

## Reasonable and Customary Limits effective January 1, 2009

*These limits will be applied to claims for treatment with a date of service on or after January 1, 2009. The following limits will be subject to any deductibles and plan percentages your plan may have. If your plan has a per visit limit, that amount will be used to determine your reimbursement and the following reasonable and customary table will not apply.*

Paramedical Service	Reasonable and Customary Limit
Acupuncture	All visits: \$100
Chiropractor Services	Initial visit: \$50 Subsequent visit: \$40
Massage Therapy	All visits: \$85
Naturopath Services	Initial visit: \$240 Subsequent visit: \$180
Physiotherapy Services	Initial visit: \$74 Subsequent visit: \$64
Podiatry	All visits: \$100

### 1. What are reasonable and customary limits?

Reasonable and customary limits are the range of usual fees for comparable medical services in a geographic area. If your provider charges more than the reasonable and customary limit, you will be responsible for paying the difference.

Like other health benefit providers, Pacific Blue Cross uses reasonable and customary limits to determine maximum eligible amounts for health care services and supplies covered by your plan. Smart shopping for health care products and services helps members by reducing out of pocket expenses and helps employers reduce benefit plan costs.

### 2. How much are the reasonable and customary limits?

Ranges can vary based on whether you have a medical condition that warrants non-standard therapy.

We review these eligible amounts on claims on a continual basis and make changes periodically to ensure our allowed amounts are representative of the current standard charges in the health care environment.

If you have a question about a reasonable and customary limit for a specific health care product or service, contact our Customer Service department at 604 419-2600 or toll-free at 1 888 275-4672

### 3. Can I appeal my reasonable and customary reimbursement limits?

Yes. You can appeal if you have a medical condition that warrants non-standard therapy. We review each case on an individual basis.

To appeal, provide us with medical documentation supporting that additional treatment or treatment by a specific provider is medically necessary. The documentation should include your diagnosis, the reason treatment fees exceed the reasonable and customary limits and your proposed treatment plan, which should include how long this additional treatment will be medically required.