



SUMMARY OF OUTPATIENT PHYSICAL MEDICINE SERVICES	
Effective: 05/01/2019	
Outpatient Physical Therapy, Occupational Therapy, Speech and Language Therapy Benefits	
Participating Provider	\$25 Patient Copayment
Non-Participating Provider	50% of Network Contract Rate after any applicable deductible.
<p>The following protocol will apply for Physical Therapy, Occupational Therapy, and Speech-Language Therapy treatment services</p> <ul style="list-style-type: none"> • 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
- Treatment or services for pre or post-employment physicals or vocational rehabilitation
- Any treatment or service caused by or arising out of the course of employment or covered under any public liability insurance
- 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.