



MEDICAL COVERAGE GUIDELINES
SECTION: REHABILITATION

ORIGINAL EFFECTIVE DATE: 03/01/16
LAST REVIEW DATE: 01/22/19
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

OUTPATIENT THERAPY SERVICES

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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OUTPATIENT THERAPY SERVICES (cont.)

Description:

Outpatient Therapy Services (OTS):

Services provided in the outpatient setting such as an office or clinic designed to rehabilitate or restore functionality. OTS includes physical therapy, occupational therapy, speech therapy and cognitive therapy.

Definitions:

Cognitive Therapy:

Treatment to improve cognitive functioning (i.e., higher brain functions) by reinforcing or re-establishing previously learned thought processes, compensatory training and sensory integrative activities.

Occupational Therapy:

Treatment of neuromusculoskeletal dysfunction using specific tasks or goal-directed activities to improve functional performance.

Physical Therapy:

Treatment of disease or injury using therapeutic exercise and other measures to improve posture, locomotion, strength, endurance, balance, coordination, range of motion, flexibility, ability to perform activities of daily living and to alleviate pain.

Speech Therapy:

Treatment of communication impairment and swallowing disorders.



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OUTPATIENT THERAPY SERVICES (cont.)

Criteria:

Refer to member's specific benefit plan booklet for coverage for outpatient therapy services and precertification requirements.

This guideline is **ONLY** applicable to employer groups that require medical necessity review for continuation of outpatient therapy services. These groups have chosen to review therapy claims beyond the initial # of allowed visits (i.e., after 12 visits or after 25 visits).

An exacerbation or re-injury occurring during physical therapy services is considered a new injury and eligible to be re-approved for initial therapy.

- Continuation of outpatient therapy services beyond the initial # of allowed visits is considered **medically necessary** with documentation that the initial visits demonstrate **ALL** of the following:
 1. Services will achieve a specific diagnosis-related goal for an individual who has a reasonable expectation of achieving objectively measurable improvement in a predictable period of time. Medical records must document measurable objective progress, e.g. increase in strength and range of motion and measurable subjective progress, e.g. decrease in pain, increase in mobility
 2. Services will provide specific, effective and reasonable treatment for the individual's diagnosis and/or condition
 3. Documentation of **ALL** of the following:
 - Baseline condition and/or deficit
 - Progress and goals achieved, including an overall improvement in function, e.g. increase in endurance and mobility
 - Future goals
- Continuation of outpatient therapy services that do not meet above criteria is considered **not medically necessary**.

Resources:

1. 8.03.02 BCBS Association Medical Policy Reference Manual. Physical Therapy. Re-issue date 12/18/2002; issue date 07/31/1996.
2. 8.03.03 BCBS Association Medical Policy Reference Manual. Occupational Therapy. Re-issue date 11/09/2004; issue date 07/31/1996.
3. 8.03.04 BCBS Association Medical Policy Reference Manual. Speech Therapy. Re-issue date 12/17/2003; issue date 07/31/1996.
4. Benefit Plan Booklet.



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OUTPATIENT THERAPY SERVICES (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilínigíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'áanii hólo díí t'áa hazaadk'ehjí háká a'doowolgo bee haz'á doo baqah ilínigóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

