

Rehabilitation Services (Physical, Occupational, and Speech Therapy)

Policy Number: BIP147.Q
Effective Date: June 1, 2024

[➔ 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
References	5
Policy History/Revision Information	5
Instructions for Use	5

Related Benefit Interpretation Policies
• Attention Deficit Hyperactivity Disorder (ADHD)
• Autism Spectrum Disorder
• Biofeedback
• Cognitive Rehabilitation
• Developmental Delay and Learning Disabilities
• Habilitative Services
• Skilled Nursing Facility (SNF): Skilled Nursing Facility (SNF) Care

Related Medical Policies
• Breast Reconstruction
• Cognitive Rehabilitation
• Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)
• 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, Section 1300.67, Scope of Basic Health Care Services

[California Code of Regulations, Article 7, Section 1300.67 - Scope of Basic Health Care Services | California Code of Regulations | Justia](#)

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.

28 CCR Section 1300.67.005, Essential Health Benefits

[Cal. Code Regs. Tit. 28, § 1300.67.005 - Essential Health Benefits | State Regulations | US Law | LII / Legal Information Institute \(cornell.edu\)](#)

- 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).

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 Occupation 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® 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; lisp; or articulation disorders need to be evaluated for medical necessity. For medical necessity clinical coverage criteria, refer to the InterQual® 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 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.

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 the member's network medical group or 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 [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

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.

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.

References

Medicare and Retirement, Coverage Summary: Skilled Nursing Facility, Rehabilitation, and Long-Term Acute Care Hospital (Accessed April 9, 2024).

Medicare Benefit Policy Manual, Chapter 15. [Medicare Benefit Policy Manual, Chapter 15, §230 – Practice of Physical Therapy, Occupational Therapy, and Speech-Language Pathology](#). (Accessed April 9, 2024)

Policy History/Revision Information

Date	Summary of Changes
01/01/2025	Template Update <ul style="list-style-type: none">Modified InterQual® reference link style; no change to policy contentUpdated reference links to related Medical Policies (previously classified as Medical Management Guidelines)
06/01/2024	Federal/State Mandated Regulation <ul style="list-style-type: none">Updated reference link to the <i>California Code of Regulations Title 28 Section 1300.67.005</i> Covered Benefits <ul style="list-style-type: none">Added reference link to the Medical Management Guideline titled <i>Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</i> for habilitative servicesRevised list of settings in which outpatient Physical and Occupational Therapy are covered; added “comprehensive outpatient rehabilitation facility”Replaced language indicating “therapy services are covered for a member who requires Physical, Occupational, and/or speech therapy for brain injury, when deemed medically necessary by UnitedHealthcare’s medical director” with “therapy services are covered for a member who requires Physical, Occupational, and/or speech therapy for brain injury, when deemed medically necessary by <i>the member’s Network Medical Group or UnitedHealthcare’s medical director</i>” Definitions <ul style="list-style-type: none">Removed definition of:<ul style="list-style-type: none">Acute Rehabilitation ProgramCustodial CareFluidized Therapy (Fluidotherapy)Habilitative ServicesHypnotherapyMaintenance TherapyMultidisciplinary Team ApproachPrimary ResidenceRehabilitation ServicesVocational RehabilitationWork Hardening Supporting Information <ul style="list-style-type: none">Added <i>References</i> sectionArchived previous policy version BIP147.P

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.