

Benefit Coverage

Covered Benefit for lines of business including: Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Medicare-Medicaid Plan (MMP) Integrity

Excluded from Coverage: Extended Family Planning (EFP)

Physical and Occupational Therapy is covered for members when recommended by a medical provider to address a specific condition, deficit, or dysfunction, which impacts activities of daily living, safety, balance, and pain, and limits one's function.

Also refer to Clinical Medical Policies "Outpatient Rehab Therapies (Physical and Occupational) for Member with Special Needs, and "Outpatient Speech Therapy for Members with Special Needs," for coverage and criteria information specific to neurodevelopment disorders. Prior authorization is required.

Description

Activities of Daily Living are defined as everyday self care including personal care, bathing, showering, dressing, feeding, and grooming. Age appropriateness of these activities is considered when determining medical necessity.

Rehabilitative therapies are treatments for significant functional impairments caused by disease, injury, congenital anomalies or neurodevelopmental disorders that are needed to restore or improve functional capabilities or move a patient towards age appropriate skills and function. They include physical, occupational and speech therapies which are provided by a provider who is licensed/registered, performs within the scope of the professional practice, and provides skilled therapy (including ongoing assessment and progression of a program.)

Physical therapy involves the interaction between the physical therapist (PT), patients/clients, other healthcare professionals, families and caregivers. A PT will assess a patient/client's condition and will then determine a treatment program that helps relieve pain of an acute condition, help restore movement and function, prevent digression of a disability resulting from a neurodevelopment disorder and or congenital condition. Treatment is also provided for amputations, to improve posture, locomotion strength, endurance, balance, coordination, joint mobility, flexibility; and increase the patient's ability to perform daily activities. Educating each patient/client on a home exercise program (HEP) is a standard of care, which serves to optimize mobility once therapy is completed.

Occupational therapy services evaluate and/or treat neuromusculoskeletal problems related to a specific illness, injury, or condition by improving functional performance for daily activities including feeding dressing bathing and other self care activities.

Adaptive Equipment - Therapy may include evaluation and recommendations for adaptive equipment and/or assistive devices to optimize functional outcomes.

Coverage Determination

- a. One initial evaluation and eight visits per calendar year do not require authorization

- b. Providers need to confirm with members and/or Customer Service about visits obtained at other PT/OT providers as those visits will be counted towards the number of visits that do not require authorization.
- c. Authorization is required for additional visits after the initial evaluation and eight visits. Any requests for additional evaluations or therapy visits must include a treatment plan with the intended frequency and duration of therapy as well as documentation of the progress made with the current treatment plan, changes in treatment plan, and reassessment of patient which includes objective data to determine medical necessity beyond the initial visits. Any requests for a 3rd series of therapy visits would require the member to return to the Primary Care Provider or referring specialist for further evaluation.
- d. Subsequent evaluations for different injuries will require authorization
- e. Post-operative rehabilitation requests after evaluation and 8 visits will require authorization and must be accompanied by a surgical protocol.

Treatment modalities are expected to be evidence-based and available within the Neighborhood network. The treatment goals must systematically address a specific diagnosis, deficit, or dysfunction for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time; the services prescribed must be approved by Neighborhood to be effective, reasonable treatment for the patient's diagnosis, deficit, or dysfunction.

Ongoing evaluation by the treating Physical or Occupational Therapist is expected relative to progress towards goals, compliance with home exercise program, and any barriers to ongoing treatment. . Requests for therapy to prepare for a scheduled surgery or for post-op rehabilitation need to be accompanied by the surgical protocol. All post surgery physical therapy requests after evaluation and eight visits, require prior authorization.

Therapy to address chronic long-term conditions is subject to the same criteria listed below. The therapist will work with the patient to help them establish a progressive HEP.

Criteria

All of the following criteria must be met for authorization of occupational and physical therapy services:

1. The member is physically able to participate, have emotional and cognitive ability to comply with the rehabilitation program, and have the potential to make continued progress towards goals.
2. The focus of short-term goals includes:
 - Improved mobility and performance of activities of daily living
 - Development of skills to enable care to be continued at home
 - Management of pain
 - Resolution or accommodation of physical impairment
 - Improved mobility related to performing physical aspects of job responsibilities in those situations when Workmans' Compensation not involved.
3. Documentation submitted with request includes:

- Evidence based treatment approach stating planned modalities, frequency of treatment, duration of treatment,
- Specific, attainable short and long term goals
- Measurable objectives
- Interim assessment strategies and documented progress towards goals
- A reasonable estimate of when the goals will be reached; it is expected that there will be significant functional improvement within sixty (60) days of initial therapy visits.
- Specific guidelines for the training of the member and caregiver to perform exercises or treatments at home

This documentation should be updated as the patient's condition improves

Additional criteria must be met for continuation of services:

1. The member is compliant with schedule of therapy visits and is an active participant.
2. The member or caregiver is compliant with a home exercise program.
3. Any lack of progress or barriers to progress has been discussed with the ordering practitioner.

Exclusions

Rehabilitative Services that are generally not covered include:

1. Repetitive exercises to improve walking distance, strength and endurance
2. Passive range of motion not related to restoration of a specific loss of function
3. General conditioning program
4. Therapy for a condition when the therapeutic goals of a treatment plan have been achieved and no progress is apparent or expected to occur
5. Non skilled services, including treatments that do not require the skills of a qualified provider or procedures that may be carried out effectively by the family or caregivers
6. Maintenance programs, including drills, techniques and exercise that preserve the present level of function and prevent regression of that function.
7. Vocational rehabilitation, testing and screening focusing on job adaptability, job placement
8. Rehabilitative services to restore function for a member's specific occupation
9. Services provided solely for the convenience of the member or service provider

CMP Number: CMP -049
CMP Cross Reference: CMP-029, CMP-030

References:

American Physical Therapy Association –“Discovering Physical Therapy. What is Physical Therapy” American Physical Therapy Association Retrieved 2008-05-29



Clinical Medical Policy Outpatient Physical & Occupational Rehabilitation for Adults

CMS Manual System, Publication 100-2 Medicare benefit Policy, Transmittal 63, CR 5478, dated December 29, 2006

MCAP® Clinical Review Criteria, Rehabilitation; Oak Group, 2010 edition.

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