

Table 5: Private sector outpatient therapy payment and coverage policies, 2000

Policy	Number of health plans
Payment method	
- Per service	10
- Per visit	5
- Capitated	3
- Not clear	4
Physician referral	
- Required	14
- Not required	5
- Not clear	0
Coverage limit	
- Annual	6
- Per event	1
- Annual per event	7
- No limit	3
- Not clear	1
Utilization review	
- Prior	4
- Delayed	3
- Ongoing	5
- After treatment is completed	1
- No review	3
- Require return visit to physician	4
- Use case managers	2
- Not clear	3
Medical guidelines	
- Use guidelines	9
- Do not use guidelines	5
- Not clear	3

Note: Based on information for 13 managed care organizations and 4 self-insured employers we interviewed. Totals may be greater than the number of firms interviewed because some firms offer multiple health plan products.

Source: Interviews with managed care organizations and self-insured plans, summer 2000.