



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Occupational Therapy

Benefit

Occupational therapy is covered, when an IPA physician determines that such therapy is expected to result in significant improvement within two months in the condition for which it is rendered. Anticipation of significant member improvement, not necessarily complete recovery, meets the criteria.

Interpretation

Occupational therapy is constructive therapeutic activity designed and adapted to promote restoration of useful physical function.

Treatment may include:

- Initial evaluation
- Exercises to increase range of motion
- Graded exercises to increase muscle strength
- Exercises and functional activities to improve coordination
- Exercises to upgrade physical tolerance
- Training in all areas of activities of daily living.

Sometimes, a trial of therapy may be helpful in determining whether or not ongoing occupational therapy is appropriate.

The IPA physician's expectation that a member will improve within 60 days is the key to determining whether or not services are in benefit. Referrals for therapy services should not be denied unless there is documentation that the IPA Physician does not anticipate significant improvement within 60 days.

Not in benefit

- Occupational therapy for social or psychological well-being or recreation
- Homemaking evaluation and training
- Work simplification training
- Vocational training
- Family consultation
- Home visits to assess the home situation

Most benefit plans have a maximum number of treatments that are in benefit for outpatient rehabilitation therapies (Speech Therapy, Physical Therapy and Occupational Therapy combined.) See HMO Benefit Matrix to confirm the extent of therapy benefits.

Outpatient rehabilitative therapy visits should be counted as follows: A single date of service by the same provider will be counted as one treatment/visit for the calculation of the outpatient therapy maximum. In other words, if a member is sent for PT but at the visit the member is also provided ST, there is only one visit, regardless of the fact that more than one modality of treatment was provided.

Paid by	Professional Charges	IPA
	Facility Charges (Inpatient)	HMO
	Home Health Charges: (if services given to homebound member)	HMO
	Outpatient Facility Charges	IPA

Notes:

- **See related benefits interpretations on Day Rehabilitation, Home Health Services**
- **Members who have an Autism Spectrum Disorder (ASD) will have additional occupational, physical, and speech therapy for the treatment of ASD after the purchased benefits are exhausted. See the ASD Guideline for additional information.**