

Piedmont Community Healthcare HMO, Inc.
2316 Atherholt Rd., Lynchburg, VA 24501

AMENDMENT

As of the effective date of the Evidence of Coverage, this amendment becomes part of Your Evidence of Coverage. It is issued in exchange for payment of Premium to Piedmont by You or on Your behalf.

The following language is added to SECTION V: What is Covered (Small Group Evidence of Coverage), Paragraph A. Acupuncture

Acupuncture

Acupuncture is a Covered Service as described below when Medically Necessary:

The use of acupuncture is considered medically necessary when one or more of the following conditions are met:

1. Nausea or vomiting associated with surgery, chemotherapy or pregnancy.
2. Cancer pain.
3. Back or neck pain persisting for more than 12 weeks despite medication and physical therapy.
4. Chronic osteoarthritis of knee or hip despite medication and physical therapy that is significantly impacting daily activity.
5. Tension headache for more than 12 weeks despite medication.
6. Migraine recurring for more than 12 weeks despite medication therapy.

Treatment will continue to be authorized if the following are met:

1. Continuation of acupuncture is for one or more of the conditions listed above; and
2. The member is continuing to receive other appropriate treatments for the condition for which acupuncture is provided; and
3. The provider documents ongoing benefit from the use of acupuncture.

The following language is removed from Section VI: What is Not Covered (Exclusions) (Small Group Evidence of Coverage):

Paragraph 4. Acupuncture