



Need chiropractic or acupuncture treatment?

If you are covered on an HMO plan with SISC, you have two options.

Your HMO plan offered by Self-Insured Schools of California (SISC) gives you two benefit choices for medically necessary chiropractic and acupuncture treatment. You can get care through your assigned medical group with a referral from your primary care provider (PCP) or you can go directly to a provider that's in the American Specialty Health network. See below to learn how to make the choice that's best for you and how to go about using that option.

Option 1: Go through your medical group with a referral from your PCP

Visit your PCP who is in your medical group and ask for a referral to a chiropractor or acupuncturist. When you have a referral from your PCP approved by your medical group, your copay for seeing a chiropractor or acupuncturist will be the same as when you see your PCP.

Benefits for chiropractic care with a referral:

- Once you have a referral, you have a 60-day period (limit) to get care after an illness or injury.
- The 60-day period starts with the date of the first visit.
- The 60-day limit does not limit the number of visits or treatments you can get within the 60-day period.
- If you need care that would run more than 60 days, your PCP must first get an OK from your medical group. In order to get that OK, your doctor will need to get certain types of information from your chiropractor that shows that more treatment is a "medical necessity."

Benefits for acupuncture care with a referral:

- Once you have a referral, there's no limit on how many treatments you can get or how long your treatments can run. The number of treatments is determined by the referral from your PCP that is approved by your medical group.

Option 2: Go directly to a provider in the American Specialty Health (ASH) Network

You can go directly to a chiropractor or acupuncturist (this is called "self-referring") who is in the ASH network. See the other side of this sheet to learn how to find an ASH provider.

Benefits for chiropractic and acupuncture care when you go directly to an ASH network provider:

- You can get 30 visits for chiropractic and/or acupuncture treatment combined per calendar year.
- Your copay for each visit is \$10.00.
- Treatment must be from a chiropractor or acupuncturist who is part of the ASH network, otherwise there is no coverage.

Helpful information for using your chiropractic and acupuncture benefits

Finding an ASH provider

Q.: How can I find a chiropractor or acupuncturist in the ASH network who is in my area?

A.: Go online:

- Visit **anthem.com/ca/sisc**
- Select the **Find Care** option on the welcome menu.
- Scroll down and select the link that says **HMO Chiropractic and Acupuncture Network**

Or call Customer Service: the number is on the back of your member ID card.

How claims are reviewed for medical necessity

Q.: How does the review process work?

A.: The chiropractor or acupuncturist goes to ASH to make sure treatment is medically necessary before you get any care.

- It's important that ASH gives the OK before you get care because it's needed in order for the chiropractor or acupuncturist to get paid.
- After the chiropractor or acupuncturist gets the OK and you get treatment, the chiropractor or acupuncturist will send a claim to ASH for review.
- You are not responsible for the cost of a denied claim and will not have to cover the cost if a claim is denied.

Q.: How long does the review process take?

- A.: • If a treatment has not yet been given, ASH will review the claim within five days.
- If the treatment has been given, ASH will review it within 30 days, as long as all the paperwork has been sent.

Filing an appeal if treatment is denied

Q.: How do I file an appeal or a grievance?

A.: See the back of your Explanation of Benefits (EOB) or the medical necessity letter.

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