



Benefit Clarification

Chiropractic Coverage under the Blue Cross/Blue Shield Federal Employee Program

The 2017 benefits under the Blue Cross/Blue Shield Federal Employee Program (FEP) have not changed from 2016. Benefits for manipulative therapy (spinal and extra-spinal manipulations) remain at a combined total of 12 for members enrolled in the Standard Option, and 20 for members enrolled in the Basic Option. Benefits for physical, occupational, and speech therapies remain at a combined total of 75 for the Standard Option and 50 for the Basic Option. Benefit changes have removed the limitations on the number of office visits and x-rays covered when performed by a Doctor of Chiropractic. All services must be within the scope of practice of the provider and medically necessary as defined by FEP. Member responsibility (copayments, etc.) remain dependent on the service provided and the network status of the provider.

As of 2014, DC's are listed equally with other types of physicians under the [BCBS Service Benefit Plan](#) as authorized by the Federal Employees Health Benefits law. FEP covers any licensed practitioner for *covered* services performed within their scope of practice.

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

- 104: Standard Option – Self Only
- 105: Standard Option – Self and Family
- 106: Standard Option – Self plus One
- 111: Basic Option – Self Only
- 112: Basic Option – Self and Family
- 113: Basic Option – Self plus One

The chart below provides a brief summary of annual benefits for chiropractic care. The full brochure is available in English and Spanish [here](#).

Basic Option* Preferred Provider (enrollment codes 111, 112 & 113)	Standard Option** *** Preferred Provider (enrollment codes 104, 105 & 106)
Up to 20 spinal/extra-spinal manipulations	Up to 12 spinal/extra-spinal manipulations
Office visits and X-rays	Office visits and X-rays
PT modalities: up to a combined total of 50 physical/occupational/speech therapy visits	PT modalities: up to a combined total of 75 physical/occupational/speech therapy visits
\$0 deductible/\$30 co-pay	\$0 deductible/ \$25 co-pay (Preferred provider)

Under the Standard Option, PPO (Preferred) benefits apply only when the patient uses a PPO (Preferred) provider. PPO networks may be more extensive in some areas than in others. FEP does not guarantee the availability of every specialty in all areas. If no PPO (Preferred) provider is available, or the patient does not use a PPO (Preferred) provider, non-PPO (Non-preferred) benefits apply.

Under the Basic Option, the patient must use preferred providers in order to receive benefits. See the Plan Brochure for the exceptions to this requirement.

*The Basic Option does not provide benefits for services rendered by Non-Preferred providers.

**When Non-Preferred facilities and professionals are used, the patient's out-of-pocket expenses are greater.

***A deductible may apply in some cases under the Standard Option.

Providers may be participating with BCBS locally, but not be "Preferred" with FEP. In this case, the negotiated rate is accepted, the FEP Preferred rate is not paid to the provider, and the patient is not balance billed. Providers can check their status on www.fepblue.org, and select "Provider Directory."