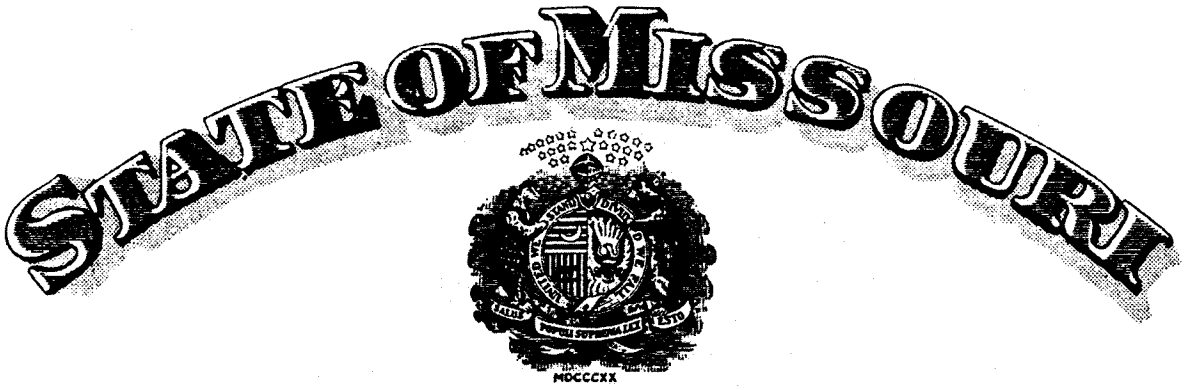

DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 09-01:
HB 577 Implementation of 376.391
ISSUED August 30, 2009

TO: Health Insurance Companies, Health Services Corporations, Health Maintenance Organizations, and Chiropractors

FROM: John Huff, Director

RE: HB 577 Implementation of 376.391

DATE: August 30, 2009

The Missouri legislature recently enacted House Bill 577, effective on August 28, 2009.

This legislation prohibits health carriers and health benefit plans from imposing any co-payment that exceeds fifty percent of the total cost of providing any single chiropractic service to its enrollees.

The requirement is applicable to all health carriers and health benefit plans providing coverage in this state. The language in Section 376.391 further states that this includes "but is not limited to preferred provider organizations, independent physicians associations, third-party administrators, or any entity that contracts with licensed health care providers."

For the purposes of clarifying this legislation, the Department interprets the following standards to apply:

- Chiropractic services should be interpreted in a manner consistent with the requirements for chiropractic care found in Section 376.1230 RSMo. Under Section 376.1230, "chiropractic services" means chiropractic care delivered by a licensed chiropractor within the scope of his or her practice as defined in Chapter 331, RSMo.

- To determine the total cost of providing a single chiropractic service delivered by a network chiropractor to enrollees, a health carrier should consider the total cost to be the amount the chiropractor has agreed to accept as payment in full under their provider agreement with the network.
- To determine the total cost of providing a single chiropractic service delivered by a non network chiropractor to enrollees, a health carrier should consider the total cost to be the provider's total billed charge or if applicable under the enrollee's contract, the reasonable and customary charge, maximum allowable charge or other similar terms in the enrollee's contract.
- Covered expense items that are not subject to payment because the enrollee's deductible has not been satisfied should not be considered in these calculations.