

MEDICAID GUIDELINES FOR HOME HEALTH THERAPY SERVICES
(PHYSICAL, OCCUPATIONAL & SPEECH THERAPY)

I. **General Principles Governing Reasonable and Necessary Physical Therapy, Speech Therapy and Occupational Therapy**

- A. Services of physical, speech or occupational therapists are covered if the inherent complexity of the service is such that it can be performed safely and/or effectively only by a skilled therapist. The covered therapy services must be reasonable and necessary to treat the patient's illness or injury or to restore function affected by the illness or injury. It must be determined whether individual therapy services are covered and whether, in view of the patient's overall condition, skilled management of the services is needed even though many or all of the specific services needed to treat the illness or injury do not require the skills of a therapist.
- B. Development, implementation, management and evaluation of patient care plan based on the physician's orders are covered when the patient's condition requires that services be provided by a skilled therapist to meet the patient's needs, promote recovery and ensure medical safety. When the skills of a therapist are needed to manage and periodically reevaluate the appropriateness of a maintenance program due to an identified danger to the patient, services are covered even if the skills of a therapist are not needed to carry out the activities performed as part of the maintenance program.
- C. A patient's diagnosis or prognosis should never be the sole factor in deciding whether a service is skilled. While a patient's medical condition is a valid factor in deciding if therapy services are needed, the key issue is whether the skills of a therapist are needed to treat the illness or injury, or whether services can be carried out by non-skilled personnel.
- D. Services ordinarily considered non-skilled may be considered covered therapy services when there is a clear documentation that, because of special medical complications, skilled rehabilitation personnel must perform or supervise the service or observe the patient. The importance of a particular service to a patient or the frequency performed does not, by itself, make a non-skilled service into a skilled service.
- E. The skilled therapy services must be reasonable and necessary to treat the patient's illness or injury within the context of the patient's unique medical condition. To be considered reasonable and necessary for the treatment of the illness or injury:
 - 1. The service must be appropriate for the nature and severity of the illness or injury, and the patient's particular medical needs. The amount, frequency and duration of the services must also be reasonable;

2. Services must be considered, under accepted standards of medical practice, to be specific and effective treatment for the patient's condition; and
3. Based on the physician's assessment of the patient's rehabilitation potential, the services are:
 - a. Expected to improve the patient's condition.
 - b. Necessary to the establishment of a safe and effective maintenance program.
4. Services of skilled therapists to teach the patient or the patient's family or caregivers necessary techniques, exercises or precautions are covered when they are reasonable and necessary to treat illness or injury.
5. Services for regression prevention are allowed when there is no caregiver or the caregiver is unable, unwilling or incapable of providing the necessary therapy. The therapy must be necessary to maintain the patient's current level of function or prevent institutionalization of the patient.

II. Application of the Principle to Physical Therapy Services

The skilled physical therapy services principles in I. above are applied to the following commonly questioned physical therapy services.

- A. Assessment - The skills of a physical therapist to assess a patient's rehabilitation needs and potential, or to develop and/or implement a physical therapy program are covered when reasonable and necessary because of the patient's condition. Skilled rehabilitation services concurrent with the management of a patient's care plan include objective tests and measurements such as, but not limited to, range of motion, strength, balance coordination endurance or functional ability.
- B. Therapeutic Exercises – Therapeutic exercises performed by or under the supervision of a qualified physical therapist in order to ensure the safety of the patient and the effectiveness of the treatment are covered when required due to the type of exercise employed or the patient's condition.
- C. Gait Training – Gait evaluation and training furnished to a patient whose ability to walk is impaired by neurological, muscular or skeletal abnormality which require the skills of a qualified physical therapist are covered. Services are considered reasonable and necessary if they can be expected to improve the patient's ability to walk.

Gait evaluation and training furnished to a patient whose ability to walk is impaired by a condition other than a neurological, muscular or skeletal abnormality may be covered when physical therapy is reasonable and necessary to restore the lost function.

- D. Range of Motion – Only a qualified physical therapist may perform covered range of motion tests if they are part of an active treatment for a specific disease state, illness, or injury which resulted in loss or restriction of mobility. This must be evidenced by physical therapy notes showing the degree of motion lost and the degree to be restored.

Range of motion exercises which are not related to the restoration of a specific loss of function may be provided safely and effectively by non-skilled individuals. Passive exercises to maintain range of motion in paralyzed extremities that can be carried out by non-skilled persons do not constitute skilled physical therapy. However, as indicated in section I.D., when there is clear documentation that a patient's special medical complications (e.g., susceptible to pathological bone fractures), require the skills of a therapist to provide the services, the services would be covered.

- E. Regression Prevention – When repetitive services to maintain function involved the use of complex and sophisticated procedures, the judgment and skill of a physical therapist may be required to safely and effectively treat the illness or injury. These services would be covered as physical therapy services/

Establishment of a maintenance program is a covered therapy service when the specialized knowledge and judgement of a qualified physical therapist is required for the program to be safely carried out and the treatment aims of the physician achieved.

While a patient is under a restorative physical therapy program, the physical therapist should regularly reevaluate the patient's condition and adjust any exercise program the patient is expected to carry out himself or with the aid of supportive personnel to maintain the function being restored.

Regression prevention therapy is allowed when there is no caregiver or the caregiver is unable, unwilling or incapable of providing necessary therapy; and the therapy is needed to prevent regression of function or institutionalization of the patient.

- F. Ultrasound, Shortwave and Microwave Diathermy Treatments – These treatments must always be performed by or under the supervision of a qualified physical therapist and are covered.
- G. Hot Pack, Infra-Red Treatment, Paraffin Baths and Whirlpool – Heat treatments and baths of this type ordinarily do not require the skills of a qualified physical therapist. However, the skills, knowledge and judgment of a qualified physical therapist to provide such treatments or baths may be required in particular cases, e.g., the patient's condition is complicated by circulatory deficiency, areas of desensitization, open wounds, fractures or other complications. The skills of a physical therapist may be needed to teach these treatments to the patient or caregiver.



III. Application of the General Principles to Speech Language Pathology Services

The principles in I. above are applied to the following commonly questioned speech language pathology services.

- A. The skills of a speech language pathologist are required to assess a patient's rehabilitation needs (including the causal factors and the severity of the speech and language disorders, and rehabilitation potential). Reevaluation would only be considered reasonable and necessary if the patient exhibited a change in functional speech or motivation, clearing of confusion or the remission of some other medical; condition that previously contraindicated speech language pathology services.
- B. The services of a speech language pathologist are covered if needed as a result of an illness or injury and directed toward specific speech/voice production or the assessment and treatment of dysphagia.
- C. Speech language pathology is covered when the service can only be provided by a speech language pathologist and it is reasonable expected that the service will improve the patient's ability to independently carry out any one or combination of communicative activities of daily living in a measurably higher level than prior to the initiation of services.
- D. The services of a speech language pathologist to establish a hierarchy of speech-voice-language communication task and cueing that directs a patient towards speech-language communication goals in the plan of care are covered speech language pathology.
- E. The services of a speech language pathologist to train the patient's family or other caregivers to augment the speech-language communication treatment or to establish an effective maintenance program is covered speech therapy.
- F. The service of a speech language pathologist to assist patients with asphasia in rehabilitation of speech and language skills is covered when needed by a patient.
- G. The services of a speech therapist to assist individuals with voice disorders to develop proper control of the vocal and respiratory systems for correct voice production are covered when needed by a patient.

IV. Application of the General Principles to Occupational Therapy

The Principles in section I. above are applied to the following commonly questioned skilled occupational therapy services.

- A. Assessment – The skills of an occupational therapist to assess and reassess a patient’s rehabilitation needs and potential, or to develop and/or implement an occupational therapy program are covered when they are reasonable and necessary due to the patient’s condition.

- B. Planning, Implementation and Supervision of Therapeutic Programs – The planning, implementation and supervision of therapeutic programs including, but not limited to, those listed below are skilled occupational therapy services which are covered if reasonable and necessary to treat the patient’s illness or injury.
 - 1. Selecting and teaching task oriented therapeutic activities designed to restore sensory-integrative function.
 - 2. Planning, implementing and supervising therapeutic tasks and activities designed to restore sensory-integrative function.
 - 3. Planning, implementing and supervising individualized therapeutic activity programs as part of an overall “active treatment” program for a patient with a diagnosed psychiatric illness. (I – IV have been adapted from the Medicare Home Health Agency Manual Sec 205.2 1989 Revision.)

V. Medical Authorization

Requests for physical, occupational and speech therapy should specify the proposed plan of care, frequency of home visits, duration of therapy and goals. Initial physical therapy evaluations and occupational therapy evaluations may be provided without medical authorization if done to assess the medical need for therapy and/or to formulate a plan of care. All other home visits for physical and occupational therapy services (therapy and reevaluations) require medical authorization. Speech evaluations and therapy also require medical authorization.