NEW YORK STATE
MEDICAID PROGRAM

REHABILITATION SERVICES

POLICY GUIDELINES

Table of Contents

Section I - Requirements for Participation in Medicaid

Qualified Practitioner

Qualified Practitioner, for the purpose of this section, means a therapist who has passed the necessary national examination, obtained state licensure, and performs within the scope of licensure as regulated by federal and state governments and as defined by the appropriate professional organization (e.g., American Physical Therapy Association (APTA), American Occupational Therapy Association (AOTA), and American Speech-Language-Hearing Association (ASHA)).

Physical Therapy (PT) assistants or Occupational Therapy (OT) assistants may provide services under the direction and supervision of their respective Physical or Occupational Therapist.

Certified teachers of the speech and hearing handicapped (TSHH) or certified teachers of students with speech and language disabilities (TSSLD) employed by the federal, state or a local government or by a public or non-public elementary or secondary school or an institution of higher learning may provide speech therapy services “under the direction of” a qualified NYS licensed and currently registered speech-language pathologist in the course of such employment.

Aides, athletic trainers, exercise physiologists, life skills trainers, special education teachers, paraprofessionals, and rehabilitation technicians do not meet the definition of a qualified practitioner regardless of the level of supervision.

Record Keeping Requirements

In addition to meeting the general record keeping requirements outlined in the General Policy Section for all providers, the qualifying documentation should be done in accordance with the clinician’s professional organization (e.g., APTA, AOTA, ASHA) standards.

Written Order Requirements

Rehabilitation services must be ordered, in writing, by a physician, physician assistant, or nurse practitioner so authorized by law. In addition, speech therapy services may be provided based on a written referral from a speech-language pathologist so authorized by law.

Section II - Definitions

For the purposes of the Medicaid program and as used in this Manual, the following terms are defined to mean:

Benefit Limit

Certain Medicaid enrollees are limited to 20 visits per fiscal year for occupational therapy, 20 visits per fiscal year for speech therapy, and 40 visits per fiscal year for physical therapy. The fiscal year begins April 1st and ends March 31st of the next year.

Certain Medicaid enrollees, settings, and circumstances are exempt from the visit limitations. These include:

- Children from birth to age 21 (until their 21st birthday)
- Individuals with a developmental disability (members with R/E code 95)
- Individuals with a traumatic brain injury (TBI) (members with R/E code 81, or having a traumatic brain injury as defined in Public Health Law Article 27-cc: https://codes.findlaw.com/ny/public-health-law/pbh-sect-2741.html)
- Individuals with both Medicare Part B and Medicaid coverage (dually eligible enrollees) when Medicare Part B payment is approved for the therapy service
- Rehabilitation services received as a hospital inpatient
- Individuals receiving rehabilitation services in a nursing home in which they reside
- Rehabilitation services provided by a certified home health agency (CHHA)

Duplicate therapy

The same therapy service(s) and/or treatment(s) provided by more than one therapy type (e.g., both Physical and Occupational Therapy, or both Occupational and Speech Therapy); OR the same discipline in different settings (e.g., School and Home based). Each specific discipline or same discipline in a different setting should, absent of unique circumstances documented in the medical record, have a unique and specific evaluation, treatment plan, goals, and therapeutic interventions.

Evaluation

An assessment of the beneficiary's physical and functional status used to determine if PT, OT, or ST services are medically necessary, gather baseline data including objective findings, and establish a treatment plan with reasonable and attainable goals within a defined period of time. Evaluations are administered with appropriate and relevant assessments using objective measures and/or tools. An evaluation is required prior to implementing any treatment plan.

Long Term Therapy Services

Physical, Occupational, and/or Speech therapy services, that due to a beneficiary's unique physical, cognitive or psychological status, require the knowledge or expertise of a licensed practitioner in order to maintain their physical and/or functional status. Outcomes must be functional, individualized, relevant, and transferrable to the current or anticipated environment. Therapeutic goals must meet at least one of the following characteristics: prevent deterioration and sustain function; provide interventions that enable the beneficiary to live at their highest level of independence in the case of a chronic or progressive disability; and/or provide treatment interventions for a beneficiary who is progressing, but not at a rate comparable to the expectations of restorative care.

Modifier

Two-digit code used to further define or explain the nature of the procedure. The appropriate modifier, from Table 1, must be included on prior authorization requests and claims to identify the specific type of therapy.

Table 1. Modifiers for Rehabilitation Procedures

Modifier	Description
GP	Services delivered under an outpatient physical therapy plan of care.
GO	Services delivered under an outpatient occupational therapy plan of care.
GN	Services delivered under an outpatient speech-language pathology plan of care.

Prior Authorization

Prior authorizations allow tracking of the number of rehabilitation visits per discipline an enrollee receives per benefit year. A prior authorization (PA) must be obtained for each therapy visit for enrollees not exempt from the visit limitation (See Benefit Limit definition). A unique prior authorization number must be obtained through the Dispensing Validation System (DVS) for each visit. Modifiers will be used to distinguish therapy types when requesting a DVS prior authorization number. A request for a prior authorization should be submitted before the provision of service. The request may be made after the date of the service and can be approved if the enrollee has not already been authorized for the maximum number of visits. A maximum of 20 prior authorization numbers will be issued for occupational therapy, 20 for speech therapy, and 40 for physical therapy. Further instructions on obtaining a DVS authorization number can be accessed online at:
https://www.emedny.org/ProviderManuals/AllProviders/supplemental.aspx#MEVS/DVS

Prior authorization does not ensure payment. Even if a service has been prior authorized, the provider still must verify an enrollee's eligibility via the MEVS before rendering service and the claim must be otherwise payable in accordance with the requirements as found in each related section of the provider manual.

NOTE: Providers do not need to get a PA for enrollees that are exempt from the benefit limit (e.g., R/E 95 and R/E 81 enrollees) or for rehabilitation therapy provided in exempt settings (e.g., hospital inpatient), or for rehabilitation services provided by a certified home health agency (CHHA). See Benefit Limit for more information.

Qualified Practitioner

A therapist who has passed the necessary national examination, obtained state licensure, and performs within the scope of licensure as regulated by federal and state governments and as defined by the appropriate professional organization (e.g., APTA, AOTA, ASHA).

Physical Therapy (PT) assistants or Occupational Therapy (OT) assistants may provide services under the direction and supervision of their respective Physical or Occupational Therapist.

Certified teachers of the speech and hearing handicapped (TSHH) or certified teachers of students with speech and language disabilities (TSSLD) employed by the federal, state or a local government or by a public or non-public elementary or secondary school or an institution of higher learning may provide speech therapy services "under the direction of" a qualified NYS licensed and currently registered speech-language pathologist in the course of such employment.

Aides, athletic trainers, exercise physiologists, life skills trainers, special education teachers, paraprofessionals, and rehabilitation technicians do not meet the definition of a qualified practitioner regardless of the level of supervision.

Re-evaluation

An assessment done to evaluate progress or to modify or redirect therapy services when there are new clinical findings, a rapid change in status, or failure to respond to the therapeutic interventions.

Rehabilitation Potential

The amount of improvement anticipated in a beneficiary in relation to the extent and duration of the therapy service provided. It includes consideration of previous functional status and the effects of the current condition or disease process.

Restorative Therapy

Physical, Occupational, and/or Speech therapy services that require the knowledge or expertise of a licensed practitioner. Services include diagnostic evaluation and therapeutic intervention designed to improve, develop, correct, or rehabilitate physical functions that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital abnormalities, or injuries.

Therapy Services

Medically necessary therapeutic activities and/or treatments provided by a qualified practitioner as defined above.

Section III – Coverage Criteria

Restorative or Long Term Physical, Occupational, or Speech therapy services are considered medically necessary when:

- The therapy services require the skills of, and are delivered by, a qualified practitioner; and
- The beneficiary has been evaluated or reevaluated for continuation of therapy services, and has an established treatment plan with reasonable and attainable goals that can be objectively measured by the use of standardized or non-standardized measures and tools; and
- The beneficiary has an identifiable clinical condition/diagnosis, is symptomatic, and the therapeutic interventions are directed at preventing disability and/or regression, improving, adapting, or restoring functions impaired or lost as a result of a specific illness, injury, neurodevelopmental disease or condition, surgery, loss of a body part, or congenital abnormality; and
- Therapeutic benefit has not been reached and the therapeutic interventions are for conditions that require the unique knowledge, skills, and judgment of a qualified practitioner and cannot or have not been met by a comprehensive maintenance services program or home program; and
- There is reasonable expectation that the therapeutic interventions, based on a beneficiary's rehabilitation potential, will result in objective/measurable functional outcomes within a reasonable and predictable period of time and the outcomes are documented in the beneficiary's file; and
- The treatments are not routine education, training, conditioning, or fitness and the beneficiary's function could not reasonably be expected to improve as they gradually resume normal activities; and
- The treatments are not a duplicate therapy; and
- The treatments are not solely recreational (such as hobbies and/or arts and crafts), and
- The beneficiary has not refused therapy.

Section IV – Treatment Session

A Physical, Occupational, or Speech therapy treatment session should be based on the beneficiary's specific medical condition and be supported in the treatment plan. A treatment session may include:

- Reassessment of the beneficiary's deficits, progress, rehabilitation potential, plan, and goals;
- Therapeutic exercise, including neuromuscular reeducation, coordination, and balance;
- Therapeutic oral motor, laryngeal, pharyngeal, or breathing exercises;
- Functional skills development and training;
- Manual therapy techniques, including soft tissue mobilization, joint mobilization, and manual lymphatic drainage;
- Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, orthotics, and prosthetic devices;
- Airway clearance techniques;
- Compensatory or adaptive communication/swallowing techniques and skills;
- Integumentary repair and protection techniques;
- Management of positioning, eating, and swallowing to enable/progress safe eating and swallowing;
- Electrotherapeutic modalities, physical agents and mechanical modalities when used in preparation for other skilled treatment procedures;
- Management of positioning, eating, and swallowing to enable/progress safe eating and swallowing;
- Training in assistive technology and adaptive devices, e.g., speech generating devices;
- Training in the use of prosthetic devices;
- Training of the beneficiary, caregivers, and family in home exercises, activity programs, and the development of a comprehensive maintenance program.

Section V – Documentation Requirements

The following should not be considered an all inclusive list, but rather a general guideline, of documentation required for evaluations, re-evaluations, and treatment sessions. In addition to any requirements below, documentation should be done in accordance with the clinician's professional organization (e.g., APTA, AOTA, or ASHA) standards.

Evaluation: The evaluation should include:

- Prior functional level;
- Specific standardized and non standardized tests, assessments, and tools;
- Summary of baseline findings;
- Objective, measurable, and functional descriptions of the beneficiary's specific deficits;
- Summary of clinical reasoning with recommendations;
- Plan of care with specific treatment techniques and/or activities to be used in treatment sessions;
- Frequency and duration of treatment plan; functional, measurable, and time-framed long term and short term goals based on the beneficiary's relevant evaluation data. The goals should be reasonable and attainable based on the beneficiary's specific condition;
- Rehabilitation prognosis, including level or degree of improvement expected;
- Discharge plan initiated at the start of treatment.

Reevaluation: A reevaluation includes all the components of the initial evaluation, in addition to:

- Discussion regarding the appropriateness of continuing skilled therapy;
- List of current problems and deciding a priority/focus of treatment;
- Identifying the appropriate intervention(s) for new or ongoing goal achievement;
- Modification of interventions(s);
- Revision of plan of care, as needed;
- Correlation to meaningful change in function;
- Deciphering effectiveness of intervention(s).

Treatment session: Documentation of a treatment session should include:

- Date of treatment;
- Specific treatment(s) provided that match the procedure codes billed;
  - Total treatment time;
  - Beneficiary's response to treatment;
  - Progress towards goals;

- Any problems or changes to the plan of care;
- Name and credentials of the treating clinician.