

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Physical and Occupational Therapy Payment Cap

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	4/1/2011	Policy Last Updated:	3/20/2012
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

The intent of this policy is to clarify the daily maximum allowable reimbursement for physical and occupational therapy services rendered by BCBSRI contracted providers.

Policy:

Effective **April 1, 2011**, BCBSRI applied a daily maximum allowable reimbursement for all physical and occupational therapy services billed on the same day for each patient.

Effective **September 1, 2011**, this policy was effective for all other professional providers.

- If the combined allowances for all physical and occupational therapy services performed on the same day for a patient exceed the per-day allowable maximum, the amount over and above the maximum will not be reimbursed.
- When services are provided on the same day by providers in different specialties (e.g., physical and occupational therapists), both specialties may be reimbursed up to the per-day allowable maximum.
- If a physical or occupational therapy evaluation occur on the same day that physical or occupational treatment/services are performed, reimbursement will be made for both the evaluation and therapy services performed that day. **The evaluation is not included in the daily maximum allowable.**

Coverage:

Reimbursement for physical and occupational therapy services may vary between groups and contracts. Applicable deductibles and/or co-payments will be applied. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet.

Also known as:

Not applicable

Related topics:

Not applicable

Published:

Provider Update, June 2012

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.