



Guidelines for Outpatient Physical, Occupational and Speech Therapy

I. Criteria for Approval

- A. Physical and Occupational Therapy are considered medically necessary when there is an expectation that the individual's condition will improve significantly in a reasonable (and generally predictable) period of time, or the services must be necessary for the establishment of a safe and effective maintenance program required in connection with a specific disease state. In the case of a progressive degenerative disease, service may be intermittently necessary to determine the need for assistive equipment and/or establish a program to maximize function.
1. For services in a skilled nursing facility (SNF), the evaluation and treatment plan must be submitted along with the prior authorization request. An authorization is required for any services in an SNF. This applies to all lines of business.
 2. For commercial members receiving Occupational and Physical Therapy in an outpatient facility, benefit limits apply.
 3. For Speech Therapy in an outpatient setting, Prior Approval is required for services after the initial evaluation.
 4. For MA Plans Only: Occupational, Physical and Speech Therapy services for children with developmental delays or disabilities that fall under MGL 71B (referred to as Chapter 766) are not covered. Members must seek benefits available under Massachusetts state law and seek a Chapter 766 evaluation.
 5. Occupational, Physical and Speech Therapy services for individuals from birth to age 3 must be obtained through an in-plan early intervention (EI) provider.
- B. For Speech Therapy: See Policy, Clinical Review Criteria Related to Speech Therapy.

II. Coverage Guidelines:

- A. The individual presents signs and symptoms of physical deterioration or impairment in one or more of the following areas:
1. Sensory/motor ability – problems with sensory integration, attention and cognition, circulation, cranial and peripheral nerve integrity, ergonomics and body mechanics, gait, locomotion and balance, integumentary integrity, joint integrity and mobility, motor

function, muscle performance, neuromotor development, posture, range of motion, reflex or sensory integrity.

2. Functional status – inability to perform basic activities of daily living (ADLs) or instrumental activities of daily living (IADLs) that involve personal self-care (e.g., feeding, dressing, bathing, or continence), functional mobility for home management (e.g., making a bed), work, school, or community activities.
 3. Cognitive ability – problems with orientation, concentration (attention loss), comprehension, learning, organization of thought, problem-solving, or memory.
 4. Respiratory ability – impairments in aerobic capacity, aerobic endurance, ventilation, or respiration change, AND
- B. A comprehensive evaluation has been conducted by a licensed physician or clinician to determine the individual’s current medical status, disability, level of functioning, health and psychosocial status, and the need for treatment, AND
- C. A written treatment plan that includes all of the following elements has been developed:
1. The diagnosis with date of onset or exacerbation of the condition.
 2. The anticipated functional treatment goals and potential for achievement.
 3. The short-term and long-term functional treatment objectives that are specific and measurable.
 4. The treatment techniques and interventions to be used, including amount, frequency, and duration required to achieve goals.
 5. Plan of education of the individual and primary caregiver to promote awareness and understanding of diagnosis, prognosis, and treatment, AND
- D. Therapy services are reasonable and necessary as follows:
1. The individual’s condition requires treatment of a level of complexity and sophistication that can only be safely and effectively performed by a licensed therapist, AND
 2. The treatment program is expected to significantly improve the individual’s condition within a reasonable and predictable period of time, or prevent the worsening of functions that affect the ADLs that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries, AND
 3. One of the following must be met:

- a. The amount, frequency, and duration of services are reasonable by professionally recognized standards of practice for therapy, OR
- b. If after the initial evaluation of the extent of the disorder, illness, or injury, the treating qualified professional determines the potential for rehabilitation is insignificant, an appropriate maintenance program may be established prior to discharge. Since the skills of a therapist are required for the development of the maintenance program and training of the patient or caregivers, this service is covered, OR
- c. If the services required to maintain function involve the use of complex and sophisticated therapy procedures, the judgment and skill of a therapist may be necessary for the safe and effective delivery of such services. When the patient's safety is at risk, those reasonable and necessary services shall be covered, even if the skills of a therapist are not ordinarily needed to carry out the activities performed as part of the maintenance program.

III. Required Documentation:

A. For initial request:

1. A diagnosis and description of the specific problem to be treated. For PT and OT, be sure to include the body part evaluated. Include all conditions and complexities that may impact the treatment such as premorbid function, date of onset, and current function.
2. Objective measurements related to current functional status for the condition being treated.
3. A prognosis for return to premorbid condition or maximum expected condition with expected time frame and a plan of care.

B. For additional requests:

1. Assessment of improvement, extent of progress (or lack thereof) toward each goal.
2. Plans for continuing treatment, include treatment plan revisions and expected progress.
3. Changes to long- or short-term goals, discharge or an updated plan of care.

IV. What is Not Covered

- A. The services involve non-diagnostic, non-therapeutic, routine, or repetitive procedures to maintain general welfare and do not require the skilled assistance of a licensed therapist.
- B. The treatment constitutes non-therapeutic services, such as general exercise programs to promote overall fitness and endurance, for diversion or for general motivation.

- C. The therapy replicates services that are provided concurrently by any other type of therapy, particularly occupational therapy and speech and language therapy, which should provide different treatment goals, plans, and therapeutic modalities.
- D. There is no clinical documentation or treatment plan to support the need for therapy services or continuing therapy.
- E. Services are considered research or experimental in nature.
- F. Services that can be safely and effectively furnished by nonskilled personnel *or by PTAs or OTAs* without the supervision of *therapists*.
- G. If an individual's expected rehabilitation potential would be insignificant in relation to the extent and duration of physical therapy services required to achieve such potential, therapy would not be covered because it is not considered rehabilitative or reasonable and necessary.
- H. Vocational rehabilitation, or vocational evaluations focused on job adaptability, job placement, or therapy to restore function for a specific occupation.
- I. Therapy to effect improvement or restoration of function where a patient suffers a transient and easily reversible loss or reduction in function which could reasonably be expected to improve spontaneously as the patient gradually resumes normal activities.
- J. If an individual has a limited ability to comprehend instructions, follow directions, or remember skills that are necessary to achieve an increase in function, that is so severe as to make functional improvement very unlikely. Development of a maintenance program is covered if appropriate.
- K. Continuation of treatment solely for the purpose of staff training and education, or development of a formal maintenance program after rehabilitative therapy has been completed. It is expected that a maintenance program is developed during the course of rehabilitative treatment.
- L. New Hampshire
 - 1. Maintenance treatments designed:
 - (a) To retain health or bodily function
 - (b) To continue or monitor your current state or condition
 - (c) Massage therapy, including myotherapy
 - (d) Vocational rehab, or vocational evaluations focused on job adaptability, job placement, or therapy to restore function for a specific occupation
 - (e) Educational services or testing, except services covered under the benefit for Early Intervention Services

References:

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

<http://www.mass.gov/eohhs/docs/masshealth/guidelines/mg-occupationaltherapy.pdf>

(Last Accessed 7/27/16)

<http://www.mass.gov/eohhs/docs/masshealth/guidelines/mg-physicaltherapy.pdf>

(Last Accessed 7/27/16)

<http://www.cms.gov/manuals/Downloads/bp102c06.pdf>

(Last Accessed 7/27/16)

<http://www.cms.gov/manuals/Downloads/bp102c15.pdf>

(Last Accessed 7/27/16)