

Paramedical coverage and limits



What are reasonable and customary limits?

Reasonable and customary (R&C) limits are the range of usual fees per-treatment for comparable medical services in a geographic area, or the number of treatments completed within a specific timeframe. If your plan has a contractual limit which is less than the R&C limit, that amount will be used to determine your reimbursement.

Paramedical claims may continue to be considered as per the requirements in your contract, up to the number of visits

Pacific Blue Cross considers reasonable, per year, per person. If the number of visits exceeds this threshold, you will be requested to provide a note from the attending medical doctor* that indicates the nature of illness and prognosis for future claims to be considered.

Phone 604 419-2000
Toll-free 1 877 PAC-BLUE
pac.bluecross.ca

Current reasonable and customary limits

These numbers are for BC only and are effective as of October 1, 2016. Please visit us online at pac.bluecross.ca to calculate limits for services incurred prior to October 1, 2016, or for services incurred outside of BC.

SERVICE	R&C LIMITS
Acupuncture	Initial visit — \$135 Subsequent visit — \$100
Chiropractor	Initial visit — \$70 Subsequent visit — \$50
Massage Therapy	30 minute visit — \$63 (includes GST) 45 minute visit — \$90 (includes GST) 60 minute visit — \$110 (includes GST)
Naturopath	Initial visit — \$250 Subsequent visit — \$180

SERVICE	R&C LIMITS
Physiotherapy	20 minutes — \$63 30 minutes — \$85 45 minutes — \$100 60 minutes — \$120
Podiatry	Initial visit — \$180 Subsequent visit — \$105

Please note that exceptions may apply under your plan. Visit CARESnet® at caresnet.ca to learn more about any coverage limits that may apply under your specific plan.

*Doctor's note is not required for members covered by the Healthcare Benefit Trust, except for Emergency Health Services.