

**NEW YORK STATE  
MEDICAID PROGRAM**

**REHABILITATION SERVICES  
POLICY GUIDELINES**

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## Section I - Requirements for Participation in Medicaid

### Qualified Practitioner

Qualified Practitioner, for the purpose of this section, means a therapist who has passed the necessary national examination, obtained state licensure, and performs within the scope of licensure as regulated by federal and state governments and as defined by the appropriate professional organization (i.e.: APTA, AOTA). Physical Therapy (PT) or Occupational Therapy (OT) assistants may provide services under the direction and supervision of their respective Physical or Occupational Therapist. Aides, athletic trainers, exercise physiologists, life skills trainers and rehabilitation technicians do not meet the definition of a qualified practitioner regardless of the level of supervision. Physicians, physician assistants and nurse practitioners, practicing within their scope of practice and scope of competence are also considered qualified providers.

### Record Keeping Requirements

In addition to meeting the general record keeping requirements outlined in the General Policy Section for all providers, the qualifying documentation should be done in accordance with the clinician's professional organization (i.e.: APTA or AOTA) standards.

## Section II - Definitions

For the purposes of the Medicaid program and as used in this Manual, the following terms are defined to mean:

### **Duplicate Therapy**

The same therapy service(s) and/or treatment(s) provided by more than one therapy type (e.g., both Physical and Occupational Therapy, or both Occupational and Speech Therapy); OR the same discipline in different settings (e.g., School and Home based). Each specific discipline or same discipline in a different setting should, absent of unique circumstances documented in the medical record, have a unique and specific evaluation, treatment plan, goals, and therapeutic interventions.

### **Evaluation**

An assessment of the beneficiary's physical and functional status used to determine if PT or OT services are medically necessary, gather baseline data including objective findings, and establish a treatment plan with reasonable and attainable goals within a defined period of time. Evaluations are administered with appropriate and relevant assessments using objective measures and/or tools. An evaluation is required prior to implementing any treatment plan.

### **Long Term Therapy Services**

Physical and/or Occupational therapy services, that due to a beneficiary's unique physical, cognitive or psychological status; require the knowledge or expertise of a licensed practitioner in order to maintain their physical and/or functional status. Outcomes must be functional, individualized, relevant, and transferrable to the current or anticipated environment. Therapeutic goals must meet at least one of the following characteristics: prevent deterioration and sustain function; provide interventions that enable the beneficiary to live at their highest level of independence in the case of a chronic or progressive disability; and/or provide treatment interventions for a beneficiary who is progressing, but not at a rate comparable to the expectations of restorative care.

### **Maintenance Services**

A repetitive service that does not require the knowledge or expertise of a qualified practitioner and that does not meet the requirements for covered restorative therapy and/or long term therapy services. Maintenance services begin when the therapeutic goals of a treatment plan have been achieved or when no additional medical benefit is apparent or expected.

### **Qualified Practitioner**

A therapist who has passed the necessary national examination, obtained state licensure, and performs within the scope of licensure as regulated by federal and state governments and as defined by the appropriate professional organization (i.e.: APTA, AOTA). Physical Therapy (PT) or Occupational Therapy (OT) assistants may provide services under the direction and supervision of their respective Physical or Occupational Therapist. Aides, athletic trainers, exercise physiologists, life skills trainers and rehabilitation technicians do not meet the definition of a qualified practitioner regardless of the level of supervision. Physicians, physician assistants and nurse practitioners, practicing within their scope of practice and scope of competence are also considered qualified practitioners.

### **Reevaluation**

An assessment done to evaluate progress or to modify or redirect therapy services when there are new clinical findings, a rapid change in status, or failure to respond to the therapeutic interventions.

### **Rehabilitation Potential**

The amount of improvement anticipated in a beneficiary in relation to the extent and duration of the therapy service provided. It includes consideration of previous functional status and the effects of the current condition or disease process.

### **Restorative Therapy**

Physical and/or Occupational therapy services that require the knowledge or expertise of a licensed practitioner. Services include diagnostic evaluation and therapeutic intervention designed to improve, develop, correct, or rehabilitate physical functions that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital abnormalities, or injuries.

### **Therapy Services**

Medically necessary therapeutic activities and/or treatments provided by a qualified practitioner as defined above.

## Section III – Coverage Criteria

Restorative or Long Term Physical and/or Occupational therapy services are considered medically necessary when:

- The therapy services require the skills of, and are delivered by, a qualified practitioner; and
- The beneficiary has been evaluated or reevaluated for continuation of therapy services, and has an established treatment plan with reasonable and attainable goals that can be objectively measured by the use of standardized or non standardized measures and tools; and
- The beneficiary has an identifiable clinical condition/diagnosis, is symptomatic, and the therapeutic interventions are directed at preventing disability and/or regression, improving, adapting, or restoring functions impaired or lost as a result of a specific illness, injury, neurodevelopmental disease or condition, surgery, loss of a body part, or congenital abnormality; and
- Therapeutic benefit has not been reached and the therapeutic interventions are for conditions that require the unique knowledge, skills, and judgment of a qualified practitioner and cannot or have not been met by a comprehensive maintenance services program or home program; and
- There is reasonable expectation that the therapeutic interventions, based on a beneficiary's rehabilitation potential, will result in objective/measurable functional outcomes within a reasonable and predictable period of time and the outcomes are documented in the beneficiary's file; and
- The treatments are not routine education, training, conditioning, or fitness and the beneficiary's function could not reasonably be expected to improve as they gradually resume normal activities; and
- The treatments are not a duplicate therapy; and
- The treatments are not solely recreational (such as hobbies and/or arts and crafts), and
- The beneficiary has not refused therapy.

## Section IV – Treatment Session

A Physical or Occupational Therapy treatment session should be based on the beneficiary's specific medical condition and be supported in the treatment plan. A treatment session may include:

- Reassessment of the beneficiary's deficits, progress, rehabilitation potential, plan, and goals;
- Therapeutic exercise, including neuromuscular reeducation, coordination, and balance;
- Functional skills development and training;
- Manual therapy techniques, including soft tissue mobilization, joint mobilization, and manual lymphatic drainage;
- Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, orthotics, and prosthetic devices;
- Airway clearance techniques;
- Integumentary repair and protection techniques;
- Electrotherapeutic modalities, physical agents and mechanical modalities when used in preparation for other skilled treatment procedures;
- Training of the beneficiary, caregivers, and family in home exercises, activity programs, and the development of a comprehensive maintenance program.

## Section V – Documentation Requirements

The following should not be considered an all inclusive list, but rather a general guideline, of documentation required for evaluations, re-evaluations, and treatment sessions. In addition to any requirements below, documentation should be done in accordance with the clinician's professional organization (i.e. APTA or AOTA) standards.

Evaluation: The evaluation should include:

- Prior functional level;
- Specific standardized and non standardized tests, assessments, and tools;
- Summary of baseline findings;
- Objective, measurable, and functional descriptions of the beneficiary's specific deficits;
- Summary of clinical reasoning with recommendations;
- Plan of care with specific treatment techniques and/or activities to be used in treatment sessions;
- Frequency and duration of treatment plan; functional, measurable, and time-framed long term and short term goals based on the beneficiary's relevant

evaluation data. The goals should be reasonable and attainable based on the beneficiary's specific condition;

- Rehabilitation prognosis, including level or degree of improvement expected;
- Discharge plan initiated at the start of treatment.

Reevaluation: A reevaluation includes all the components of the initial evaluation, in addition to:

- Discussion regarding the appropriateness of continuing skilled therapy;
- List of current problems and deciding a priority/focus of treatment;
- Identifying the appropriate intervention(s) for new or ongoing goal achievement;
- Modification of interventions(s);
- Revision of plan of care, as needed;
- Correlation to meaningful change in function;
- Deciphering effectiveness of intervention(s).

Treatment session: Documentation of a treatment session should include:

- Date of treatment;
- Specific treatment(s) provided that match the procedure codes billed;
  - Total treatment time;
  - Beneficiary's response to treatment;
  - Progress towards goals;
  - Any problems or changes to the plan of care;
  - Name and credentials of the treating clinician.