

Sound Health & Wellness Retiree Trust

Summary of Physical Therapy Rehabilitation Benefit

The following provides additional information regarding the physical therapy and rehabilitation benefits under the Sound Health & Wellness Retiree Trust.

- Physical therapy treatment must have an MD, DO, ARNP, or PA referral.
- If the physical therapy services are considered to be the standard of care for the illness or injury, or the physical therapy is following surgery, the Trust will not require a pre-authorization for the first 4 weeks of treatment.
- If treatment exceeds 4 weeks then a pre-authorization request for additional treatment should be submitted to the Trust Office for review with the following information: diagnosis, treating doctor's and physical therapist's notes, an updated treatment plan that is signed by the referring doctor, the frequency and duration, current medical status, prognosis, and estimated date of discharge from physical therapy.
- Services must be performed by a registered physical therapist as defined by the Plan. Services are not covered by a registered physical therapist who lives with you or is related by blood or marriage. Physical therapy assistants or other persons working under the supervision of a registered physical therapist are not considered covered providers by the Plan.
- Aquatic therapy is not covered unless the registered physical therapist is present and administering the treatment.
- There is a calendar year limitation of 45 visits total per condition which applies to all out-patient rehabilitation which includes physical therapy, restorative speech therapy, neurodevelopmental therapy for children 6 and under, massage therapy when a part of a physical therapy treatment plan, occupational therapy, biofeedback, and pulmonary and cardiac rehabilitation.
- When physical therapy continues after the physician's referral expires, the treating physician and physical therapist need to provide documentation to the Trust before any additional benefits can be considered. The information should include: diagnosis, treating doctor's and physical therapist's notes, an updated treatment plan that is signed by the referring doctor, the frequency and duration of treatment, current medical status, prognosis, and estimated date of discharge from physical therapy.

Benefits are subject to eligibility and the Plan provisions at the time services are provided. This summary provides you with general information on the benefits available as of the date of this summary. Final benefit payments will be determined only when the claim is submitted to the Trust and will be processed according to the benefits in place at the time of service. Benefits may be reduced if there is other health coverage and this plan is secondary.