



## Medical Necessity Guideline

<b>Medical Necessity Guideline (MNG) Title: Recommendations for Intermittent Skilled Therapy in a Skilled Nursing Facility (SNF)</b>		
<b>MNG #: 060</b>	<input type="checkbox"/> SCO <input type="checkbox"/> One Care	<b>Prior Authorization Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Clinical:</b> <input type="checkbox"/>	<b>Operational:</b> <input checked="" type="checkbox"/>	<b>Informational:</b> <input type="checkbox"/>
<b>Medicare Benefit:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Approval Date:</b> 4/1/2021;	<b>Effective Date:</b> 06/19/2021
<b>Last Revised Date:</b>	<b>Next Annual Review Date:</b> 4/1/2022;	<b>Retire Date:</b>

**OVERVIEW:**

**Skilled Therapy:** The assessment, planning, intervention and evaluation of goal-oriented rehabilitative services that require the skills of a licensed physical, speech/language and occupational therapist to safely and effectively furnish a recognized therapy service whose goal is improvement of an impairment or functional limitation for members that are in a Skilled Nursing Facility and covered by Medicare Part B.

**DEFINITIONS:**

**NPP- Non-physician practitioner (physician assistants, nurse practitioners, clinical nurse specialists)**

**SNF- Skilled Nursing Facility**

**PT- Physical Therapy**

**OT- Occupational Therapy**

**DECISION GUIDELINES:**

**Clinical Coverage Criteria:** Intermittent skilled therapy may be covered and authorized in a SNF, if the following conditions are met:

To be considered reasonable and necessary, the services must meet Medicare guidelines. The guidelines for coverage of intermittent therapies include:

1. Services should be considered accepted standards of medical practice for the specific and effective treatment of the member’s condition. The amount, frequency and duration of services must be reasonable under the accepted standards of practice.
2. Services shall be of a level of complexity for the condition of the member that it requires the skills of a therapist to safely and effectively perform the service. A therapy plan of care is developed either by the physician/NPP, or by the physical therapist who will provide the physical therapy services, or the occupational therapist who will provide the occupational therapy services. The plan must be certified by a physician/NPP.
3. Rehabilitative therapy, *the* member’s condition has the potential to recover or improve in function 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 of time. Evaluation, re-evaluation and progress



## Medical Necessity Guideline

documentation must describe objective measurements which when compared show improvements in function or decrease in severity.

4. Skilled Therapy may be needed and improvement in the member's condition may occur, even where a chronic or terminal condition exists. In the absence of full or partial recovery the need for therapy services may be required intermittently to determine the need for assistive equipment or establish a program to maximize function. The deciding factor is that the service requires the skills of a therapist to maintain, prevent or slow further deterioration of the functional status.

5. The services that are provided must meet the description of skilled therapy below.

**Determination of need:** The authorizing clinician must determine that the member requires rehabilitative services. 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 only be safely and effectively performed by a qualified clinician, or therapists supervising assistants. The CCA clinician must consider the following:

Maintenance therapy occurs when the skills of a therapist (as defined by the scope of practice for therapists in each state) are necessary to safely and effectively furnish a recognized therapy service, whose goal is to maintain functional status or to prevent or slow further deterioration in functional status.

- If the specialized skill, knowledge and judgment of a qualified therapist are required to establish or design a maintenance program to maintain the patient's current condition or to prevent or slow further deterioration, the establishment or design of a maintenance program by a qualified therapist is covered.
- If skilled therapy services by a qualified therapist are needed to instruct the patient or appropriate caregiver regarding the maintenance program, such instruction is covered.
- If skilled therapy services are needed for periodic reevaluations or reassessments of the maintenance program, such periodic reevaluations or reassessments are covered.
- Such skilled care is necessary for the performance of a safe and effective maintenance program only when (a) the therapy procedures required to maintain the patient's current function or to prevent or slow further deterioration are of such complexity and sophistication that the skills of a qualified therapist are required to furnish the therapy procedure or (b) the particular patient's special medical complications require the skills of a qualified therapist to furnish a therapy service required to maintain the patient's current function or to prevent or slow further deterioration, even if the skills of a therapist are not ordinarily needed to perform such therapy procedures.
- An individualized plan of exercise and activity for patients and their caregiver(s) may be developed by clinicians to maintain and enhance a patient's progress during the course of skilled therapy, as well as after discharge from therapy services. Such programs are an integral part of therapy from the start of care and should be updated and modified as the patient progresses.

### LIMITATIONS/EXCLUSIONS:

(Documented limits or exclusions)



## Medical Necessity Guideline

- Intermittent therapy up to 3 visits per week per discipline (PT, OT, Speech) and cannot exceed four calendar days per week in total as approved by a CCA clinician. If member requires therapy more than 4 days per week then member may qualify for skilled level of care.
- Services that do not require the professional skills of a therapist to perform or supervise are not medically necessary, even if they are performed or supervised by a therapist, physician or NPP. Therefore, if a patient's therapy can proceed safely and effectively through a home exercise program, self-management program, restorative nursing program or caregiver assisted program, payment cannot be made for therapy services.
- If at any point in the treatment it is determined that the treatment becomes repetitive and does not require the unique skills of a therapist, the services are non-covered.
- There may be circumstances where the patient, with or without the assistance of an aide or other caregiver, does activities planned by a clinician. Although these activities may be supportive to the patient's treatment, if they can be done by the patient, aides or other caregivers without the active participation of qualified professional/auxiliary personnel, they are considered unskilled.
- If a patient's limited ability to comprehend instructions, follow directions, or remember skills that are necessary to achieve an increase in function, is so severe as to make functional improvement very unlikely, rehabilitative therapy is not required, and therefore, is not covered. However, limited services in these circumstances may be covered with supportive documentation, if the skills of a therapist are required to establish and teach a caregiver a safety or maintenance program.
  - This does not apply to the limited situations where rehabilitative therapy is reasonable and achieving meaningful goals is appropriate, even when a patient does not have the ability to comprehend instructions, follow directions or remember skills. Examples include sitting and standing balance activities that help a patient recover the ability to sit upright in a seat or wheel-chair, or safely transfer from the wheelchair to a toilet.
  - This also does not apply to those patients who have the potential to recover abilities to remember or follow directions, and treatment may be aimed at rehabilitating these abilities, such as following a traumatic brain injury.
- The use of therapy equipment such as therapeutic pools or gym machines alone does not necessarily make the treatment skilled.

### **AUTHORIZATION:**

Prior authorizations are required for all intermittent skilled therapy evaluations and treatment/visits. Authorization decisions require documentation of an in-person assessment of the member by a licensed physical therapist, speech/language therapist, or occupational therapist; the documentation must show why rehabilitative services are needed, what goals are to be achieved, and an approximate timeframe in which the goals can be expected to be achieved. (Note: the time indicated in the assessment shall not be considered a limitation; it will, however, guide when additional information may be requested to document the need for continued coverage).

### **REGULATORY NOTES:**

CMS Publication 100-02, *Medicare Benefit Policy Manual*, chapter 15, section 220.2(C).



## Medical Necessity Guideline

**RELATED REFERENCES:**

**ATTACHMENTS:**

<b>EXHIBIT A:</b>	Local Coverage Determination (LCD): Outpatient Physical and Occupational Therapy Services (L33631)
<b>EXHIBIT B</b>	

**REVISION LOG:**

REVISION DATE	DESCRIPTION

**Disclaimer:**

This Medical Necessity Guideline is not a rigid rule. As with all CCA’s criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member’s unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member’s unique clinical circumstances will generally be required.

**APPROVALS:**

Jennifer Thompson  
 \_\_\_\_\_  
**CCA Senior Clinical Lead [Print]**

*Jennifer Thompson*

\_\_\_\_\_  
**Signature**

Director, Transitions of Care  
 \_\_\_\_\_  
**Title [Print]**

4/1/2021

\_\_\_\_\_  
**Date**

Douglas Hsu, MD  
 \_\_\_\_\_

Vice President, Medical Policy and  
 Utilization Review  
 \_\_\_\_\_



### Medical Necessity Guideline

\_\_\_\_\_  
CCA Senior Operational Lead [Print]

*[Handwritten Signature]*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title [Print]

4/1/2021

\_\_\_\_\_  
Date

Lori Tishler, MD  
\_\_\_\_\_  
CCA CMO or Designee [Print]

*[Handwritten Signature]*

\_\_\_\_\_  
Signature

Senior Vice President, Medical Services  
\_\_\_\_\_  
Title [Print]

4/1/2021

\_\_\_\_\_  
Date