

SUMMARY OF OUTPATIENT PHYSICAL MEDICINE SERVICES FOR CENTRAL UNIFIED SCHOOL DISTRICT

Effective: 01/01/2020

Outpatient Physical Therapy, Occupational Therapy, Speech and Language Therapy Benefits

Participating Provider

Gold Plan- 15% Patient Co-insurance
Bronze Plan- 30% Patient Co-insurance

Non-Participating Provider

Gold Plan- 50% Patient Co-insurance
Bronze Plan- not covered

The following protocol will apply for Physical Therapy, Occupational Therapy, and Speech-Language Therapy treatment services

- Benefits are provided for Medically Necessary Outpatient Therapy Services when ordered by the Members personal physician and provided by a licensed health care provider.
- Any treatment involving more than ten (10) visits must have any and all additional visits pre-certified by the treating provider submitting a treatment plan to PhysMetrics for approval.

Exclusions and Limitations

The following are specifically excluded from this agreement or have specific limitations:

- Services not documented as necessary and appropriate or classified as experimental or investigational
- Vocational testing, evaluation, counseling or training
- Non-medical self-care or self-help, or any other self-help physical exercise training, or any other related diagnostic testing
- Air conditioners, humidifiers, air purifiers, therapeutic mattress supplies, or any other similar devices and appliances
- Vitamins, minerals, nutritional supplements or other similar products
- Services identified by PhysMetrics as covered by entities or third parties other than the Plan must be coordinated appropriately and will be reimbursed based on Plan responsibility
- Services are subject to all general provisions, Exclusions, and Limitations found in plan booklet.