

Rehabilitation Services (Physical, Occupational, and Speech Therapy)

Policy Number: BIP147.N
Effective Date: May 1, 2022

[➔ Instructions for Use](#)

Table of Contents	Page
Federal/State Mandated Regulations	1
State Market Plan Enhancements	2
Covered Benefits	2
Not Covered	4
Definitions	4
Policy History/Revision Information	6
Instructions for Use	6

- Related Benefit Interpretation Policies**
- [Attention Deficit Hyperactivity Disorder \(ADHD\)](#)
 - [Biofeedback](#)
 - [Cognitive Rehabilitation](#)
 - [Developmental Delay and Learning Disabilities](#)
 - [Habilitative Services](#)
 - [Pervasive Developmental Disorder and Autism Spectrum Disorder](#)
 - [Skilled Nursing Facility \(SNF\): Skilled Nursing Facility \(SNF\) Care](#)

- Related Medical Management Guidelines**
- [Breast Reconstruction Post Mastectomy and Poland Syndrome](#)
 - [Cognitive Rehabilitation](#)
 - [Sensory Integration Therapy and Auditory Integration Training](#)

Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

California Health and Safety Code, Title 28, § 1300.67. Scope of Basic Health Care Services

[https://govt.westlaw.com/calregs/Document/IC8C4B7D0D44911DEB97CF67CD0B99467?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IC8C4B7D0D44911DEB97CF67CD0B99467?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

The basic health care services required to be provided by a health care service plan to its enrollee’s shall include, where medically necessary, subject to any copayment, deductible, or limitation of which the Director may approve:

- (c) Ambulatory care services, (outpatient hospital services) which shall include diagnostic and treatment services, physical therapy, speech therapy, occupational therapy services as appropriate and those hospital services, which can reasonably be provided on an ambulatory basis. Such services may be provided at a hospital, any other appropriate licensed facility, or any appropriate facility which is not required by law to be licensed, if the professionals delivering such services are licensed to practice, are certified, or practice under the authority of the plan, a medical group, or individual practice association or other authority authorized by applicable California law
 - (1) Home health services may also include such rehabilitation, physical, occupational or other therapy, as the physician shall determine to be medically appropriate.

Rehabilitation and Habilitative Services and Therapy: Rehabilitation and Habilitative services and therapy will be provided only as Medically Necessary and are provided by an authorized Provider acting within the scope of his or her license or as authorized under California law and are either limited or not covered, as follows:

1. Speech, occupational or physical therapy is not covered when medical or mental health documentation does not support the Medical Necessity because of the Member's inability to progress toward the treatment plan goals or when a Member has already met the treatment goals.
2. Speech therapy is limited to Medically Necessary therapy to treat speech disorders caused by an illness, including Mental Disorders and Severe Mental Illness and Serious Emotional Disturbances of a Child, injury or surgery (for example, cleft palate repair) and are provided by a Participating Provider acting within the scope of his or her license or as authorized under California law.

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Notes:

- For member specific coverage and limitations for Physical, Occupational and Speech Therapy and Habilitative Services, refer to the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB) or Speech Therapy Amendment.
- For Habilitative Services: Refer to the Definition Section below, and the Benefit Interpretation Policy titled [Habilitative Services](#).

Therapy services are covered in the following settings:

- Acute Inpatient Rehabilitation: Inpatient Acute Rehabilitation provides an intense multidisciplinary service to restore or enhance function, post injury or illness.

Acute Inpatient Rehabilitation is medically necessary when all of the following criteria are met:

- The member requires treatment from a Multidisciplinary Team consisting of at least two therapies (e.g., Physical Therapy, Occupational Therapy, Speech Therapy).
- The member is stable enough medically and is capable and willing to participate in intensive therapy for a minimum of three hours per day, at least five days per week.
- The Rehabilitation Program is expected to result in significant therapeutic improvement over a clearly defined period of time.
- The Rehabilitation Program is individualized, and documentation outlines quantifiable, attainable treatment goals.
- Rehabilitation is required in an inpatient rehabilitation facility rather than a less intense setting. Rehabilitative care services are determined by the member's functional needs, and the availability of resources. Documentation provided in the member's medical record must support medical necessity and should include relevant medical history, including the member's rehabilitation potential and prior level of function, physical examination, and results of pertinent diagnostic test or procedures. In addition, the documentation must reflect the ongoing assessment and necessary adjustments to the plan of care. Current functional status and measurable goals individualized to the needs and abilities of the member should be part of the plan of care. The member's progress toward established goals should be reviewed at least weekly and should include objective measurements (e.g., FIM scores) as well as a clinical narrative which demonstrates functional improvement and progress towards attainable treatment goals as a result of the therapy provided.
- Consists of the combined and coordinated use of physical, occupational and speech therapy provided by a Network Provider who is a registered physical, speech or occupational therapist, or a healthcare professional under the direct supervision of a licensed physical therapist acting within the scope of his or her license under California law.

- Outpatient Physical and Occupational Therapy
 - Physician's office
 - Therapist's office
 - Member's primary Residence
 - Hospital or alternative facility

Physical and Occupational Therapy services must meet all of the following criteria:

- Therapy services must be performed by a Physician, a licensed therapy provider, or a qualified autism service provider, or other provider licenses, certified or otherwise authorized under California state law to perform the service and within the provider's scope of practice.
- Therapy services must be provided with the expectation that the member's condition will improve or that the service is necessary to establish a safe and effective maintenance program.
 - Physical limitations and goals must be documented and progress recorded.
- Amount, frequency and duration of the therapy services must be reasonable.
- Services must relate directly and specifically to a written treatment plan established by a physician after consulting with the qualified therapist (Physical and/or Occupational)

Speech Therapy

- Speech Therapy evaluation when ordered by a plan physician after a face to face evaluation which documents some type of deficit and or speech/ language concern
- Speech Therapy must be medically necessary. For medical necessity clinical coverage criteria, refer to the InterQual® 2022, Mar. 2022 Release, LOC: Outpatient Rehabilitation & Chiropractic. Click [here](#) to view the InterQual® criteria.
- Ordered by a plan physician after a face to face evaluation including documentation of the member's abilities to speak, swallow and/or communicate; If a referral(s) is done copies should accompany the request:
 - Speech and language evaluation (face to face) by a speech and language pathologist (speech therapist); or
 - Other appropriate evaluation(s) by a healthcare professional (developmental pediatrician, neurologist; occupational therapist; psychologist or psychiatrists)
- A plan of care with goals and expected length of time must be submitted by the physician based on the speech and language therapist's evaluation or other evaluations; and
- Periodic re-evaluation of the progress toward the goals must be done, no less than every 90 days.

Note: Member's with stuttering; lisping; or articulation disorders need to be evaluated for medical necessity. For medical necessity clinical coverage criteria, refer to the InterQual® 2022, Mar. 2022 Release, LOC: Outpatient Rehabilitation & Chiropractic. Click [here](#) to view the InterQual® criteria.

Physical and occupational therapies include, but are not limited to:

- Ultrasound, shortwave, and microwave diathermy treatments
- Range of motion tests
- Gait training
- Therapeutic exercises
- Aquatic/pool therapy, only as part of an authorized treatment plan provided by a licensed physical therapist with the therapist in attendance
- Fluidized Therapy (fluidotherapy) as a part of an authorized Physical Therapy treatment plan for the treatment of acute or subacute, traumatic or nontraumatic, musculoskeletal disorders of the extremities
- Recreational Therapy services when they are authorized, part of a medically necessary treatment plan, provided by an authorized provider who is a registered physical, speech or occupational therapist or a health care professional under the supervision of a licensed physical therapist acting within the scope of his or her license or as authorized under California law

Circumstances under which therapy services are covered include, but are not limited to:

- A terminally ill member who begins to exhibit self-care, mobility and/or safety dependence
- A member who has an unhealed, unstable fracture of the leg which requires regular exercise until the fracture heals in order to maintain function of the leg
- A member who requires Physical, Occupational, and/or Speech Therapy for brain injury, when deemed medically necessary by UnitedHealthcare's medical director.

Notes:

- There must be a documented need to continue therapy and an estimate of how long the services may be needed. The physician must review the plan of treatment and the clinical records every 30 days. The member's limits and goals of therapy must be included in the documentation.
- Rehabilitation benefit is administered based on treatment episode. Benefit can be renewed within the calendar year if there is a change in the original condition that warrants additional days of rehabilitation.
- Eligible therapy services received in the home from a Home Health Agency is covered under the Home Health Care benefit.
- Eligible therapy services received in the home from an independent physical or occupational therapist, not affiliated with the Home Health Agency, is covered under the rehabilitation benefit.
- Autism therapy services, including ABA therapy fall under the Outpatient Rehabilitation Services benefit. Refer to the Benefit Interpretation Policy titled [Pervasive Developmental Disorder and Autism Spectrum Disorder](#)

Not Covered

- Therapy when member has either attained therapy treatment plan goals or is unable to attain the treatment plan goals
- General exercises that promote overall fitness and flexibility and/or solely to improve general physical condition.
- Massage therapy unless mandated by State or Federal law and/or Market Plan Enhancements (Refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections)
- Recreational therapy unless as described in *Covered Benefits* section.
- Maintenance Therapy
- Vocational, prevocational and educational assessment and training related solely to specific employment opportunities, work skills or work settings
- Percutaneous Neuromodulation Therapy (PNT), also referred to as Percutaneous Electrical Nerve Stimulation (PENS), for the treatment of pain , as part of Physical Therapy or in the doctor's office
- Sensory Integration Therapy
- Coordination Therapy
 - Attention deficit hyperactivity disorder
 - Dyslexia
- Inpatient rehabilitation solely for the purpose of providing cognitive rehabilitation therapy when treatment of the member's medical condition does not otherwise meet criteria for inpatient intensive skilled rehabilitation nursing care, Physical Therapy, Occupational Therapy, or Speech Therapy services
- Services that are considered by UnitedHealthcare to be investigational or Experimental.
- Services that are considered to be Custodial.
- Work Hardening
- Programs that do not require the supervision of a physician and/or licensed therapy provider.
- Gym and fitness club memberships, and fees, health club fees, exercise equipment or supplies.
- Coverage is excluded for physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter. An example includes, but is not limited to, the same day combined use of hot packs, ultrasound and iontophoresis in the treatment of strain.
- Hypnotherapy/Hypnotic Services
- Motivational or Social Activities/Therapy

Definitions

Acute Rehabilitation Program: A relatively intense Rehabilitation Program necessitating a Multidisciplinary coordinated Team Approach to upgrade the member's ability to function as independently as possible. A program of this scope usually includes intensive skilled rehabilitation nursing care, Physical Therapy, Occupational Therapy, and, if needed, Speech Therapy.

Custodial Care: Care and services that help an individual in the activities of daily living. Examples include: help in walking, getting in or out of bed, bathing, dressing, feeding and using the toilet, preparation of special diets, and supervision of medication that usually can be self-administered. Custodial Care includes all homemaker services, respite care, convalescent care or extended care not requiring skilled nursing.

Fluidized Therapy (Fluidotherapy): High intensity heat modality consisting of a dry whirlpool of finely divided solid particles suspended in a heated air stream, the mixture having the properties of a liquid.

Habilitative Services: Health care services and devices that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who is not walking or talking at the expected age. These services may include Physical and Occupational Therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings, or both. Medically Necessary healthcare services and health care devices that assist an individual in partially or fully acquiring or improving skills and functioning and that are necessary to address a health condition, to the maximum extent practical. These services address the skills and abilities needed for functioning in interaction with an individual's environment. Examples of health care services that are not Habilitative Services include, but are not limited to, respite care, day care, recreational care, residential treatment, social services, Custodial Care, or education services of any kind, including, but not limited to, Vocational Training. Habilitative Services shall be covered under the same terms and conditions applied to rehabilitative and Habilitative Services under the plan contract.

Hypnotherapy: Medical Hypnotherapy is treatment by hypnotism or inducing sleep.

Maintenance Therapy: Therapy with the goal to maintain the functional status or to prevent decline in function.

Multidisciplinary Team Approach: Usually includes a physician specializing in rehabilitation, rehabilitation nurse, social worker and/or psychologist, and those therapies (Physical, Occupational, and/or Speech) involved in the member's care. At a minimum, a team must include a physician, rehabilitation nurse and one therapist.

Occupational Therapy: Non-surgical treatment necessary for the identification and alleviation of mental and/or physical conditions that limit an individual's ability to perform the activities of daily living. Treatment focuses on increasing independence and minimizing reoccurrence through education and the use of therapeutic exercise and physical activity at home or at work.

Outpatient Medical Rehabilitation Therapy: Services for the treatment of an illness, including Severe Mental Illness and Serious Emotional Disturbances of a Child, or injury are covered when provided by an authorized Network Provider who is a registered physical, speech or occupational therapist, or a healthcare professional under the direct supervision of a licensed physical therapist acting within the scope of his or her license under California law. (For a description of coverage of mental health care services for the diagnosis and treatment of Severe Mental Illness (SMI) and Serious Emotional Disturbances of a Child (SED), please refer to the behavioral health supplement to this *Combined Evidence of Coverage and Disclosure Form*).

Physical Therapy: Non-surgical treatment necessary for the identification, restoration, and improvement of functions that have been impaired by illness, disease, surgery, trauma or injury. Treatment includes, but is not limited to, therapeutic exercise, physical activity, and training in the activities of daily living.

Primary Residence: The home or address where the Member actually lives most of the time. A residence will no longer be considered a Primary Residence if: (1) the Member moves without intent to return; (2) the Member is absent from the residence for 90 consecutive days, or (3) the Member is absent from the residence for more than 100 days in any six-month period.

Rehabilitation Services: The individual or combined and coordinated use of medical, Physical, Occupational and Speech Therapy for developing or retraining to the limit extent practical the functioning of individuals.

Vocational Rehabilitation: The process of facilitating an individual in the choice of or return to a suitable vocation; when necessary, assisting the member to obtain training for such a vocation. Vocational Rehabilitation can also mean preparing an individual regardless of age, status (whether U.S. citizen or immigrant), or physical condition to cope emotionally, psychologically, and physically with changing circumstances in life, including remaining at school or returning to school, work or work equivalent (homemaker)

Work Hardening: An interdisciplinary program consisting of Physical Therapy, Occupational Therapy and counseling professionals for injured workers or other adults whose injuries or disease processes interfere with their ability to work. It provides structured treatment designed to progressively improve physical function as a transition between acute care and return to work.

Policy History/Revision Information

Date	Summary of Changes
05/01/2022	<ul style="list-style-type: none"><li data-bbox="337 218 946 245">• Routine review; no change to coverage guidelines<li data-bbox="337 249 865 277">• Archived previous policy version BIP147.M

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.