

## 24-A §2840-A. COVERAGE FOR CHIROPRACTIC SERVICES

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**1. Therapeutic, adjustive and manipulative services.** Notwithstanding any other provisions of this chapter, every insurer which issues group or blanket health care contracts providing coverage for the services of a "physician" or "doctor" to residents of this State shall provide coverage to any subscriber or other person covered under those contracts for those services when performed by a chiropractor, to the extent that the services are within the lawful scope of practice of a chiropractor licensed to practice in this State. Therapeutic, adjustive and manipulative services shall be covered whether performed by an allopathic, osteopathic or chiropractic doctor.

[ 1985, c. 516, §5 (NEW) . ]

**2. Limits; coinsurance; deductibles.** Any contract which provides coverage for the services required by this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

[ 1985, c. 516, §5 (NEW) . ]

**3. Reports to the Superintendent of Insurance.** Every insurer subject to this section shall report its experience for each calendar year to the Superintendent of Insurance not later than April 30th of the following year. The report shall be in a form prescribed by the superintendent and shall include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in this State for health care contracts. The superintendent shall compile this data for all insurers in an annual report.

[ 1989, c. 141, §5 (AMD) . ]

#### **4. Application; expiration.**

[ 1989, c. 141, §6 (RP) . ]

#### SECTION HISTORY

1985, c. 516, §5 (NEW). 1989, c. 141, §§5,6 (AMD). 1993, c. 669, §3 (AMD) .

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