chiropractic preventive service is not a covered benefit.

Passive Modalities: Passive modalities are most effective during the acute phase of treatment, since the focus of care is to reduce pain and swelling. The modalities include but are not limited to the following treatments:

- Cryotherapy
- Diathermy
- Electrical stimulation
- High-voltage galvanic stimulation
- Massage
- Passive exercise
- Therapeutic heat
- Therapeutic ultrasound
- Traction



When passive modalities are used after a lasting physiological benefit has been reached, the modalities serve only to facilitate the manipulation, are considered integral to the manipulative procedure, and are preparatory or complementary to the chiropractic adjustment.

Subluxation: This term is defined by Medicare¹ as a motion segment (of the spine), in which alignment, movement integrity and/or physiological function of the spine are altered although contact between joint surfaces remains intact. Subluxation usually falls into one of two categories:

- Acute subluxation is when the patient is being treated for a new injury, identified by history, physical exam and when clinically indicated, imaging studies.
- Chronic subluxation is when the condition is not expected to significantly improve or be resolved with further treatment (as in the case with an acute condition), but where the continued therapy can be expected to result in some functional improvement.

Benefit Application

In some plans, the contract benefit for Chiropractic/Spinal Disorders may be generally described as treatment for bone and joint disorders but other plans specifically define this benefit as applying to misalignment or dislocation of the spine.

Chiropractic care may be excluded from coverage under some benefit plans. In addition, chiropractic care provided to treat an injury or condition that occurred in the workplace, during a motor vehicle accident or involves third party liability may require coordination of benefits.

Please refer to the member's benefit plan and specific mandates in the state where the plan is administered to determine any coverage limitations.

Please refer to specific state licensure information for chiropractic providers if there is a question about the chiropractor's scope of practice and/or current (active) state licensure.

Evidence Review



Background

Chiropractic care is a branch of alternative and complementary medicine that is based on the relationship between the structure and function of the human body as it relates to the spine. Therapeutic chiropractic manipulative therapy (**CMT**) may be referred to as spinal and extra-spinal adjustment, manual adjustment, vertebral adjustment, or spinal manipulative therapy (**SMT**).

CMT providers use natural and conservative methods to treat the biomechanics, structure and function of the spine in order to promote healing without surgery or medication.³ CMT is outcome-based care using specific modalities targeted to the functional problem(s) or diagnosis of the patient. Manipulation or adjustment procedures are performed by manual methods only or with device-assisted modalities to treat symptoms related to the articulations of the spine and musculoskeletal structures, including the extremities. The goal of CMT is relief of discomfort caused by impingement of nerves or other structures of the spinal column (eg, joints, tissues, muscles)*.

Chiropractic services that may be eligible for coverage are limited to treatment to correct a structural imbalance or subluxation related to distortion or misalignment of the vertebral column by means of manual spinal manipulation (ie, by use of the hands) when the condition meets the medical necessity criteria in this policy. Chiropractors may use manual devices/instruments (devices that are hand-held with the thrust or the force of the device being controlled manually) in performing manual manipulation of the spine and related muscles/tissues.

*Specific states' chiropractic practitioner scope of practice laws govern the extent of the interventions a provider can perform.

Neck Pain

Korthals and colleagues conducted a randomized controlled trial (RCT) of 183 patients with neck pain whom were randomly allocated to manual therapy (spinal mobilization), physiotherapy (mainly exercise) or general practitioner care (counseling, education and drugs) in a 52-week study. The clinical outcomes measured showed that manual therapy resulted in faster recovery than physiotherapy and general practitioner care. Total costs of the manual therapy treated patients were about one-third of the costs of physiotherapy or general practitioner care up to 26 weeks.⁴ However; differences were insignificant by the time of the study follow-up at 52 weeks. The authors concluded that manual therapy is more effective and less costly for treating neck pain than physiotherapy or care by a general practitioner.



Bronchial Asthma

Hondras and colleagues evaluated the evidence for the effects of manual therapies for treatment of patients with bronchial asthma.⁵ The authors searched for trials in databases, assessed bibliographies from included studies and contacted authors of known studies for additional information about published and unpublished trials. Trials were included if they were randomized; included asthmatic children or adults; examined one or more types of manual therapy; and, included clinical outcomes with observation periods of at least two weeks. The authors concluded there is insufficient evidence to support the use of manual therapies for patients with asthma. There is a need to conduct adequately-sized randomized clinical trials.

Fibromyalgia

Panton and colleagues evaluated resistance training (RES) and RES combined with chiropractic treatment (RES-C) on fibromyalgia (FM) impact and functionality in women with FM.⁶ A randomized controlled trial was designed to assess participants who were assigned to the RES (n=10) or the RES-C (n=11) group. Both groups completed 16 weeks of RES consisting of 10 exercises performed two times per week. RES-C received RES plus chiropractic treatment two times per week. The outcome measures included strength measurement, which was assessed using one repetition maximum for the chest press and leg extension. FM impact was measured using the FM impact questionnaire, myalgic score, and the number of active tender points. Functionality was assessed using the 10-item Continuous Scale Physical Functional Performance test. Five participants from the RES group discontinued the study. One participant from the RES-C group discontinued the study. Adherence to training was higher in RES-C (92%) than in RES (82%). Additionally, the study found that progressive resistance training two times/week for 16 weeks improves strength, FM impact, and functionality. When chiropractic treatment is added to a resistance training program, adherence and dropout rates are improved as well as pre to post improvement of flexibility, balance and coordination, and endurance. Both groups increased upper and lower body strength. There were similar improvements in FM impact in both groups. Both groups improved in the strength domains; however, only RES-C participants significantly improved in the pre-to post functional domains flexibility, balance, coordination and endurance.⁶ One of the limitations of the study is dealing with such a small group of participants that cannot be generalized to a larger population of FM patients. Another limitation is that it was not designed to evaluate chiropractic treatment independently of the exercise program.



Gastrointestinal Disorders

Ernst reports many chiropractors believe that chiropractic treatments are effective for gastrointestinal (GI) disorders.⁷ The author performed a systematic review to evaluate the evidence from controlled clinical trials supporting or not supporting this concept. Two prospective, controlled clinical trials were found and one of these was a pilot study, but the other had reached a positive conclusion. However, the author concluded that due to serious methodological flaws, there is no supportive evidence that chiropractic treatment is an effective treatment for GI disorders.

Low Back Pain

Rubinstein and colleagues reported in 2012 on a Cochrane Database Systematic Review⁸ and in 2013 with an updated Cochrane Review⁹ that assessed the effects of Spinal Manipulative Therapy (SMT) for acute low back pain, defined as pain lasting less than six weeks. Randomized controlled clinical trials (RCTs) were included up to March 2011. RCTs that examined spinal manipulation or mobilization in adults with acute low back pain not caused by an underlying condition (eg fracture, tumor, infection) were included. Primary outcomes were pain, functional status and perceived recovery. Twenty RCTs (total participants n=2674) were included. The authors concluded that one-third of the trials were considered of high methodological quality and provided a high level of confidence in the outcome of SMT. Generally the authors found low to very low quality evidence suggesting that SMT is no more effective in the treatment of patients with acute low-back pain than inert interventions, sham (or fake) SMT, or when added to another treatment such as standard medical care. SMT also appears to be no more effective than other recommended therapies. SMT appears to be safe when compared to other treatment options but other considerations include costs of care.

Walker and colleagues performed a Cochrane systematic review of randomized controlled trials reviewing combined chiropractic interventions for low-back pain.¹⁰ The outcomes they examined were the effects of chiropractic interventions on pain, disability back-related function, overall improvement, and patient satisfaction. They included 12 studies involving 2,887 low back pain participants. The authors concluded that combined chiropractic interventions slightly improved pain and disability in the short term and pain in the medium term for acute/subacute low back pain. However, they found no evidence to support or refute that the interventions provide a clinically difference for pain or disability when compared to other interventions.

Agreement on standardized parameters of chiropractic care for low back pain has been a challenge for the profession. Globe and colleagues in 2008 attempted to incorporate



chiropractic research and clinical experts' experience into a document with chiropractic guidelines and practice parameters. Development of the document started with seed materials, from which seed statements were developed and distributed to a Delphi panel. The panel consisted of 40 clinically experienced doctors of chiropractic, representing 15 chiropractic colleges and 16 states, including the American Chiropractic Association and the International Chiropractic Association. The panel reached 80% consensus of the 27 seed statements after 2 rounds. Specific recommendations regarding treatment frequency and duration, as well as outcome assessment and contraindications for manipulation were agreed on by the panel and detailed in the article. The authors concluded that a broad-based panel of experienced chiropractors was able to reach a high level (80%) of consensus regarding specific aspects of the chiropractic approach to care for patients with low back pain, based on both the scientific evidence and their clinical experience.¹¹

In a Cochrane Review published in 2016 Saragiotto and colleagues screened the research results of 29 randomized controlled trials (n=2431) with study sample sizes ranging from 20 to 323 participants engaged in motor control exercise (MCE) for chronic non-specific low-back pain.¹² Trials included comparison of MCE with no treatment, another treatment or adding MCE as a supplement to other interventions. Primary outcomes were pain intensity and disability. Secondary outcomes considered were function, quality of life, return to work or recurrence of pain. Five trials compared MCE with manual therapy.

The authors concluded that MCE probably provides better improvements in pain, function and global impression of recovery than minimal intervention. MCE may provide slightly better improvements than exercise and electrophysical agents for pain, disability, global impression of recovery and the physical component of quality of life in the short and intermediate term. There is probably little or no difference between MCE and manual therapy for all outcomes and follow-up periods. Little or no difference was observed between MCE and other forms of exercise. Given the minimal evidence that MCE is superior to other forms of exercise, the choice of exercise for chronic low back pain should probably depend on patient or therapist preferences, therapist training, costs and safety.

References

1. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD) for Chiropractic Services (L23711). Retired 02/27/12
2. American Chiropractic Association (ACA). Public Policies-Documentation, Arlington, VA: ACA; 2012. Available online at: <https://acatoday.org/About/Public-Policies> Accessed February 2020.



3. American Chiropractic Association (ACA). Spinal Manipulation Policy Statement (Updated 2003). <https://www.acatoday.org/Practice-Resources/Position-Statements/ACA-Spinal-Manipulation-Policy-Statement> Accessed February 2020.
4. Korthals-de Bos IB, Hoving JL van Tulder MW et al. Cost effectiveness of physiotherapy, manual therapy, and general practitioner care for neck pain: economic evaluation alongside a randomized controlled trial. *BMJ* 2003; 326(7395):911. PMID12714472
5. Hondras MA, Linde K, Jones AP. Manual therapy for asthma. *Cochrane Database Syst Rev* 2005; Apr 18;(2):CD001002. PMID 15846609
6. Panton LB, Figueroa A, Kingsley JD et al. Effects of resistance training and chiropractic treatment in women with fibromyalgia. *J Altern Complement Med*. 2009 Mar; 15(3):321-328. PMID 19249999
7. Ernst E. Chiropractic treatment for gastrointestinal problems: a systematic review of clinical trials. *Can J Gastroenterol*. 2011 Jan; 25(1):39-40. PMID 21258667
8. Rubinstein SM, Terwee CB, Assendelft WJ et al. Spinal manipulative therapy for acute low-back pain. *Cochrane Database Syst Rev* 2012 Sep 12;9:CD008880. PMID 22972127
9. Rubinstein SM, Terwee CB, Assendelft WJ et al. Spinal manipulative therapy for acute low-back pain: an update of the Cochrane review. *Spine (Phila Pa 1976)*. 2013 Feb 1;38(3):E158-177. PMID 23169072
10. Rubinstein SM, de Zoete A, van Middelkoop M, et al. Benefits and harms of spinal manipulative therapy for the treatment of chronic low back pain: systematic review and meta-analysis of randomized controlled trials. *BMJ*. 2019 13; 364:1689. doi: 10.1136/bmj.1689. PMID:30867144.
11. Walker BF, French SD, Grant W et al. A Cochrane review of combined chiropractic interventions for low-back pain. *Spine (Phila Pa 1976)*. 2011 Feb 1; 35(3):230-242. PMID 21248591
12. Globe GA, Morris CE et al. Chiropractic management of low back disorders: report from a consensus process. *J Manipulative Physiol Ther*. 2008 Nov-Dec; 31(9):651-658. PMID 19028249
13. Saragiotto BT, Maher CG, Yamato TP, Costa LOP, Menezes Costa LC, Ostelo RWJG, Macedo LG. Motor control exercise (MCE) for chronic non-specific low-back pain. *Cochrane Database of Systematic Reviews* 2016, Issue 1. Art. No. CD012004. Published Online: 7 JAN 2016.
14. Coulter, ID, Crawford, C. et al. *Spine J*. Manipulation and mobilization for treating chronic low back pain: a systematic review and meta-analysis. *Spine J*. 2018; May;18(5):866-879. PMID 29371112.
15. Last reviewed by practicing doctor of chiropractic in January 2014.

Additional resources and websites:

16. Christensen ST, Hartvigsen J. Spinal curves and health: a systematic critical review of the epidemiological literature dealing with associations between sagittal spinal curves and health. *J Manipulative Physiol Ther*. 2008 Nov-Dec; 31(9):690-714. PMID 19028253
17. Haldeman S et al. The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders: executive summary. *Spine* 2008 Feb 15; 33(4 Suppl):S5-S7. PMID18204400
18. Hurwitz EL et al. Treatment of neck pain: noninvasive interventions. Results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. *Spine* 2008 Feb 15; 33(4 Suppl):S123-152. PMID 18204386
19. Millan M, Leboeuf-Yde C, Budgell B, Amorim MA. The effect of spinal manipulative therapy on experimentally induced pain: a systematic literature review. *Chiropr Man Therap*. 2012 Aug 10;20(1):26. PMID 22883534
20. Medicare Benefit Policy Manual. Chapter 15 - Covered Medical and Other Health Services. Section 30.5, Chiropractor's Services. Available online at: <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf> Accessed February 2020.



21. GuidelineCentral. Chiropractic best practices and practice guidelines , 2008; (revised 2013 Nov 22). Available online at: <https://www.guidelinecentral.com/summaries/best-practices--practice-guidelines/#section-society> Accessed February 2020.
22. Harrison DD, Sikin LA, Betz JW, editor(s). Best practices and practice guidelines. International chiropractic association (ICA); 2013 Nov 22. Available online at: <http://chiropractic.org/bestpractices/> Accessed February 2020.
23. GuidelineCentral. Manual medicine guidelines for musculoskeletal injuries , 2004; (revised 2013 Dec 1). Available at: <https://www.guidelinecentral.com/summaries/manual-medicine-guidelines-for-musculoskeletal-injuries/> Accessed February 2020.
24. Globe, G, Farabaugh RJ, et al. Clinical Practice Guideline: Chiropractic Care for Low Back Pain. J Manipulative Physiol Ther. 2016 Jan; 39 (1): 1-22. PMID 26804581.
25. Bryans R, Decina P, et al. Evidence-based guidelines for the chiropractic treatment of adults with neck pain. J Manipulative Ther. 2014 Jan; 37 (1): 42-63. PMID 24262386

History

| Date | Comments |
|----------|---|
| 05/09/06 | Add to Therapy Section - New Policy |
| 06/23/06 | Update Scope and Disclaimer - No other changes. |
| 06/12/07 | Replace Policy - Policy updated with literature review; policy statement updated to include thermomechanical massage as investigational. References added and codes updated. Reviewed by practicing doctor of chiropractic in May 2007. |
| 10/9/07 | Cross References Updated - No other changes. |
| 04/08/08 | Cross References Updated - No other changes |
| 06/10/08 | Replace Policy - Policy updated with literature search; no change to the policy statement. Reviewed by practicing doctor of chiropractic in May 2008. |
| 05/12/09 | Replace Policy - Policy updated with literature search. Policy statement added "Restoration of spinal curves as the determinant as a means to treat spinal pain or to normalize spinal curves in asymptomatic patients is not medically necessary". References added. |
| 05/11/10 | Replace Policy - Policy updated with literature search; no change to the policy statement. Reviewed by practicing doctor of chiropractic in April 2010. |
| 12/21/10 | Cross References Updated - No other changes. |
| 05/10/11 | Replace Policy - Policy updated with literature search; references added; no change to the policy statement. Reviewed by practicing doctor of chiropractic in April 2011. |
| 05/22/12 | Replace policy. Policy reviewed by practicing doctor of chiropractic April 2012. Simplified documentation details per legal request. Policy statements unchanged. |



| Date | Comments |
|----------|---|
| 10/26/12 | Update Related Policies. Title for 8.03.502 has been changed to say "Medical Massage Therapy". |
| 01/29/13 | Replace policy. Policy guidelines have new header for definitions, clarifying statement added about timeframe for initial POT in the documentation requirements paragraph, added the bullet "anticipated date of discharge" to the care plan & follow-up visit paragraphs, the word "re-evaluation" is deleted from the paragraph about follow-up visits. Description and rationale sections updated based on a literature review through November 2012. References 10, 15, 16 added, others renumbered or removed. New section added with additional resources and websites not cited in the policy. Policy statement unchanged. |
| 02/24/14 | Replace policy. Revised policy statement language from "is considered" to "may be considered" for consistency with other medical policies. Documentation for follow-up visits in the Policy Guidelines is revised based on vetting with a chiropractic consultant. Definition of terms moved from the Appendix to the Policy Guidelines. Related policy 7.01.551 Lumbar Spine Decompression Surgery added. Rationale reviewed/updated with a literature search through January 27, 2014. Resources 3, 4 added; others renumbered. Coding section revised; ICD-9 Diagnosis codes not used for adjudication of this policy so they have been removed. Policy statements changed as noted. |
| 05/19/14 | Update Related Policies. Remove 1.01.517 and 2.01.56 as they were archived. |
| 12/22/14 | Interim Update. Reference 5 removed from the additional resources and websites section; others renumbered. Policy statement unchanged. |
| 08/11/15 | Annual Review. Policy reviewed with a literature search through June, 2015. Reference 8 added, Resource 7 added. Minor edits for readability. Policy statements unchanged. Related Policies updated; applicable only retained. |
| 02/09/16 | Annual Review. Four more examples of investigational procedures and treatments added. Policy reviewed with a literature search through January, 2016. Reference 12 added. |
| 04/01/17 | Annual Review, approved March 14, 2017. Policy moved into new format. Policy reviewed with a literature search through January 2016. No references added, Policy statements unchanged. |
| 01/30/18 | Minor formatting updates were made to the policy. |
| 06/01/18 | Annual Review, approved May 3, 2018. Policy reviewed with a literature search through April 2018. References 22, 23 added. Reference 1 removed. No change to policy statement. |
| 03/01/19 | Annual Review, approved February 25, 2019. Reference 13 added. Policy statement unchanged. |
| 03/01/20 | Annual Review, approved February 4, 2020. Policy reviewed. Reference 10 added. Policy statements unchanged. |



Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.



Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናት ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለመጠበቅና በአስፈላጊ እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰብሰብ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

يحتوي هذا الإشعار معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):

本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

Oromoo (Cushite):

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisni kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

Français (French):

Cet avis a d'importantes informations. Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):

Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

Hmoob (Hmong):

Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnu ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

Iloko (Ilocano):

Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenna coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyto wenna tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):

Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).

日本語 (Japanese):

この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

ລາວ (Lao):

ແຈງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວົ້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងរបស់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក ឬប្រាក់ដុល្លារចេញផ្លូវ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងដុល្លារនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਨਵ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਰਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کلیر بران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):

Prezenta notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența provizorie la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamoa (Samoan):

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).