

Physical and occupational therapy – rehabilitative – Minnesota Health Care Programs

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Occupational Therapy (OT) visits count towards Physical Therapy (PT) limits unless modifier 'GO' is used when billing.

Coverage

Physical therapy (PT) and occupational therapy (OT) visits are covered subject to the indications listed below and per your plan documents.

Indications that are covered

To be covered as a rehabilitation and therapeutic service, occupational and physical therapy must:

1. Be prescribed by a physician or other licensed practitioner of the healing arts, and
2. Require the skills of at least one of the following: a physical therapist, an occupational therapist, a physical therapy assistant who is working under the supervision of a physical therapist, or an occupational therapy assistant working under the supervision of an occupational therapist.
3. Be specified in a plan of care that is reviewed and revised as medically necessary by the member's attending physician, or other licensed practitioner of the healing arts, at least once every 90 days.
4. Be provided to a member whose functional status is expected by the physician (or other licensed practitioner of the healing arts) to progress toward or achieve the objectives in the member's plan of care within a 90-day period.
5. Providers must comply and adhere to all DHS provider manual rules regarding plan of care and documentation.

Specialized maintenance therapy

Specialized maintenance therapy coverage is limited to members aged 20 and under.

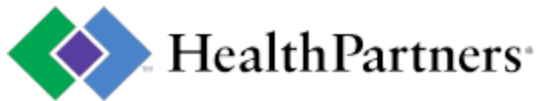
Specialized maintenance therapy is a health service specified in the member's plan of care and certified by a physician, or other licensed practitioner of the healing arts within the practitioner's scope of practice under state law.

The therapy must be necessary for maintaining a member's functional status at a level consistent with his or her physical or mental limitations, and may include treatments in addition to rehabilitation nursing services. Specialized maintenance therapy is covered only when provided by any of the following:

1. Physical therapist
2. Physical therapy assistant
3. Occupational therapist
4. Occupational therapy assistant
5. Speech-language pathologist

Specialized maintenance therapy must be specified in a Plan of Care that meets the requirements of this section, and provided to members whose condition cannot be maintained or treated through only:

1. Rehabilitation nursing services
2. Services of other care providers
3. The member, because the member's physical, cognitive or psychological deficits result in:
 - A. Spasticity or severe contracture that interferes with the activities of daily living or with completing routine nursing care, or that has resulted in decreased functional ability compared to the member's previous level of function
 - B. A chronic condition that results in physiological deterioration and that requires specialized maintenance therapy services or equipment to maintain strength, range of motion, endurance, movement patterns (functional mobility such as gait, transfers, ambulation, bed or chair mobility),



activities of daily living, cardiovascular function, integumentary status, or positioning necessary for completing the member's activities of daily living, or decreased abilities relevant to the member's current environmental demands

Specialized maintenance therapy must have expected outcomes that are:

1. Functional
2. Realistic
3. Relevant
4. Transferable to the member's current or anticipated environment, such as home, school, community or work
5. Consistent with community standards

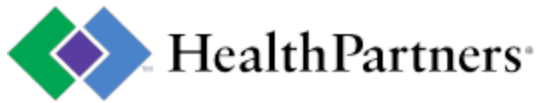
Specialized maintenance therapy must meet at least one of the following characteristics:

1. Prevent deterioration and sustain function
2. Provide interventions, in the case of a chronic or progressive disability, that enable the member to live at his or her highest level of independence
3. Provide treatment interventions for members who are progressing but not at a rate comparable to the expectations of restorative care

Indications that are not covered

The following are not covered under rehabilitation services:

1. Physical or occupational therapy that is provided without an order from a physician or other licensed practitioner of the healing arts
2. Services for physical or occupational therapy provided by a person who was issued a temporary permit for physical therapy or a temporary license for occupational therapy and the temporary permit or license has expired
3. Specialized maintenance therapy for members age 21 and over
4. Art and craft activities for the purpose of recreation
5. Services that are not:
 - A. Medically necessary
 - B. Documented in the member's health care record
 - C. Part of the member's plan of care
 - D. Designed to improve or maintain the functional status of a member with a physical impairment or a cognitive or psychological deficit
6. Services specified in a plan of care that is not reviewed and revised as medically necessary by the member's attending physician or practitioner of the healing arts as defined in this section
7. Services by more than one provider of the same type for the same diagnosis unless the school district provides the service as specified in the member's Individual Education Plan (IEP)
8. A rehabilitation and therapeutic service for which Medicare denies payment because of the provider's failure to comply with Medicare requirements
9. Vocational or educational services, including functional capacity evaluations, except as provided under IEP-related services
10. Services provided by a therapy aide or therapy student
11. Psychosocial services
12. Record keeping, documentation and travel time (the time taken to wait for and transport a member to and from therapy sessions)
13. Services provided by a rehabilitation agency that take place in a sheltered workshop, Day Training and Habilitation center (DT&H), Day Activity Center (DAC) or a residential or group home that is an affiliate of the rehabilitation agency
14. Services provided by a long-term care facility that are included in the costs covered by the per diem payment including:
 - A. Services for contracture that are not severe and do not interfere with the member's functional status or with completing nursing care as required for licensure of the long-term care facility
 - B. Ambulation of a member who has an established functional gait pattern
 - C. Services for conditions of chronic pain that do not interfere with the member's functional status and that can be treated by routine nursing measures
 - D. Services for activities of daily living when performed by the therapist, therapy assistant or therapy aide
 - E. Bowel and bladder retraining programs
 - F. Yearly assessments of long-term care residents to meet the Omnibus Budget Reconciliation Act (OBRA) regulations



Definitions

Functional status: The ability to carry out the tasks associated with daily living.

Practitioner of the healing arts: For the purposes of this section, a practitioner of the healing arts includes any person who engages in the practice of medicine or surgery, the practice of osteopathy, or a practitioner whose scope of practice under state law includes the diagnosis of disease or health condition and prescribing treatment. For rehabilitation services, these practitioners are limited to physicians, physician assistants, nurse practitioners, podiatrists, dentists, clinical nurse specialists and certified nurse midwives.

Rehabilitation and therapeutic services: Restorative therapy, specialized maintenance therapy and rehabilitation nursing services.

Rehabilitation nursing services: Nursing homes must have an active program of rehabilitation nursing care directed toward helping each resident to achieve and maintain the highest practicable physical, mental and psychosocial well-being according to the comprehensive resident assessment and plan of care. Continuous efforts must be made to encourage ambulation and purposeful activities.

Restorative therapy: A health service specified in the member's plan of care, ordered by a physician or other licensed practitioner of the healing arts within the practitioner's scope of practice under state law, who has certified that the service is designed to restore the member's functional status to a level consistent with the member's physical or mental limitations.

Specialized maintenance therapy: A health service specified in the member's plan of care and certified by a physician or other licensed practitioner of the healing arts within the practitioner's scope of practice under state law. The physician must certify that the service is designed to maintain a member's functional status to a level consistent with the member's physical or mental limitations.

Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

Medical Director Committee Approval 07/01/97; Revised 06/01/00, 07/01/05, 01/16/2012, 12/8/2016, 4/7/17, 12/11/19; Annual Review 06/01/06, 8/1/07, 8/1/08, 9/9/09, 5/18/10, 5/2011, 1/2012, 1/2013, 1/2014, 1/2015, 12/2015, 11/2016, 11/2017, 11/2018, 11/2019, 11/2020, 11/2021, 11/2022

References

1. [Minnesota Health Care Programs \(MHCP\) Provider Manual-Rehabilitation Services. Revised: January 25, 2022.](#)