Rehabilitation Services (Physical, Occupational, and Speech Therapy)

Policy Number: BIP148.P
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➲ Instructions for Use

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Federal/State Mandated Regulations

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

Oklahoma

Oklahoma Title 365, Insurance Department Chapter 40. Health Maintenance Organizations (HMO) Subchapter 5. Life, Accident & Health Division and Consumer Assistance and Claims Division Rules Part 1 General Provisions

365:40-5-20: Basic Health Care Services

- TITLE 365 (ok.gov)
- https://regulations.justia.com/states/oklahoma/title-365/chapter-40/subchapter-5/part-5/365-40-5-20/

(4) Outpatient services and inpatient hospital services including short-term rehabilitation services and physical therapy which the HMO expects can result in the significant improvement of an enrollee's condition within two months
(12) Inpatient and outpatient care for treatment of the birth defect known as cleft lip or cleft palate or both including medically necessary oral surgery, orthodontics and otologic, audiological, and speed/language treatment.

Oregon

For UnitedHealthcare of Oregon (Clark County, Washington) members only:

RCW Section 48.44.450, Neurodevelopmental Therapies

https://app.leg.wa.gov/RCW/default.aspx?cite=48.44.450

1. Each employer-sponsored group contract for comprehensive health care service which is entered into, or renewed, on or after twelve months after July 23, 1989, shall include coverage for neurodevelopmental therapies for covered individual's age six and under.
2. Benefits provided under this section shall cover the services of those authorized to deliver occupational therapy, speech therapy, and physical therapy. Benefits shall be payable only where the services have been delivered pursuant to the referral and periodic review of a holder of a license issued pursuant to chapter 18.71 or 18.57 RCW or where covered services have been rendered by such licensee. Nothing in this section shall prohibit a health care service contractor from requiring that covered services be delivered by a provider who participates by contract with the health care service contractor unless no participating provider is available to deliver covered services. Nothing in this section shall prohibit a health care service contractor from negotiating rates with qualified providers.
3. Benefits provided under this section shall be for medically necessary services as determined by the health care service contractor. Benefits shall be payable for services for the maintenance of a covered individual in cases where significant deterioration in the patient's condition would result without the service. Benefits shall be payable to restore and improve function.
4. It is the intent of this section that employers purchasing comprehensive group coverage including the benefits required by this section, together with the health care service contractor, retain authority to design and employ utilization and cost controls. Therefore, benefits delivered under this section may be subject to contractual provisions regarding deductible amounts and/or copayments established by the employer purchasing coverage and the health care service contractor. Benefits provided under this section may be subject to standard waiting periods for preexisting conditions, and may be subject to the submission of written treatment plans.
5. In recognition of the intent expressed in subsection (4) of this section, benefits provided under this section may be subject to contractual provisions establishing annual and/or lifetime benefit limits. Such limits may define the total dollar benefits available or may limit the number of services delivered as agreed by the employer purchasing coverage and the health care service contractor.

Texas

https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1367.htm#1367.201

Section 1367.201: Definition

In this subchapter, rehabilitative and habilitative therapies include:

1) Occupational therapy evaluations and services;
2) Physical therapy evaluations and services;
3) Speech therapy evaluations and services; and
4) Dietary or nutritional evaluations.

Section 1367.204: Offer of Coverage Required

(a) A health benefit plan issuer must offer coverage that complies with this subchapter.
(b) The individual or group policy or contract holder may reject coverage required to be offered under this section.

Section 1367.205: Coverage of Certain Therapies

a) A health benefit plan that provides coverage for rehabilitative and habilitative therapies under this subchapter may not prohibit or restrict payment for covered services provided to a child and determined to be necessary to and provided in accordance with an individualized family service plan issued by the Interagency Council on Early Childhood Intervention under Chapter 73, Human Resources Code.
b) Rehabilitative and habilitative therapies described by Subsection (a) must be covered in the amount, duration, scope, and service setting established in the child's individualized family service plan.
c) A child is entitled to benefits under this subchapter if the child, as a result of the child's relationship to an insured or enrollee in a health benefit plan, would be entitled to coverage under an accident and health insurance policy under Section 1201.061, 1201.062, 1201.063, or 1201.064.

Section 1367.206: Prohibited Actions

Under the coverage required to be offered under this subchapter, a health benefit plan issuer may not:

1) Apply the cost of rehabilitative and habilitative therapies described by Section 1367.205(a) to an annual or lifetime maximum plan benefit or similar provision under the plan; or

2) Use the cost of rehabilitative or habilitative therapies described by Section 1367.205(a) as the sole justification for:
   A. Increasing plan premiums; or
   B. Terminating the insured's or enrollee's participation in the plan.

Section 1271.156: Benefits for Rehabilitation Services and Therapies

https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1271.htm

a) If benefits are provided for rehabilitation services and therapies under an evidence of coverage, the provision of a rehabilitation service or therapy that, in the opinion of a physician, is medically necessary may not be denied, limited, or terminated if the service or therapy meets or exceeds treatment goals for the enrollee.
b) For an enrollee with a physical disability, treatment goals may include maintenance of functioning or prevention of or slowing of further deterioration.

Washington

RCW Section 18.74.010: Definitions

https://app.leg.wa.gov/rcw/default.aspx?cite=18.74.010

(8) "Physical therapist" means a person who meets all the requirements of this chapter and is licensed in this state to practice physical therapy.
(9) (a) "Physical therapist assistant" means a person who Meets all the requirements of this chapter and is licensed as a physical therapist assistant and who performs physical therapy procedures and related tasks that have been selected and delegated only by the supervising physical therapist. However, a physical therapist may not delegate sharp debridement to a physical therapist assistant.
   (b) "Physical therapy aide" means an unlicensed person who receives ongoing on-the-job training and assists a physical therapist or physical therapist assistant in providing physical therapy patient care and who does not meet the definition of a physical therapist, physical therapist assistant, or other assistive personnel. A physical therapy aide may directly assist in the implementation of therapeutic interventions, but may not alter or modify the plan of therapeutic interventions and may not perform any procedure or task which only a physical therapist may perform under this chapter.
   (c) "Other assistive personnel" means other trained or educated health care personnel, not defined in (a) or (b) of this subsection, who perform specific designated tasks that are related to physical therapy and within their license, scope of practice, or formal education, under the supervision of a physical therapist, including but not limited to licensed massage therapists, athletic trainers, and exercise physiologists. At the direction of the supervising physical therapist, and if properly credentialed and not prohibited by any other law, other assistive personnel may be identified by the title specific to their license, training, or education.
(10) "Physical therapy" means the care and services provided by or under the direction and supervision of a physical therapist licensed by the state. Except as provided in RCW 18.74.190, the use of Roentgen rays and radium for diagnostic and therapeutic purposes, the use of electricity for surgical purposes, including cauterization, and the use of spinal manipulation, or manipulative mobilization of the spine and its immediate articulations, are not included under the term "physical therapy" as used in this chapter.
(11) "Practice of physical therapy" is based on movement science and means:
   (a) Examining, evaluating, and testing individuals with mechanical, physiological, and developmental impairments, functional limitations in movement, and disability or other health and movement-related conditions in order to determine a diagnosis, prognosis, plan of therapeutic intervention, and to assess and document the ongoing effects of intervention;
   (b) Alleviating impairments and functional limitations in movement by designing, implementing, and modifying therapeutic interventions that include therapeutic exercise; functional training related to balance, posture, and movement to facilitate self-care and reintegration into home, community, or work; manual therapy including soft tissue and joint mobilization and manipulation; therapeutic massage; assistive, adaptive, protective, and devices related to postural control and mobility except as restricted by (c) of this subsection; airway clearance techniques; physical agents or modalities; mechanical and electrotherapeutic modalities; and patient-related instruction;
   (c) Training for, and the evaluation of, the function of a patient wearing an orthosis or prosthesis as defined in RCW 18.200.010. Physical therapists may provide those direct-formed and prefabricated upper limb, knee, and ankle-foot orthoses, but not fracture orthoses except those for hand, wrist, ankle, and foot fractures, and assistive technology devices specified in RCW 18.200.010 as exemptions from the defined scope of licensed orthotic and prosthetic services. It is the intent of the legislature that the unregulated devices specified in RCW 18.200.010 are in the public domain to the extent that they may be provided in common with individuals or other health providers, whether unregulated or regulated under Title 18 RCW, without regard to any scope of practice;
   (d) Performing wound care services that is limited to sharp debridement, debridement with other agents, dry dressings, wet dressings, topical agents including enzymes, hydrotherapy, electrical stimulation, ultrasound, and

other similar treatments. Physical therapists may not delegate sharp debridement. A physical therapist may perform wound care services only by referral from or after consultation with an authorized health care practitioner;
(e) Reducing the risk of injury, impairment, functional limitation, and disability related to movement, including the promotion and maintenance of fitness, health, and quality of life in all age populations; and
(f) Engaging in administration, consultation, education, and research.

RCW Section 18.74.012

https://app.leg.wa.gov/rcw/default.aspx?cite=18.74.012
Consultation with health care practitioner no required for certain treatments.
A consultation and periodic review by an authorized health care practitioner is not required for treatment of neuromuscular or musculoskeletal conditions

RCW 48.44.450: Neurodevelopmental Therapies

https://app.leg.wa.gov/rcw/default.aspx?cite=48.44.450
(1) Each employer-sponsored group contract for comprehensive health care service which is entered into, or renewed, on or after twelve months after July 23, 1989, shall include coverage for neurodevelopmental therapies for covered individual's age six and under.
(2) Benefits provided under this section shall cover the services of those authorized to deliver occupational therapy, speech therapy, and physical therapy. Benefits shall be payable only where the services have been delivered pursuant to the referral and periodic review of a holder of a license issued pursuant to chapter 18.71 or 18.57 RCW or where covered services have been rendered by such licensee. Nothing in this section shall prohibit a health care service contractor from requiring that covered services be delivered by a provider who participates by contract with the health care service contractor unless no participating provider is available to deliver covered services. Nothing in this section shall prohibit a health care service contractor from negotiating rates with qualified providers.
(3) Benefits provided under this section shall be for medically necessary services as determined by the health care service contractor. Benefits shall be payable for services for the maintenance of a covered individual in cases where significant deterioration in the patient's condition would result without the service. Benefits shall be payable to restore and improve function.
(4) It is the intent of this section that employers purchasing comprehensive group coverage including the benefits required by this section, together with the health care service contractor, retain authority to design and employ utilization and cost controls. Therefore, benefits delivered under this section may be subject to contractual provisions regarding deductible amounts and/or copayments established by the employer purchasing coverage and the health care service contractor. Benefits provided under this section may be subject to standard waiting periods for preexisting conditions, and may be subject to the submission of written treatment plans.
(5) In recognition of the intent expressed in subsection (4) of this section, benefits provided under this section may be subject to contractual provisions establishing annual and/or lifetime benefit limits. Such limits may define the total dollar benefits available or may limit the number of services delivered as agreed by the employer purchasing coverage and the health care service contractor.

State Market Plan Enhancements

Texas

Members may have additional supplemental benefit coverage for rehabilitative and habilitative services for dependent children under the age of three with developmental delays as deemed necessary to and in accordance with an individualized family service plan issued by the Interagency Council on Early Childhood Intervention under Chapter 73, Human Resources Code. Refer to the state-specific mandated coverage in the *Federal/State Mandated Regulations* section.

Washington

Members must receive a referral to access the massage therapy benefit. All services after the initial evaluation and management visit and up to six consecutive treatment visits in a new episode of care, except Emergency Health Care Services, must be Preauthorized. For more information or to obtain a list of contracting providers, please contact us at 1-800-932-3004

Refer to the member's EOC/SOB for specific benefit limitations.

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.

- **Outpatient Physical and Occupational Therapy**
  - Physician's office only when done by a licensed therapist and performed in a participating/contracting physician's office
  - Therapist's office
  - Member's place of Residence
- Physical and Occupational Therapy
  Physical, and Occupational Therapy services must meet all of the following criteria:
  - Therapy services must be such that only a qualified therapist or a person supervised by a qualified therapist can safely perform the services.
  - 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) and/or speech pathologist or audiologist.

- **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: Members with stuttering; lisping; 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
- Aqua/pool therapy, only as part of an authorized treatment plan conducted 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

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, refer to the Benefit Interpretation Policies titled *Autism Spectrum Disorder* (OR members) and *Pervasive Developmental Disorder and Autism Spectrum Disorder* (OK members, TX members, and WA members).

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.
- 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 therapy.
- 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	State(s) Affected	Summary of Changes
01/01/2025	All	**Template Update** • Modified InterQual® reference link style; no change to policy content • Updated reference links to related Medical Policies (previously classified as Medical Management Guidelines)
06/01/2024	All	**Covered Benefits** • Added reference link to the Medical Management Guideline titled *Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)* for habilitative services • 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 *the member's Network Medical Group or* UnitedHealthcare's medical director" • Added instruction to refer to the Benefit Interpretation Policies titled *Autism Spectrum Disorder* and *Pervasive Developmental Disorder and Autism Spectrum Disorder* for autism therapy services **Definitions** • Removed definition of: ○ Acute Rehabilitation Program ○ Custodial Care

Date	State(s) Affected	Summary of Changes
		○ Fluidized Therapy (Fluidotherapy) ○ Habilitative Services ○ Hypnotherapy ○ Maintenance Therapy ○ Multidisciplinary Team Approach ○ Outpatient Medical Rehabilitation Therapy ○ Primary Residence ○ Rehabilitation Services ○ Vocational Rehabilitation ○ Work Hardening **Supporting Information** • Added *References* section • Archived previous policy version BIP148.O
	Washington	**Federal/State Mandated Regulation** • Revised language pertaining to *Revised Code of Washington Section 18.74.010*

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.