

Fact Sheet: Outpatient Physical, Occupational and Speech Therapy Services

The following fact sheet applies to VillagecareMAX Medicare Advantage and Total Medicare Advantage Plans.

Medical Necessity

VillageCareMAX considers a prescribed course of outpatient physical therapy (PT), occupational therapy (OT), Speech therapy (ST) medically necessary when the following criteria is met:

- The PT/OT/ST therapy services are considered medically necessary to improve, adapt or restore functions which have been impaired or permanently lost.
- In order for a member to receive outpatient rehabilitation services, the member should be under the care of a physician who certifies the member needs and can tolerate an outpatient rehabilitation program.
- The individual's condition has the potential to improve or is improving in response to therapy, maximum improvement is yet to be attained; and there is an expectation that the anticipated improvement is attainable in a reasonable and generally predictable period.
- The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals.
- Improvement is evidenced by successive objective measurements.
- The services are delivered by a qualified provider of physical/occupational and/or speech therapy services (i.e., appropriately trained and licensed by the state to perform physical therapy services).
- Physical/occupational/speech therapy occurs when the judgment, knowledge, and skills of a qualified provider of therapy services are necessary to safely and effectively furnish a recognized therapy service due to the complexity and sophistication of the plan of care and the medical condition of the individual, with the goal of improvement of an impairment or functional limitation.
- The services must be provided in accordance with an ongoing, written plan of care that is reviewed with and approved by the treating physician in accordance with applicable state laws and regulations.
- The Therapy Plan of Care should be of such sufficient detail and include appropriate objective and subjective data to demonstrate the medical necessity of the proposed treatment.

Request for Services

The Outpatient Rehabilitation Provider must submit a completed the Prior Authorization form and clinical documentation to VCMAX to assist in the medical necessity review process. (See Attached).

Documentation Guidelines

Initial Exam/Evaluation

The PT/OT/ST performs an initial examination and evaluation to establish a therapy diagnosis, prognosis, and a plan of care prior to the treatment interventions.

The evaluation must include the following:

- History of illness or disability
- Relevant review of systems
- Pertinent physical assessment
- Current and previous level of functioning
- Tests or measurements of physical function to facilitate outcome measurement
- Potential for improvement in the patient's physical function over a clearly defined period of time.
- Recommendations for treatment and patient and/or caregiver education
- Treatment meets accepted standards of discipline-specific clinical practice and is targeted and effective in the treatment of the member's diagnosed impairment or condition.
- Treatment does not duplicate services provided by other types of therapy, or services provided in multiple settings.

The written Plan of Care is signed by the therapist must include all of the following:

- Diagnosis with date of onset or exacerbation
- Short- and long- term functional treatment goals that are specific to the member's diagnosed condition or impairment, and measurable relative to the member's anticipated treatment progress. Planned treatment techniques and interventions are detailed, including **amount, frequency, and duration** required to achieve measurable goals.
 - Treatment goals should be specific to the member's diagnosed condition or functional or physical impairment
 - Treatment goals must be functional, measurable, and attainable and time based.
 - Treatment goals must relate to member-specific functional skills;
 - Treatment frequency, duration, and anticipated length of treatment session(s); an
 - Therapeutic methods and monitoring criteria
- Education of the member and primary caregiver, if applicable. This should include a plan for exercises/interventions to be completed at home between sessions with the therapist.
- A brief history of treatment provided to the member by the current or most recent provider, if applicable.

Continued Authorization

Continued coverage for outpatient rehabilitation services requires regular documentation supporting significant progress toward treatment goals. Treatment progress must be clearly documented in an updated POC/current progress summary signed by the therapist, and submitted by the requesting provider at the end of each authorization period and/or when additional visits are being requested.

Progress summary reports should include at a minimum:

- Start date of therapy
- Time period covered by the report
- All diagnoses
- Statement of the patient's functional level at the beginning of the progress report period and current status relative to baseline data at evaluation or previous progress report; objective measures related to goals should be included
- Changes in prognosis, plan of care, and goals; and why
- Signature and title of qualified professional responsible for the therapy services

If you have any questions regarding the information on the fact sheet, please contact the Provider Relations Department at providerrelations@villagecare.org or 718 517 2783.