Medical Coverage Policy | Prior Authorization of Physical and Occupational Therapy Services

EFFECTIVE DATE: 01|01|2026
POLICY LAST REVIEWED: 08|05|2026

OVERVIEW

This policy documents the physical and occupational therapy services for which prior authorization/notification is required by the Blue Cross & Blue Shield of Rhode Island (BCBSRI) Physical and Occupational Services vendor for Medicare Advantage Plans.

NOTE: This policy is applicable to Medicare Advantage Plans only.

MEDICAL CRITERIA

Medicare Advantage Plans

Clinical guidelines for the physical and occupational therapy services listed below are found on the Physical and Occupational Services vendor's website, which can be accessed at evicore.com or calling 888-233-8158 or faxing to 888-540-2406.

PRIOR AUTHORIZATION

Medicare Advantage Plans
Effective 1/1/2026:

Visits 1 - 14

- Notification is required for physical therapy services and occupational therapy services for visits 1 – 14 per episode of care, including the initial assessment/evaluation through the Blue Cross & Blue Shield of Rhode Island (BCBSRI) Physical and Occupational Services vendor. The notification will administratively authorize up to 14 visits of physical therapy services and occupational therapy services per episode of care.

Visits after 14

- Prior authorization is required for physical therapy services and occupational therapy services occurring after the 14th visit per episode of care through the Blue Cross & Blue Shield of Rhode Island (BCBSRI) Physical and Occupational Services vendor.

Prior Authorization and Notification are not required for Telehealth and Home Health Services, or Inpatient Physical Therapy and Occupational Therapy Services.

POLICY STATEMENT

Medicare Advantage Plans
Medicare Advantage Plans

The Physical or Occupational Therapist ordering the service must initiate and complete the notification/authorization with the BCBSRI Physical and Occupational Services vendor. The ordering physician must maintain all documentation to support the clinical appropriateness of the physical therapy services or occupational therapy services(s) that is ordered and will complete the authorization accurately.

Following the receipt of notification by the BCBSRI Physical and Occupational Services vendor, BCBSRI will approve payment for up to 14 visits of physical therapy services or occupational therapy services per episode of care.

*For this policy, a visit is defined as the date of service the treatment (Physical Therapy or Occupational Therapy) is rendered.

Request for additional Physical Therapy Services and Occupational Therapy Services
Physical and occupational therapy services beyond the initial 14 visits will be subject to a prior authorization review for medical necessity of the continued services.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable outpatient rehabilitation services benefit.

BACKGROUND

Not applicable

CODING

Medicare Advantage Plans
The following codes are covered if approved by the BCBSRI Physical and Occupational Services vendor:

2026 Codes for Physical Therapy and Occupational Therapy Services

RELATED POLICIES

Acupuncture and Dry Needling Services for Medicare Advantage Plans
Chiropractic Services
Non-Reimbursable Health Service Codes
Pelvic Floor Stimulation
Physical and Occupational Services
Sensory Integration Therapy and Auditory Integration Therapy
Speech Therapy
Sympathetic Therapy for the Therapy of Pain
Telemedicine/Telephone Services for Commercial Products and Medicare Advantage Plans

PUBLISHED

Provider Update, November 2026
Provider Update, November 2025

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