

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, Speech, 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.

Medicare Distinction

For INTEGRITY members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

In the absence of an applicable or incomplete NCD, LCD, or other CMS published guidance OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the members' Medicaid benefit.

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.

Speech therapy services evaluate and/or treat the development of human communication and evaluate and/or treat speech, language, cognitive-linguistic, feeding, or swallowing impairments related to a specific illness, injury, or congenital or neurodevelopmental condition.

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

Coverage Determination for Medicaid and Commercial Lines of Business

- a. No authorization required.
- b. There is no annual limit placed on visits for this line of business.

Coverage Determination for INTEGRITY Lines of Business

- a. The first twenty-four (24) visits per calendar year do not require authorization. Requests for further visits would require authorization.
- b. Providers need to confirm with members and/or Customer Service about visits obtained at other PT/OT/ST providers as those visits will be counted towards the number of visits that do not require authorization.
- c. There is no annual limit placed on visits for this line of business.

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, Speech, 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.

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 by those providing occupational, speech, or physical therapy services to Neighborhood members.

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 should include the following where appropriate:
 - 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.

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. Nonskilled 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.

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Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

References:

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

CMS Manual System, Publication 100-2Medicare benefit Policy, Transmittal 63, CR 5478, dated December 29, 2006 <https://www.cms.gov/Medicare/Billing/TherapyServices>