

# Suggestions for the Efficient Utilization of Therapy and Physical Medicine Services

## Therapy and physical medicine services must be medically necessary

Physical therapy and physical medicine services are considered medically necessary when:<sup>(1,2)</sup>

- They are appropriate to the evaluation of the disease, condition or illness
- Services are neither more nor less than what is required
- They adhere to the standard of care that applies to the treatment of the patient
- They reflect efficient and cost-effective rehabilitation of impairments or functional limitations
- They increase the likelihood of significant functional improvement within a reasonable amount of time

Note: Maintenance or repetitive care is not considered medically necessary

- They are provided using evidence of effectiveness
- They are not provided exclusively for the convenience of the patient
- Physical therapy is provided by the therapist or under his or her direction and supervision
- Physical medicine services are provided by the chiropractor

## Care should be patient-focused

- **Patient education is the key to success.**
- Each patient is addressed individually, based on evaluation and response to treatment.
- Frequency of care (intensity) is modified over the course of the episode of care according to patient needs and progress.
- The therapist or chiropractor monitors the patient's progress and communicates that progress to the physician with clear, objective data in a timely fashion.

## The physician plays a role in the efficient utilization of therapy or physical medicine services

- Understand that the therapist or chiropractor is a well-trained, skilled rehabilitation professional.
- Be familiar with the evidence base for physical therapy, physical medicine and rehabilitation protocols.
- Communicate risk factors for postsurgical stiffness and less than optimal outcomes.
- Consider that the therapist or chiropractor has one-on-one contact with the patient and is monitoring progress.
- Discuss the frequency and duration of care after the patient evaluation is completed.
- Support the therapist's or chiropractor's decision to reduce the frequency of care when appropriate while monitoring the patient's functional gains.
- Optimally, the physician's referral for therapy or physical medicine services should be written for a range of visits of 1 to 3 times per week or, where appropriate, for "evaluate and treat."
- Support the therapist's or chiropractor's recommendation for discharge when the patient can continue independently or when the patient has reached a plateau. Please do not send the patient back for additional care. The therapist or chiropractor is indicating that skilled care is no longer necessary at this time.

Note: Medically necessary care cannot be performed solely for the patient's benefit, without reasonable expectation for functional improvement.

## The patient or guardian is responsible for compliance with a home program

- The home program should start with the first treatment.
- Exercises and other treatments that can be done at home should not be done in the clinic except to determine whether the patient is doing the exercises and other treatments correctly.
- Passive exercise can usually be performed by the patient (with or without the support of others) as part of a home program. Patients doing passive exercise may need to be seen by the therapist or chiropractor once or twice a week to check on progress.

## Be familiar with the clinical case manager review process

Case managers review for the following:

### Need for skilled services by the therapist or chiropractor

**Medical necessity**, as determined by ongoing assessment of the patient. This includes:

- Practice standards
- Clinical status:
  - Muscle strength <4/5
  - Pain >3/10
  - Less-than-functional range of movement
  - Functional deficits)
- Not necessarily “what the doctor ordered,” but determined by the patient’s functional needs and an evidence-based approach

Note: The therapist or chiropractor is responsible for communicating with referring physician.

**Initiation of home program** that addresses patient needs and can be administered by the patient or a caregiver.

**Progress (or lack of progress) of the patient.** The *Patient-Specific Functional Scale* has been validated for use in determining change in patient functional level.<sup>(3,4,5,6)</sup>

### Case metrics

- Frequency of care performed and required
- Duration of therapy or physical medicine episode

**Identification of risk factors** with the likelihood of suboptimal outcomes:

- Stiffness
- Disease process (infection, diabetes, etc.)
- Noncompliance

## Be aware of utilization issues

### Pediatrics

- BCN allows authorization of the acute episode of care (first episode of care or care after a significant change in the patient’s function) for instruction in a home management program.
- Four to six visits are usually authorized to establish the home program.

### Passive therapy or physical medicine after surgery

- ROM is expected to be limited immediately after surgery as a result of limited motion, swelling and pain.
- Therapy or physical medicine services may be reduced to one time per week after the patient and family have been instructed in the appropriate motion exercise and the patient has demonstrated competence.
- Evidence-based research does not demonstrate improved outcomes with clinic-based therapy or physical medicine services during passive phases of rehabilitation.<sup>(7,8,9,10)</sup>

**Length of stay.** Rigorous analysis of utilization indicates that 95 percent non-operative physical therapy or physical medicine episodes’ range have a duration of less than 70 days<sup>(24,25)</sup> with an average duration of four to six weeks.<sup>(24-27)</sup> Operative physical therapy or physical medicine episodes of care typically do not exceed 120 days from the date of surgery.<sup>(8)</sup>

**Frequency of therapy or physical medicine services.** Exercise necessary to achieve therapy or physical medicine goals does not need to be performed in the clinic on a three-times-per-week basis.

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## Be aware of utilization issues (continued)

**Home-based versus clinic-based exercise.** Home-based services are emphasized when the likely outcome of a home-based program is equal to or superior to that of a clinic-based program:

- **Strengthening and stretching programs need to be transitioned to home, as they require repetition in order to be effective and do not require the skills of a therapist or chiropractor after education in the program.**<sup>(11,12,13)</sup>
- Skilled physical therapy or physical medicine services are emphasized when evaluation of the patient status and progress indicates that clinic-based services are the most effective path to improving function and reducing risk for a less optimal outcome.

Note: Evidence-based practice indicates that home-based exercise regimens yield equivalent functional and clinical outcomes in the absence of risk factors for stiffness or impaired healing.

- Shoulder – rotator cuff repair<sup>(7,8,14,15)</sup>
- Shoulder – nonsurgical rehabilitation<sup>(10,16,17)</sup>
- Knee<sup>(9,18)</sup>
- Ankle<sup>(19,20)</sup>
- Hip – total hip arthroplasty<sup>(21)</sup>
- Stroke<sup>(22,23)</sup>

## — GLOSSARY OF TERMS —

### Medically necessary services

Medically necessary services are defined as covered services provided by a qualified, licensed provider exercising prudent clinical judgment would provide to a member for the purpose of evaluating or treating an illness, injury, disease or its symptoms, and that are:

- In accordance with BCN accepted standards of practice
- Clinically appropriate
- Not primarily for the convenience of the member, therapist or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic results as the treatment of that member's illness, injury or disease.

From BCN Medical Policy: *Physical & Occupational Therapy (Outpatient)*; CMS Publication 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 220.2 – “Reasonable and Necessary Outpatient Rehabilitation Therapy Services” (Rev. 63, Issued: 12-29-06, Effective: 01-01-07, Implementation: on or before 01-29-07)

To be considered reasonable and necessary, each of the following conditions must be met:

- The services shall be considered under accepted standards of medical practice to be a specific and effective treatment for the patient's condition.
- The services shall be of **such a level of complexity and sophistication or the condition of the patient shall be such that the services required can be safely and effectively performed only by a therapist or chiropractor**, or in the case of physical therapy and occupational therapy by or under the supervision of a therapist. Services that do not require the performance or supervision of a therapist or chiropractor **are not skilled and are not considered reasonable or necessary therapy or physical medicine services, even if they are performed or supervised by a qualified professional**.
  - There must be an **expectation that the patient's condition will improve significantly in a reasonable (and generally predictable) period of time, or the services must be necessary for the establishment of a safe and effective maintenance program** required in connection with a specific disease state. In the case of a progressive degenerative disease, service may be intermittently necessary to determine the need for assistive equipment or establish a program to maximize function
  - **The amount, frequency, and duration of the services must be reasonable** under accepted standards of practice. For these purposes, “accepted standards of medical practice” means standards that are **based on credible scientific evidence published in the peer-reviewed literature** generally recognized by the relevant health care community, specialty society evidence-based guidelines or recommendation, or expert clinical consensus in the relevant clinical areas.

## GLOSSARY OF TERMS (continued)

### Skilled care

Skilled care is therapy or physical medicine services that requires the judgment, knowledge and skills of a qualified provider of physical therapy or physical medicine services, due to the complexity of the therapy or physical medicine services and the physical condition of the patient. A qualified provider of physical therapy or physical medicine services is one who is licensed and performs within the scope of licensure.

### Nonskilled therapy

Nonskilled therapy includes but is not limited to routine, repetitive procedures that do not require one-to-one intervention such as stationary bike riding, progressive resistive exercise after instruction and passive ROM. These procedures do not generally require the skills of a qualified provider of physical therapy or physical medicine services and are therefore not covered.

### Maintenance

- Maintenance is the point at which no further improvement in restoration of function, reduction in disability or relief of pain is demonstrated or expected.
- Coverage is not available for therapy or physical medicine services that is intended to maintain the patient's status and prevent deterioration but that is not expected to significantly improve the condition.

### Home program or independent program

A home or independent program consists of exercises or treatments that a member can do independent of the therapist or chiropractor in an alternate setting such as his or her home or gym.

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