



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA
SECTION: ADMINISTRATIVE PROCEDURE

ORIGINAL EFFECTIVE DATE: 10/25/22
LAST REVIEW DATE: 10/15/24
CURRENT EFFECTIVE DATE: 10/15/24
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 4TH QTR 2025

DISABILITY EXTENSION OF BENEFITS

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.



An Independent Licensee of the Blue Cross Blue Shield Association

**EVIDENCE-BASED CRITERIA
SECTION: ADMINISTRATIVE PROCEDURE**

**ORIGINAL EFFECTIVE DATE: 10/25/22
LAST REVIEW DATE: 10/15/24
CURRENT EFFECTIVE DATE: 10/15/24
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:**

NEXT ANNUAL REVIEW DATE: 4TH QTR 2025

DISABILITY EXTENSION OF BENEFITS

Description:

BCBSAZ determines total disability in its sole and absolute discretion. Eligibility to continue coverage for a disabling condition is subject to periodic review by BCBSAZ.

Definitions:

Total Disability:

The inability to engage in any paid work that involves significant and productive duties by reason of any medically determinable physical or mental/behavioral impairment(s) or condition(s) which can be expected to result in death or which has lasted, or can be expected to last for, a continuous period of not less than 12 months.

For children under the age of 18, total disability will be considered when the child has a medically determinable physical or mental/behavioral impairment or condition, or combination of impairments or conditions, which causes marked and severe functional limitations, that can be expected to cause death or that has lasted, or can be expected to last for, a continuous period of not less than 12 months and the child is not engaging in any paid work that involves significant and productive duties.

Criteria:

COVERAGE FOR DISABILITY EXTENSION OF BENEFITS IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

If benefit coverage for disability extension of benefits is available, requests for disability extension of benefits will be reviewed by the medical director(s) and/or clinical advisor(s).

- If benefit coverage for disability extension of benefits is not available, disability extension of benefits is considered a ***benefit plan exclusion*** and ***not eligible for coverage***.

Resources:

Literature reviewed 10/15/24. We do not include marketing materials, poster boards and non-published literature in our review.

1. Blue Cross Blue Shield of Arizona. Benefit Plan Booklet. January 1, 2024. Accessed September 4, 2024.
2. Social Security Administration. Disability Evaluation Under Social Security Definition of Disability. Accessed September 5, 2024. <https://www.ssa.gov/disability/professionals/bluebook/general-info.htm>



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA
SECTION: ADMINISTRATIVE PROCEDURE

ORIGINAL EFFECTIVE DATE: 10/25/22
LAST REVIEW DATE: 10/15/24
CURRENT EFFECTIVE DATE: 10/15/24
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 4TH QTR 2025

DISABILITY EXTENSION OF BENEFITS

3. Social Security Administration. Red Book A Guide to Work Incentives and Employment Supports for People Who Have a Disability Under the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) Programs. What is Substantial Gainful Activity (SGA)? Updated August 2023. Accessed September 5, 2024. <https://www.ssa.gov/pubs/EN-64-030.pdf>
-

History:

Date:

Activity:

Medical Policy Panel	10/15/24	Review with revisions
Medical Director (Dr. Raja)	09/26/24	Review with revisions
Legal Division	09/24/24	Review with revisions
Medical Policy Panel	10/03/23	Review with revisions
Legal Division	09/26/23	Review with no revisions
Medical Policy Panel	10/25/22	Approved guideline
Legal Division	10/04/22	Development

Policy Revisions:

10/15/24	Updated:	Description section, Resources section
10/03/23	Updated:	Resources section



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA
SECTION: ADMINISTRATIVE PROCEDURE

ORIGINAL EFFECTIVE DATE: 10/25/22
LAST REVIEW DATE: 10/15/24
CURRENT EFFECTIVE DATE: 10/15/24
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 4TH QTR 2025

DISABILITY EXTENSION OF BENEFITS

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'ánii hólo díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilínigóó. Ata' halne'ígíí kojí' bich'í'í hodíílinih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعدته أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

