

We're extending the benefit period for PT, OT and ST

We're extending the benefit period for completing physical, occupational and speech therapy (and physical medicine services by chiropractors). Here's what this means:

- Members whose plans stipulate a benefit period now have 180, not 60, consecutive days within which they must complete therapies that have already been authorized.
- The 180-day count starts on the date of the first treatment.

We're doing this so it will be easier for these members to start or resume their therapies once COVID-19 shelter-in-place restrictions are lifted.

This is different from — and in addition to — the extension of the length of time authorizations are valid, which we communicated in an April 8, 2020, web-DENIS message. In that message, we said that therapy authorizations are now valid for 180 days. This 180-day count starts on the date the authorization is approved. This applies to all Blue Cross and BCN members for whom therapy requires authorization.

Here are the details about the benefit period change.

Reason for extending the benefit period

Some plans require that members complete their PT, OT and ST (and physical medicine services by chiropractors) within a benefit period of 60 consecutive days. The 60-day period typically starts with the date of the first treatment.

However, many members who are required to shelter in place may not currently be able to participate in therapy within the required time period.

Extension of benefit period

Members whose plans currently impose a 60-consecutive-day benefit period now have 180 consecutive days within which they must complete their therapies. Here are examples:

- **According to the 60-day benefit period**, a member with a 60-calendar-day benefit period may receive therapy from April 18, 2020, through June 17, 2020. The benefit is exhausted after June 17, 2020.
- **According to the new 180-day benefit period**, the member may receive therapy from April 18, 2020, through Oct. 16, 2020. The benefit is exhausted after Oct. 16, 2020.

What action to take

For members whose therapies do not require authorization, no action is required. Those members will automatically be allowed 180 days to complete their therapies, starting from the first treatment date.

For members whose therapies require authorization by eviCore healthcare, here's what to do:

- For therapies authorized before March 26, you must request an extension of the 60-day benefit period specifically because of COVID-19. eviCore will extend the benefit period to 180 days, with the 180-day count starting on the date of the first treatment.
- For therapies authorized on or after March 26, the benefit period will automatically be set to 180 days, with the 180-day count starting on the date of the first treatment.

Additional information

This change:

- Applies to in-state and out-of-state providers for all Blue Cross' PPO, BCN HMOSM, Medicare Plus BlueSM PPO and BCN AdvantageSM members whose plans have a 60-consecutive-day benefit period for therapies
- Doesn't affect quantity limits, which still apply
- Is temporary, for the duration of the COVID-19 emergency, and is subject to revision upon further notice
- Is in addition to the extension of the length of time authorizations are valid, which we announced in the April 8 web-DENIS message

All therapies must be medically necessary and must be authorized, if the member's plan requires authorization.