

**ACA NEWS**  
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**ACA Chairman**

The aggressive legal posture of the American Chiropractic Association (ACA) continues to pay dividends for the chiropractic profession. The United States Office of Personnel Management (OPM) has determined that doctors of chiropractic will be reimbursed for providing physical therapy services under the national Blue Cross Blue Shield Association's (BCBSA) Federal Employee Program (FEP), if such services lie within the doctor's state scope of licensure. The BCBSA FEP is the largest privately underwritten health insurance contract in the world, enrolling 4 million federal government employees, dependents and retirees.

Following in-depth consultations with BCBSA, the ACA, the Virginia Chiropractic Association (VCA) and the other chiropractic plaintiffs decided in 2001 to remove the national Blue Cross Blue Shield Association (BCBSA) from a federal lawsuit against Virginia-based Trigon Blue Cross Blue Shield, prompting substantive discussions between ACA and BCBSA regarding the rights of doctors of chiropractic and their patients, as well as a range of insurance-related issues. As a result of these negotiations, BCBSA agreed to include a chiropractic manipulation benefit with limited x-rays in its FEP basic option. While other provider groups sought similar coverage, doctors of chiropractic were the only providers to be granted such coverage. By rule, this inclusion brought about a welcome elevation in status for doctors of chiropractic, as they became formally recognized as "covered providers" under both the FEP's basic and standard options. Under the BCBSA FEP, such covered providers are eligible to be reimbursed for providing physical therapy services when such services lie within their respective state scope of licensure.

Having received approval from OPM, BCBSA has begun instructing its FEP carriers to cover physical therapy services provided by doctors of chiropractic, with a retroactive effective date of January 1, 2002. BCBSA has indicated that these claims would be processed using a "manual workaround" until October 13, 2003, at which time a system change will make such manual intervention unnecessary.

Under the FEP's basic option, doctors of chiropractic will be reimbursed for physical therapy services, plus up to 20 manipulations, an initial set of X-rays and an initial office visit. Under the standard option, doctors of chiropractic will be reimbursed for physical therapy services only.

The following "Question & Answer" set is provided below to help address some of the common questions doctors of chiropractic have been asking since the policy change has taken effect. The ACA will continue to update the chiropractic

profession on specific coding and reimbursement issues that develop as a result of the new coverage policy.

**Q:** By when do claims need to be submitted in order for a doctor of chiropractic to be reimbursed for services rendered since the January 1, 2002 retroactive coverage date?

**A:** **Claims submitted within the timely filing period will be processed.**

**Q:** What is the "timely filing period?"

**A:** **The timely filing period ends on December 31 of the year AFTER the services are rendered. In other words, a service rendered in April of 2002 must be submitted by December 31, 2003.**

**Q:** Will local Blue Cross Blue Shield plans be alerted to this change in policy?

**A:** **Yes, the national Blue Cross Blue Shield Association is notifying its local plans of the change.**

**Q:** What will be covered under the FEP basic option?

**A:** **Under the FEP's basic option, doctors of chiropractic will be reimbursed for physical therapy services plus up to 20 manipulations, an initial set of X-rays and an initial office visit.**

**Q:** What will be covered under the FEP standard option?

**A:** **Under the standard option, physical therapy services only will be covered.**

**Q:** What physical therapy codes are now covered under this policy?

**A:** **The following procedure codes are covered, provided the service is within the provider's scope of licensure: 97001 Physical Therapy Eval. 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**