

Chiropractic Coverage Lowers Medical Costs

Medical cost data from the leading global business intelligence firm, Thomson Reuters, reveals that medical plans that include coverage for medically necessary chiropractic services have lower per capita costs than medical plans that exclude coverage for chiropractic treatments.

The analysis by Thomson Reuters revealed that per capita costs for health plans that include chiropractic coverage were 7% lower than health plans that excluded coverage. The primary areas of savings were Inpatient hospital stays, prescription drugs and injections.

The data suggests strongly that including coverage for chiropractic services in health plan design promotes the use of cost-effective services and results in lower overall costs for treatment.

Coverage for chiropractic services under MESSA Choices and MESSA Choices II is subject to certain conditions and limits:

- Services must be medically necessary and designed to improve or restore the patient's functional level when there has been a loss in musculoskeletal functioning due to an illness or injury.
- Treatment must be ordered by and performed or supervised by a medical provider.
- Medical documentation may be requested by MESSA to ensure that the treatment plan supports the goals and medical progress of the patient.
- Covered services are subject to plan deductibles and Blue Cross Blue Shield of Michigan (BCBSM) prior-approved payment amounts. Services, including medically-necessary massage therapy, are limited to 38 visits annually.



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