



## AlaskaCare Benefit Clarification 2022-01

<b>Benefit Title</b>	Maintenance Care for Musculoskeletal Disorders	<b>Group Number</b>	866219
<b>Effective Date</b>	01 June 2022	<b>Date Submitted</b>	31 March 2022

**Applicable Benefit Plan (check all that apply):**

- Active   
  Retiree Defined Benefit   
  Retiree Defined Cont.   
  Long-Term Care  
 Medical   
  Dental   
  Vision   
  Audio   
  Pharmacy   
  Other

**Benefit Description:**

The AlaskaCare Retiree Defined Benefit Health Plan (Plan) currently covers medically necessary outpatient rehabilitative care designed to restore and improve bodily functions lost due to injury or illness. This care is considered medically necessary only if significant improvement in body function is occurring and is expected to continue.

The Plan does not contain an annual service limit for medically necessary outpatient rehabilitative care. After the 20<sup>th</sup> claim for services from the same provider for a specific episode of care, the Claims Administrator will request chart notes. Starting at the 26<sup>th</sup> visit, the Claims Administrator will begin to pend payment for claims that do not have accompanying chart notes that demonstrate the care is medically necessary, and thus, eligible for coverage.

To continue Plan coverage, the provider must submit clinical records that sufficiently document the patient’s response to treatment. If the records are not provided to the Claims Administrator within 45 days or fail to demonstrate significant improvement in accordance with the established clinical criteria, the services will be denied.

The 25-visit counter is reset annually at the start of the new plan year.

**AlaskaCare Retiree Insurance Information Booklet (January 2022) Reference:**

**3.3.12 Rehabilitative Care**

The Medical Plan covers **outpatient** rehabilitative care designed to restore and improve bodily functions lost due to injury or illness. This care is considered medically necessary only if significant improvement in body function is occurring and is expected to continue. Care (excluding speech therapy) aimed at slowing deterioration of body functions caused by neurological disease is also covered.

Rehabilitative care includes:

- a) Physical therapy and occupational therapy.



- b) Speech therapy if existing speech function (the ability to express thoughts, speak words, and form sentences) has been lost and the speech therapy is expected to restore the level of speech the individual had attained before the onset of the disease or injury.
- c) Rehabilitative counseling or other help needed to return the patient to activities of daily living but excluding maintenance care or educational, vocational, or social adjustment services.

Rehabilitative care must be part of a formal written program of services consistent with your condition. Your physician or therapist must submit a statement to the Claims Administrator outlining the goals of therapy, type of program, and frequency and duration of therapy.

**Benefit Clarification:**

When the medical necessity review is performed after the 25<sup>th</sup> visit for therapy visits for musculoskeletal disorders for a specific episode of care, if the treatment is determined to be maintenance care, the beneficiary will receive coverage for up to 10 additional visits per year for that specific episode of care.

**Plan Administrator Approval:**

Signature **Paula Vrana** Digitally signed by Paula Vrana  
Date: 2022.04.01 09:48:57 -08'00' Title: Paula Vrana, Commissioner  
Department of Administration

**Comments:** Approved

**This benefit clarification applies to the AlaskaCare Defined Benefit Retiree Health Plan effective June 1, 2022.**

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to a Third-Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in their sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that they deem advisable.