

American Chiropractic Association

DEDICATED TO IMPROVING THE HEALTH AND WELLNESS OF AMERICA, NATURALLY.

Benefit Clarification: Chiropractic Coverage under the Blue Cross/Blue Shield Federal Employee Program for 2009

For 2009, the benefits under the Blue Cross/Blue Shield Federal Employee Program have changed. For 2009, the Standard Option benefit includes up to 12 spinal manipulations, one office visit, one set of X-rays, and physical therapy modalities with a \$20 co-pay per visit and no deductible when the patient visits a preferred provider.

The 2009 Basic Option includes up to 20 spinal manipulations, one office visit, one set of X-rays, and physical therapy modalities with a \$25 co-pay per visit when the patient visits a preferred provider.

In order to determine whether a patient has the Basic or Standard Option of the FEP plan, refer to the enrollment code in the bottom left-hand corner of the patient's insurance card.

Basic Option = 111 & 112

Standard Option = 104 & 105

Please refer to the following chart for a breakdown of benefits:

Basic Option* Preferred Provider** (enrollment codes 111 & 112)	Standard Option* Preferred Provider** (enrollment codes 104 & 105)
Up to 20 spinal manipulations	Up to 12 spinal manipulations
One office visit	One office visit
One set of X-rays	One set of X-rays
PT modalities (listed below)	PT modalities (listed below)
\$0 deductible/\$25 co-pay	\$0 deductible/ \$20 co-pay

* Other benefits may be provided for covered services in Medically Underserved Areas as long as they are within the scope of licensure. To determine if you are in a Medically Underserved Area, please see page 12 of the Summary Plan Description at: http://www.fepblue.org/benefitplans/2009-sbp/SBP2009Brochure_English.pdf.

** For more information on coverage for participating/non-participating providers please refer to the service benefit plan brochure http://www.fepblue.org/benefitplans/2009-sbp/SBP2009Brochure_English.pdf and section 5a specifically for Physical Therapy and Chiropractic coverage.

FEP covers the following procedure codes, provided the service is within the provider’s scope of licensure:

<p>97001 Physical Therapy Evaluation</p> <p>97002 Physical Therapy Re-Eval.</p> <p>S9131 (HCPCS) PT in the home, per diem</p> <p>97010 Hot/Cold Packs</p> <p>97012 Mechanical Traction</p> <p>97014 Electrical Stimulation</p> <p>97016 Vasopneumatic Device</p> <p>97018 Paraffin Bath</p> <p>97022 Whirlpool</p>	<p>97024 Diathermy</p> <p>97034 Contrast Bath</p> <p>97035 Ultrasound</p> <p>97036 Hydrotherapy</p> <p>97039 Physical Therapy Treatment</p> <p>97110 Therapeutic Exercises</p> <p>97112 Neuromuscular Reeducation</p> <p>97113 Aquatic Therapy/Exercises</p> <p>97116 Gait Training Therapy</p>	<p>97530 Therapeutic Activities</p> <p>97532 Cognitive Skills Developmnt</p> <p>97533 Sensory Integration</p> <p>97542 Wheelchair Mgmt Training</p> <p>97545 Work Hardening</p> <p>97546 Work Hardening Add-on</p> <p>97026 Infrared Therapy</p> <p>97028 Ultraviolet Therapy</p> <p>97032 Electrical Stimulation</p> <p>97033 Electric Current Therapy</p>	<p>97124 Massage</p> <p>97139 Physical Medicine Procedure</p> <p>97140 Manual Therapy</p> <p>97150 Group Therapeutic Procedures</p> <p>97750 Physical Performance Test</p> <p>97760 Orthotic(s) management and training</p> <p>97761 Prosthetic training</p> <p>97799 Physical Medicine Procedure</p>
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