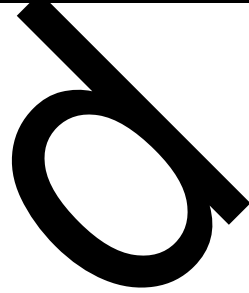


REIMBURSEMENT POLICY STATEMENT OHIO MARKETPLACE

Policy Name		Policy Number	Effective Date
Chiropractic Care – Spinal Manipulation		PY-1340	10/01/2021-11/30/2022
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT



This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table Related to Medical

ing logic, provider contractual agreement, and applicable referral, Medically necessary services include, but are not limited to, those for the diagnosis or treatment of disease, illness, or injury and increased or new morbidity, impairment of function, dysfunction of services meet the standards of good medical practice in the local only for the convenience of the member or provider. Medically y federal or state coverage mandate, Evidence of Coverage er Handbooks, and/or other policies and procedures.

