

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Naprapathic Services

Benefit

The use of naprapathic services in the treatment of an illness or injury is a covered benefit when referred by the PCP/WPHCP. Naprapathic services are considered separate from Physical Therapy (PT), Occupational Therapy (OT) and Chiropractic services. Therefore, Naprapathic services do not count towards any coverage limitations for PT, OT or Chiropractic services.

Interpretation

Naprapathic Medicine is a specialized system of health care that employs hands-on manual medicine, nutritional counseling, and a wide variety of therapeutic modalities. Naprapathy focuses on conditions caused by contracted, injured, spasmed, bruised, and/or otherwise affected myofascial and connective tissue. If a PCP or WPHCP determines medical necessity for the services, the services are covered.

Paid by	Professional Charges	IPA
----------------	----------------------	-----

Coverage Variation

Blue Precision HMOSM and BlueCare DirectSM members are limited to 15 visits per calendar year for any service provided by a Naprapath.