

American Chiropractic Association

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

Talking Points

Updated: October 25, 2005

Benefit Clarification: Chiropractic Coverage under the Blue Cross/Blue Shield Federal Employee Program Expanded for 2006

For 2006, the benefits under the Blue Cross/Blue Shield Federal Employee Program have been expanded. In 2005 the Standard Option only included coverage for the Physical Therapy modalities along with a \$250 deductible. For 2006, the Standard Option benefit has been broadened to include an initial office visit, an initial set of X-rays, up to 10 spinal manipulations, physical therapy modalities, a \$15 co-pay per visit and no deductible when the patient visits a preferred provider.

The 2006 Basic Option remains the same with up to 20 spinal manipulations, an initial office visit, an initial set of X-rays, the physical therapy modalities delineated below, a \$20 co-pay per visit and no deductible.

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 only (enrollment codes 111 & 112)	Standard Option* Preferred Provider** (enrollment codes 104 & 105)
Up to 20 spinal manipulations	Up to 10 spinal manipulations
Initial office visit	Initial office visit
Initial set of X-rays	Initial set of X-rays
PT modalities (listed below)	PT modalities (listed below)
\$0 deductible/\$20 co-pay	\$0 deductible/ \$15 co-pay

* Under the Standard Option, 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 visit the ACA website.

** For more information on coverage for participating/non-participating providers please refer to the service benefit plan brochure <http://www.fepblue.org/pdf/sbp2006.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:

97001 Physical Therapy Evaluation 97002 Physical Therapy Re-Eval. S9131 (HCPCS) PT in the home, per diem 97010 Hot/Cold Packs 97012 Mechanical Traction 97014 Electrical Stimulation 97016 Vasopneumatic Device 97018 Paraffin Bath 97020 Microwave 97022 Whirlpool	97024 Diathermy 97034 Contrast Bath 97035 Ultrasound 97036 Hydrotherapy 97039 Physical Therapy Treatment 97110 Therapeutic Exercises 97112 Neuromuscular Reeducation 97113 Aquatic Therapy/Exercises 97116 Gait Training Therapy 97504 Orthotic Training	97520 Prosthetic Training 97530 Therapeutic Activities 97532 Cognitive Skills Developmnt 97533 Sensory Integration 97542 Wheelchair Mgmt Training 97545 Work Hardening 97546 Work Hardening Add-on 97026 Infrared Therapy 97028 Ultraviolet Therapy	97032 Electrical Stimulation 97033 Electric Current Therapy 97124 Massage 97139 Physical Medicine Procedure 97140 Manual Therapy 97150 Group Therapeutic Procedures 97703 Prosthetic Checkout 97750 Physical Performance Test 97799 Physical Medicine Procedure
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