

514C.29 Services provided by a doctor of chiropractic.

1. Notwithstanding the uniformity of treatment requirements of [section 514C.6](#), a policy, contract, or plan providing for third-party payment or prepayment of health or medical expenses shall not impose a copayment or coinsurance amount on an insured for services provided by a doctor of chiropractic licensed pursuant to [chapter 151](#) that is greater than the copayment or coinsurance amount imposed on the insured for services provided by a person engaged in the practice of medicine and surgery or osteopathic medicine and surgery under [chapter 148](#) for the same or a similar diagnosed condition even if a different nomenclature is used to describe the condition for which the services are provided.

2. [This section](#) applies to the following classes of third-party payment provider policies, contracts, or plans delivered, issued for delivery, continued, or renewed in this state on or after July 1, 2012:

a. Individual or group accident and sickness insurance providing coverage on an expense-incurred basis.

b. An individual or group hospital or medical service contract issued pursuant to [chapter 509](#), [514](#), or [514A](#).

c. An individual or group health maintenance organization contract regulated under [chapter 514B](#).

d. A plan established pursuant to [chapter 509A](#) for public employees.

3. [This section](#) shall not apply to accident-only, specified disease, short-term hospital or medical, hospital confinement indemnity, credit, dental, vision, Medicare supplement, long-term care, basic hospital and medical-surgical expense coverage as defined by the commissioner, disability income insurance coverage, coverage issued as a supplement to liability insurance, workers' compensation or similar insurance, or automobile medical payment insurance.

[2012 Acts, ch 1138, §36](#); [2017 Acts, ch 148, §81](#)

Subsection 2, paragraph e stricken