SECTION 2

PHYSICAL THERAPY SERVICES

BY INDEPENDENT PHYSICAL THERAPISTS

(including Group Practices)

Not in Rehabilitation Centers

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ATTACHMENT: PHYSICAL THERAPY PROCEDURE CODES

1 GENERAL POLICY

Physical therapy as described in this section is a benefit of the Utah Medicaid Program when provided by a licensed, qualified physical therapist. Beginning October 1, 2001, physical therapy services may also be performed by a physical therapy assistant under the immediate supervision of a physical therapist as defined in Chapter 1 - 3, Definitions.

The policy in this section applies only to independent physical therapists, including group practices. For physical therapy services in rehabilitation centers with treatment planning teams or committees, refer to SECTION 2 titled Physical Therapy and Occupational Therapy Services in Rehabilitation Centers.

Physical therapy evaluation and treatment are authorized under the authority of the 42 CFR in the following sections.

a. 405.1718a — Medicare Standard, Nursing Home patients;
b. 405.1718b — Medicare Standard, nursing Home equipment;
c. 405.1718e — Medicare Standard, Nursing Home personnel;
d. 440.70(b)(4) — Home health provisions of service;
e. 440 - 1(a)(1)(2) — Physical therapy definition and qualifications;
f. 442.486 — Physical Therapy services, ICF/MR;
g. 442.487 — ICF/MR records and evaluation.
h. Utah Administrative Code, Utah Department of Health Rule R415-021, Physical Therapy.

1 - 1 Purpose

The purpose of the physical therapy program is to increase the functioning ability of a client with a temporary or permanent disability.

The rehabilitation goals must include evaluation of the potential of each client, the factual statement of the level of functions present, the identification of the goal that may reasonably be achieved, and the predetermined space of time and concentration of services that would achieve the goal.

The Medicaid program is designed to provide services within financial limitations. They must balance a desired level of function with an achievable level of function within a defined length of time. The objectives of the program are to provide a scope of service, supplementary information, limitations, and instructions concerning prior authorizations, billing, and utilization which clearly direct the provider to accomplish the goals he has identified for the client.

The goal of the physical therapist is to improve the ability of the client, through the rehabilitative process, to function at a maximum level.

1 - 2 Objectives of Physical Therapy

Objectives of physical therapy must include:

1. The evaluation and identification of the existing problem, not an anticipated problem;
2. The evaluation of the potential level of function actually achievable;
3. The restoration, to the level reasonably possible, of functions which have been lost due to accident or illness;
4. The establishment, to the level reasonably possible, of functions which are lacking due to defects of birth;
5. The eventual termination or transfer of the responsibility for identified procedures to family, guardians, or other care-givers.

1 - 3 Definitions

Physical therapy means (1) treatment by the use of exercise, massage, heat or cold, air, light, water, electricity, or sound in order to correct or alleviate a physical or mental condition or prevent the development of a physical or mental disability, or (2) the performance of tests of neuromuscular function as an aid to diagnosis or treatment. Utah Code Annotated, Section 58-24a-3.

Physical therapist and physiotherapist are equivalent terms for a qualified provider who practices physical therapy. A reference to any one of these includes the others. Utah Code Annotated, Section 58-24a-3. A qualified physical therapist must meet three conditions:

1. Be a graduate of a program of physical therapy approved by both the Council on Medical Education of the American Medical Association and the American Physical Therapy Association, or its equivalent;

2. Be licensed by the State of Utah; and

3. Be an enrolled provider for the Utah Medicaid Program.

A physical therapy assistant may perform services under the immediate supervision of a physical therapist as defined by Utah Code 58-24a-102: "Immediate supervision" means the supervising physical therapist is:
(a) present in the area where the person supervised is performing services; and
(b) immediately available to assist the person being supervised in the services being performed.

The patient record must be signed by the physical therapist following the treatment rendered by a physical therapy assistant to certify the treatment was performed under his or her supervision. A physical therapy aide may only provide supplemental care, such a counting repetitions and maintaining exercising form and technique as a coach under the immediate supervision of the supervising physical therapist.

Rehabilitation:
the process of treatment that leads the disabled client to attainment of maximum function. (Taber's Cyclopedic Medical Dictionary)

Rehabilitation Services:
the delivery of rehabilitative medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of practice under state law, for maximum reduction of physical or mental disability and restoration of a client to the best possible functional level (42 CFR 440 - 2 (d).

1 - 4 Clients Enrolled in a Managed Care Plan

A Medicaid client enrolled in a managed health care plan, such as a health maintenance organization (HMO), must receive all health care services through that plan. Refer to SECTION 1- GENERAL INFORMATION, Chapter 5, Verifying Eligibility, for information about how to verify a client's enrollment in a plan. For more information about managed health care plans, please refer to SECTION 1- GENERAL INFORMATION, Chapter 4, Managed Care Plans. Each plan may offer more benefits and/or fewer restrictions than the Medicaid scope of benefits explained in this section of the Utah Medicaid Provider Manual. Each plan specifies services which are covered, those which require prior authorization, the process to request authorization and the conditions for authorization.

All questions concerning services covered by or payment from a managed care plan must be directed to the appropriate plan. Medicaid does NOT process prior authorization requests for services to be provided to a Medicaid client who is enrolled in a capitated managed care plan when the services are included in the contract with the plan. Providers requesting prior authorization for services for a client enrolled in a managed care plan will be referred to that plan.

A list of HMOs with which Medicaid has a contract to provide health care services is included as an attachment to the provider manual. Please note that Medicaid staff make every effort to provide complete and accurate information on all inquiries as to a client's enrollment in a managed care plan. Because eligibility information as to what plan the client must use is available to providers, a "fee-for-service" claim will not be paid even when information is given in error by Medicaid staff.

1 - 5 Clients NOT Enrolled in a Managed Care Plan (Fee-for-Service Clients)

Medicaid clients who are *not* enrolled in a managed care plan may receive services from any provider who accepts Medicaid. This provider manual explains the conditions of coverage for Medicaid fee-for-service clients.

1 - 6 Residents of Intermediate Care Facilities for Mentally Retarded (ICF/MR)

An ICF/MR facility must provide and pay for physical therapy when a client resides in the facility and requires physical therapy as part of the plan of care. Reference: 42 CFR 442.486

Evaluation and therapy are components of the treatment plan and are the responsibility of the facility.

2 COVERED SERVICES

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All physical therapy services must be preformed by a physical therapist or by a physical therapy assistant if under the immediate supervision of a physical therapist as defined by Utah Code 58-24a-102:

"Immediate supervision" means the supervising physical therapist is:

(a) present in the area where the person supervised is performing services; and

(b) immediately available to assist the person being supervised in the services being performed.

The patient record must be initialed by the physical therapist following the treatment rendered by a physical therapy assistant to certify the treatment was performed under his/her supervision. Physical Therapy aids may only provide supplemental care, such a counting repetitions and maintaining exercising form and technique as a coach under the immediate supervision of the supervising physical therapist

Physical therapy includes therapeutic exercise and the modalities of heat, cold, water, air, sound, massage and electricity; client evaluations and tests; and measurements of strength, balance, endurance, range of motion, and activities.

1. Clients must be referred by a doctor of medicine, osteopathy, dentistry or podiatry.

2. The evaluation does not require prior approval, unless performed by a home health agency. Refer to Chapter 2 - 3, Limitations, Home Health.

3. Evaluations are limited to one evaluation per treatment course for a specific condition or diagnosis. Written prior authorization is required beyond this limit.

4. The services must be of a level of complexity and sophistication, or the condition of the client must be such that services required can be safely and effectively performed only by a qualified physical therapist.

5. Services must be professionally appropriate according to standards in the field, utilizing professionally appropriate methods and materials, in a professionally appropriate environment.

6. Provision of service must be with the expectation that the condition under treatment will improve in a reasonable and predictable time. Length of time and number of treatments will be predicated by Physical Therapy Association guidelines. A service must be reasonable and necessary to the treatment of the client's condition. A service is not reasonable and necessary when the potential for rehabilitation is insignificant in relation to the extent and duration of physical therapy. If, at any point in treatment, there is no longer the expectation of significant improvement in a reasonable time, services will no longer be considered reasonable.

7. The amount, frequency, and duration of the services must be reasonable.

8. Physical therapy treatments are limited to one per day. The evaluation and the first treatment may be billed on the same date of service.

9. All therapy services after the first 10 sessions per client per provider per calendar year require prior authorization.

2 - 1 Physical Therapy Procedures

The therapy procedure code includes various physical therapy modalities: heat, cold, Whirlpool, massage, air and sound therapy, etc. There are no specific procedure codes in the Medicaid program for specific therapies. The therapist may bill any necessary modality under the one procedure code.

2 - 2 Limitations

1. More than ten services per calendar year per client per provider are not reimbursable without prior approval following the evaluation.

2. All other services by the same billing provider require prior authorization.

3. Clinics
   Physical therapists associated with a professional practice group in a hospital or clinic are required to use the Medicaid physical therapy guidelines, service definitions and codes for their services when their licence number is identified on the claim. All limitations apply, including prior approval for all services after the first 10 sessions, except evaluation. CPT codes for physical medicine are to be used only when the physician directly performs the service and bills Medicaid with the physicians's provider number.

4. Hot Pack, Hydro collator, Infra-Red Treatments, Paraffin Baths and Whirlpool Baths
   Heat treatments of this type, including whirlpool baths, do not ordinarily require the skills of a qualified physical therapist. However, in a particular case, the skills, knowledge, and judgment of a qualified physical therapist might be required in such treatments as baths (e.g., where the client's condition is complicated by circulatory deficiency, areas of desensitization, open wounds, or other complications) Also, if such treatments are given prior to, but as an integral part of, a skilled physical therapy procedure, these treatments would be considered part of the physical therapy service.

5. Gait Training
   Gait evaluation and training furnished a client whose ability to walk has been impaired by neurological, muscular or skeletal abnormality, require the skills of a qualified physical therapist. However, if gait evaluation and training cannot reasonably be expected to improve significantly the client's ability to walk, such services would not be considered reasonable or medically necessary. Repetitious exercises to improve gait or maintain strength and endurance and assist in walking, such as provided in support for feeble or unstable clients, are appropriately provided by supportive personnel (e.g., aides or nursing personnel) and do not require the skills of a qualified physical therapist.

6. Ultrasound, Shortwave, and Microwave Treatments
   These modalities must always be performed by a qualified physical therapist.

7. Range of Motion Tests
   Therapeutic exercises which must be performed by or under the supervision of a qualified physical therapist, due either to the type of exercise employed or condition of the client, would constitute physical therapy. Range of motion exercises require the skills of a qualified physical therapist only when they are part of active treatment of a specific disease which has resulted in the loss or restriction of mobility (as evidenced by physical therapy notes showing the degree of motion lost and the degree to be restored). Such exercises, either because of their nature or condition of the client, may be performed safely and effectively by a qualified physical therapist briefly. Generally, range of motion exercises related to the maintenance of function do not require the skills of a qualified physical therapist and are not reimbursable

8. Wound debridement is covered if hydrotherapy is used to facilitate the debridement. A simple bandage change is not reimbursable as a physical therapy treatment.

9. Home Health Limitations

   A. In a home health agency where the therapist is an employee of the agency or where there is a contractual arrangement with the therapist, the home health agency must follow the Medicaid guidelines.

   B. All therapy services, including the evaluation, require prior authorization.

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3 NON-COVERED SERVICES

The following services are not covered:

1. Treatment for social or educational needs;

2. Treatment for clients who have stable chronic conditions which cannot benefit from physical therapy services;

3. Treatment for clients for whom there is no documented potential for improvement;

4. Treatment for clients who have reached maximum potential for improvement;

5. Treatment for clients who have achieved stated goals;

6. Treatment for non-diagnostic, non-therapeutic, routine, repetitive or reinforced procedures;

7. Treatment for cardiovascular accident (CVA) which begins more than 60 days after onset of the CVA;

8. Treatment for residents of ICF/MFR;

9. Treatment in excess of one session or service per day.

4 PRIOR AUTHORIZATION

The evaluation and nine services per calendar year per client are reimbursable without prior authorization. All other services by the same provider require prior authorization. For general information about the prior authorization process, refer to SECTION 1, GENERAL INFORMATION of this Provider Manual, Chapter 9, Prior Authorization Process.

1. The request for prior approval for treatment should include a copy of the plan of treatment for the client or a document which includes:

   A. The diagnosis and the severity of the medically oriented disorder or disability;

   B. For clients with a cardiovascular accident (CVA), when the CVA was diagnosed (must be within 60 days);

   C. The prognosis for progress within a reasonable and predictable time to an identified level;

   D. The expected goals and objectives for the client; services are professionally appropriate under standards in the field, utilizing professionally appropriate methods and materials, in a professionally appropriate environment.

   E. A plan that explicitly states the methods to be used and the termination conditions.

   F. The detail of the method(s) of treatment;

   G. The frequency of treatment sessions, length of each session, and duration of the program.

2. Prior Approval

   A. The number of services approved will be based on the documented diagnosis, history, and goals, not to exceed one treatment per day.

   B. The Utilization Management Staff in the Division of Health Care Financing use guidelines provided by the American Physical Therapy Association.

   C. In most cases, authorization for services will be given only ONCE. However, if continued sessions are necessary after the prior-approved sessions, the therapist may submit a new request (telephone or written) for reauthorization. Include a medical evaluation and documentation from the physician, as well as the therapist; a new treatment plan defining the new goals; supplemental data such as past treatment, progress made, family problems that may hinder progress, etc., and a definite termination date.

5 PROCEDURE CODES

The physical therapy codes in this section may be used only by a qualified, independent physical therapist. If the physical therapist is associated with a rehabilitation center, the therapist must refer to SECTION 2 titled Physical Therapy and Occupational Therapy Services in Rehabilitation Centers.

Physical therapy procedure codes are as follows:

Q0086, Physical therapy evaluation/treatment, per visit

The first 10 visits which include the evaluation do not require prior authorization. All additional visits require prior authorization.

A complete list of codes, diagnoses, modalities and limits is included with this manual.

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