

# Rehabilitation Services (Physical, Occupational, and Speech Therapy)

**Policy Number:** BIP147.R

**Effective Date:** September 1, 2025

[➔ Instructions for Use](#)

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Related Benefit Interpretation Policies
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• <a href="#">Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</a>
• <a href="#">Sensory Integration Therapy and Auditory Integration Training</a>

## 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, Section 1300.67, Scope of Basic Health Care Services

<https://regulations.justia.com/states/california/title-28/division-1/chapter-2/article-7/section-1300-67/>

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:

- (a) Physician services, which shall be provided by physicians licensed to practice medicine or osteopathy in accordance with applicable California law. There shall also be provided consultation with and referral by physicians to other physicians.
  - (1) The plan may also include, when provided by the plan, consultation and referral (physician or, if permitted by law, patient initiated) to other health professionals who are defined as dentists, nurses, podiatrists, optometrists, physician's assistants, clinical psychologists, social workers, pharmacists, nutritionists, occupational therapists, physical therapists and other professionals engaged in the delivery of health services who are licensed to practice, are certified, or practice under authority of the plan, a medical group, or individual practice association or other authority authorized by applicable California law.
- (b) Inpatient hospital services, which shall mean short-term general hospital services, including room with customary furnishings and equipment, meals (including special diets as medically necessary), general nursing care, use of operating room and related facilities, intensive care unit and services, drugs, medications, biologicals, anesthesia and oxygen services, diagnostic laboratory and x-ray services, special duty nursing as medically necessary, physical therapy, respiratory therapy, administration of blood and blood products, and other diagnostic, therapeutic and

rehabilitative services as appropriate, and coordinated discharge planning including the planning of such continuing care as may be necessary, both medically and as a means of preventing possible early rehospitalization.

- (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.
- (e) (1) Home health services may also include such rehabilitation, physical, occupational or other therapy, as the physician shall determine to be medically appropriate.

## 28 CCR Section 1300.67.005, Essential Health Benefits

<https://www.law.cornell.edu/regulations/california/28-CCR-1300.67.005>

- (a) All health plans that offer individual and small group contracts subject to [Health and Safety Code Section 1367.005](#) shall comply with the requirements of this section.
- (b) In addition to any other requirements set forth in the Knox-Keene Health Care Service Plan Act of 1975 (hereinafter the "Act"), to demonstrate compliance with [Health and Safety Code Section 1367.005](#) and this section, health plans shall electronically file through the Department's Efile application the Essential Health Benefits Filing Worksheet (EHB Filing Worksheet) no later than the date that qualified health plan product filings are required to be submitted, and thereafter as necessary for new or amended plan contracts.
- (c) The EHB Filing Worksheet shall include:
- (12) Rehabilitative/habilitative health care services and devices.
- (A) Coverage shall be in accordance with subdivisions (a)(3) and (p)(1) of section 1367.005, and as follows:
- (i) Individual and group outpatient physical, occupational, and speech therapy related to pervasive developmental disorder or autism;
  - (ii) All other individual and group outpatient physical, occupational, and speech therapy;
  - (iii) Physical, occupational, and speech therapy provided in an organized, multidisciplinary rehabilitation day treatment program, a skilled nursing facility; and in an inpatient hospital (including treatment in an organized multidisciplinary rehabilitation program).
- (B) The plan shall include in its Evidence of Coverage and Schedule of Benefits a disclaimer that limits for rehabilitative and habilitative service shall not be combined.

## 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 Benefit Interpretation Policy titled [Habilitative Services](#) and the Medical Policy titled [Habilitation and Rehabilitation Therapy \(Occupational, Physical, and Speech\)](#).

### The following 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**
    - Comprehensive outpatient rehabilitation facility
    - Physician's office
    - Therapist's office
    - Member's primary residence
    - Hospital or alternative facility
- **Physical and Occupational Therapy**
    - Physical and occupational therapy provided in an organized, multidisciplinary rehabilitation day-treatment program, a skilled nursing facility; and in an inpatient hospital (including treatment in an organized multidisciplinary rehabilitation program).
    - 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.
    - Refer to the Medical Policy titled [Habilitation and Rehabilitation Therapy \(Occupational, Physical, and Speech\)](#) for criteria.
- **Speech Therapy**
    - Speech therapy provided in an organized, multidisciplinary rehabilitation day-treatment program, a skilled nursing facility; and in an inpatient hospital (including treatment in an organized multidisciplinary rehabilitation program).
    - 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.
    - Refer to the Medical Policy titled [Habilitation and Rehabilitation Therapy \(Occupational, Physical, and Speech\)](#) for 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
- Recreational therapy services only 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

## Not Covered

- 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

- Massage therapy except if it is part of a physical therapy treatment plan and covered under inpatient hospital, outpatient hospital, outpatient services or 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)
- Services that are considered by UnitedHealthcare to be investigational or experimental
- Speech, occupational, or physical therapy when member has either attained therapy treatment plan goals or is unable to attain the treatment plan goals

## References

Medicare and Retirement, Coverage Summary: Skilled Nursing Facility, Rehabilitation, and Long-Term Acute Care Hospital. Accessed June 16, 2025.

## Policy History/Revision Information

Date	Summary of Changes
09/01/2025	<p><b>Federal/State Mandated Regulations</b></p> <ul style="list-style-type: none"> <li>• Revised language pertaining to the: <ul style="list-style-type: none"> <li>○ <i>California Health and Safety Code Section 1300.67</i></li> <li>○ <i>California Code of Regulations Section 1300.67.005</i></li> </ul> </li> </ul> <p><b>Covered Benefits</b></p> <p><b>Physical and Occupational Therapy</b></p> <ul style="list-style-type: none"> <li>• Added language to indicate [coverage is provided for] physical and occupational therapy provided in an organized, multidisciplinary rehabilitation day-treatment program, a skilled nursing facility, and in an inpatient hospital (including treatment in an organized multidisciplinary rehabilitation program)</li> <li>• Replaced coverage criteria with instruction to refer to the Medical Policy titled <i>Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</i> for applicable details</li> <li>• Revised list of examples of covered physical and occupational therapies; removed “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”</li> </ul> <p><b>Speech Therapy</b></p> <ul style="list-style-type: none"> <li>• Added language to indicate: <ul style="list-style-type: none"> <li>○ [Coverage is provided for] speech therapy [provided in an organized, multidisciplinary rehabilitation day-treatment program, a skilled nursing facility, and in an inpatient hospital (including treatment in an organized multidisciplinary rehabilitation program)]</li> <li>○ 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</li> </ul> </li> <li>• Replaced coverage criteria with instruction to refer to the Medical Policy titled <i>Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</i> for applicable details</li> </ul> <p><b>Not Covered</b></p> <ul style="list-style-type: none"> <li>• Revised list of non-covered services: <ul style="list-style-type: none"> <li>○ Replaced: <ul style="list-style-type: none"> <li>▪ “Massage therapy unless mandated by state or federal law and/or market plan enhancements” with “massage therapy <i>except if it is part of a physical therapy treatment plan and covered under inpatient hospital, outpatient hospital, outpatient services or unless mandated by state or federal law and/or market plan enhancements</i>”</li> <li>▪ “Therapy when member has either attained therapy treatment plan goals or is unable to attain the treatment plan goals” with “<i>speech, occupational, or physical</i> therapy when member has either attained therapy treatment plan goals or is unable to attain the treatment plan goals”</li> </ul> </li> <li>○ Removed: <ul style="list-style-type: none"> <li>▪ General exercises that promote overall fitness and flexibility and/or solely to improve general physical condition</li> <li>▪ Recreational therapy unless as described in the <i>Covered Benefits</i> section [of the policy]</li> <li>▪ Maintenance therapy</li> </ul> </li> </ul> </li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>▪ Vocational, prevocational, and educational assessment and training related solely to specific employment opportunities, work skills, or work settings</li> <li>▪ 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</li> <li>▪ Sensory integration therapy</li> <li>▪ Coordination therapy <ul style="list-style-type: none"> <li>- Attention deficit hyperactivity disorder</li> <li>- Dyslexia</li> </ul> </li> <li>▪ Services that are considered to be custodial</li> <li>▪ Work hardening</li> <li>▪ Programs that do not require the supervision of a physician and/or licensed therapy provider</li> <li>▪ Gym and fitness club memberships and fees, health club fees, exercise equipment or supplies</li> <li>▪ 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</li> <li>▪ Hypnotherapy/hypnotic services</li> <li>▪ Motivational or social activities/therapy</li> </ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>• Removed definition of: <ul style="list-style-type: none"> <li>○ Occupational Therapy</li> <li>○ Physical Therapy</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Updated <i>References</i> section to reflect the most current information</li> <li>• Archived previous policy version BIP147.Q</li> </ul>

## 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.