Elite Health Plan **POLICY AND PROCEDURE**	Elite Health
Name: Elite Health Plan Policy for Chiropractic Services	Policy Number: **UM-MED-10**
Department: Utilization Management	Effective Date: 3/27/2026 Date Revised: 3/27/2026 Date Reviewed: 3/27/2026
Reviewed and Accepted By: Sunil Shivaram, M.D. Sri Gorty, M.D., Kristina Fletcher UM Manager	**Chief Medical Officer Signature:**  Page **1** of 5

PURPOSE:

The policy is designed to ensure compliance with CMS Medicare Advantage requirements and Elite Health Plan benefit design. Elite Health Plan, Inc. has established this policy to define key requirements associated with our contractual obligations to the Centers for Medicare and Medicaid Services (CMS) as a Medicare Advantage Prescription Drug (MAPD) plan.

SCOPE:

This policy applies to the CMS Medicare Advantage Prescription Drug (MAPD) Program and outlines the Utilization Management requirements and associated processes. This policy is followed by applicable personnel of Elite Health Plan, Inc., including Delegated IPAs, Medical Groups, and supplemental benefit providers, and describes the processes necessary to meet regulatory requirements in effect as of the stated effective date.

DEFINITIONS:

Term	Description
CMS	Centers for Medicare and Medicaid Services – The agency within the US Federal Government that is charged with the execution and maintenance of the law definingthe prescription drug program for senior citizens, the disabled, and the infirm.
MA	Medicare Advantage

Medically Necessary	Services or supplies that are reasonable and necessary for the diagnosis or treatment of illness or injury and meet accepted standards of medical practice.
Contracted Provider	A healthcare provider or vendor with an active agreement with Elite Health Plan.
Supplemental Benefit	A benefit offered by Elite Health Plan that is not covered under Original Medicare.
EOC	Evidence of Coverage

POLICY:
Elite Health Plan provides coverage for chiropractic services in accordance with Medicare guidelines and Elite Health Plan benefit provisions, as outlined below. Coverage is divided into Medicare-covered chiropractic services and routine (non-Medicare) chiropractic services.

Coverage Criteria

I. Medicare-Covered Chiropractic Services

Elite Health Plan covers chiropractic services that meet Medicare medical necessity requirements.

Covered Services Include:

- Manual manipulation of the spine performed to correct a documented spinal subluxation.

II. Routine (Non-Medicare Covered) Chiropractic Services

Elite Health Plan covers necessary routine chiropractic services that are not covered under Medicare guidelines, subject to plan limitations.

Coverage Requirements:

- Services must be rendered by an Elite Health Plan–contracted routine chiropractic provider through American Specialty Health (ASH).
- A referral is not required for the initial chiropractic visit.

- Prior authorization is required for all subsequent visits.

Benefit Limits:

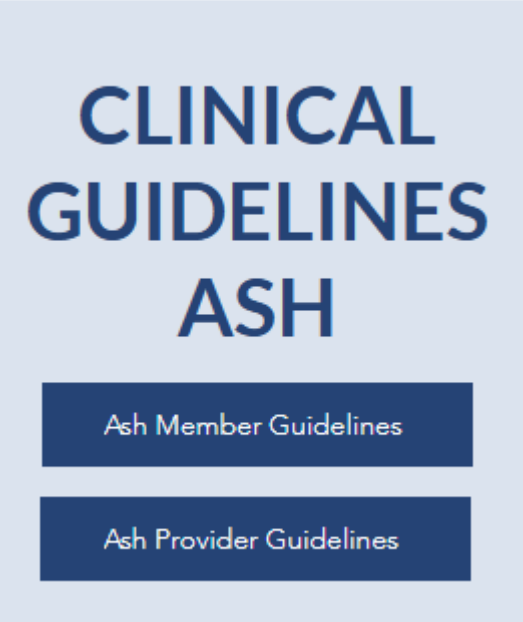
- Coverage is limited to up to 12 routine chiropractic office visits per calendar year.

Limitations and Exclusions

- Services rendered by non-contracted providers are not covered.
- Services exceeding the annual visit limit are not covered unless otherwise approved through prior authorization.

Authorization Requirements

- **Initial Visit:** No prior authorization required.
- **Subsequent Visits:** Prior authorization required by American Specialty Health (ASH).
- **Clinical Decisions:** Are made by American Specialty Health (ASH) utilizing ASH Clinical Practice Guidelines that can be located on the Elite Health Plan website **Clinical Policy Guidelines | Elite Health Plan** or ASHLink - Clinical Practice Guidelines



Compliance and Regulatory Alignment

This policy is aligned with:

- CMS Medicare Advantage benefit guidelines
- CMS Evidence of Coverage (EOC) standards
- CMS Marketing and Supplemental Benefit requirements

This policy does not expand coverage beyond CMS-approved benefit filings.

Policy Administration

Elite Health Plan reserves the right to:

- Update contracted providers and vendors
- Modify benefit offerings consistent with CMS approval
- Interpret and apply this policy in accordance with plan documents

In the event of a conflict, the Evidence of Coverage (EOC) governs.

REFERENCE:

- Medicare Managed Care Manual Chapter 4 - Benefits and Beneficiary Protections
- Plans & Benefits | Elite Health Plan
- ASHLink - Clinical Practice Guidelines

REVISION NOTES:

Date of Revision:	Revised by:	General Revision Notes
3/27/2026	Kristina Fletcher	Created