



Ohio Revised Code

Section 3902.63 Coverage for occupational therapy, physical therapy, and chiropractic service.

Effective: April 3, 2025

Legislation: House Bill 315 - 135th General Assembly

(A) On and after the effective date of this section, and notwithstanding section 3901.71 of the Revised Code, the cost-sharing requirement, on a per day basis, imposed by a health benefit plan for services rendered by an occupational therapist or physical therapist licensed under Chapter 4755. of the Revised Code or a chiropractor licensed under Chapter 4734. of the Revised Code shall not be greater than the cost-sharing requirement imposed by the plan for an office visit to a primary care physician or primary care osteopath physician licensed pursuant to Chapter 4731. of the Revised Code.

(B) A health plan issuer shall clearly state on its web site and on all relevant literature that coverage for occupational therapy, physical therapy, and chiropractic services is available under the issuer's health benefit plans, as well as all related limitations, conditions, and exclusions.

(C) A violation of this section shall be considered an unfair and deceptive practice in the business of insurance under sections 3901.19 to 3901.26 of the Revised Code.
