

Variable Intensity Review FAQs

Waiver Program

1. What are the Treatment Plan requirements for physical therapists in a Category B, chiropractors performing physical medicine services, and occupational therapists?

You are eligible for the Waiver Program. This means you are eligible to treat a patient up to 6 visits without the submission of a Treatment Plan for the patient's first covered condition in a calendar year. If the patient requires more than 6 visits for the episode, you are required to submit a Treatment Plan to request authorization beginning with the patient's 7th visit.

2. Can I treat beyond the patient's benefit limit (e.g. a 60-day benefit) under the Waiver Program?

No. The Waiver Program only allows up to 6 visits within the patient's benefit limit. For example, if coverage is limited to 30 or 60 calendar days, the Waiver Program is restricted to that benefit period.

3. If I am treating a patient for a new condition in the same calendar year and I did not use all 6 visits for the first condition, can I use the Waiver Program?

No. The Waiver Program allows you to treat the patient for the up to 6 visits without submitting a Treatment Plan for only the first condition of each calendar year. Submit an updated Treatment Plan after the initial visit if the patient presents with a new condition in the same calendar year.

4. Is there a separate Waiver Program for physical therapy/physical medicine services and occupational therapy, or are they combined?

There is a separate 6-visit waiver for physical therapy (or physical medicine services provided by chiropractors) and for occupational therapy services.

5. How do I request additional care after the patient has 6 visits?

If the patient requires continued care, complete the Treatment Plan to request authorization for additional treatment. Submit your Treatment Plan within 7 days of the first visit that will require authorization. If the patient is not responding well to treatment, he/she may need to be discharged from service or referred back to the referring physician.

6. Should the "Start Date" on the Treatment Plan include the first 6 visits that did not require authorization?

No. When submitting a Treatment Plan for continuing care, the Start date on the Treatment Plan should reflect the patient's 7th visit.

Category C

7. What are the Treatment Plan requirements for UM Category C? (for physical therapists only)

A Treatment Plan is required for physical therapy visits after the initial evaluation. As your Start Date, enter the date of the patient's first therapy visit. Authorization for services will be based on medical necessity and evidence of functional improvement.