# Payment Policy | Physical and Occupational Therapy Payment Cap



**EFFECTIVE DATE:** 04 | 01 | 2011

**POLICY LAST UPDATED:** 03 | 20 | 2012

#### **OVERVIEW**

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

### **MEDICAL CRITERIA**

Not applicable.

#### **PRIOR AUTHORIZATION**

Not applicable.

### **POLICY STATEMENT**

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.

- 1. 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.
- 2. 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.
- 3. If a physical or occupational therapy evaluation occurs 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.

#### **BACKGROUND**

Not applicable.

## **CODING**

Not applicable.

# **RELATED POLICIES**

None.

#### **PUBLISHED**

Provider Update, June 2012

#### **REFERENCES**

None.

This medical policy is made available to you for informational purposes only. It judgment in the treatment of your patients. Benefits and eligibility are determine and/or the employer agreement, and those documents will supersede the provisi benefits, call the provider call center. If you provide services to a member which medically necessary services which are non-covered benefits), you may not character agreement(s) for the applicable provisions. This policy is current at the time of put are constantly changing. BCBSRI reserves the right to review and revise this pol Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross	ed by the member's subscriber agreement or member certificate ions of this medical policy. For information on member-specific are determined to not be medically necessary (or in some cases arge the member for the services unless you have informed the atment at their own expense. Please refer to your participation plication; however, medical practices, technology, and knowledge icy for any reason and at any time, with or without notice. Blue