



Cohere Medical Policy - Home Physical and Occupational Therapy (PT/OT)

Clinical Guidelines for Medical Necessity Review

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Guideline Information:

Specialty Area: Home Health

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Type: ☒ Adult (18+ yo) | ☒ Pediatric (0-17 yo)

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Medical Necessity Criteria

Service: Home Physical and Occupational Therapy (PT/OT)

Recommended Clinical Approach

For patients with complex medical needs, services such as physical therapy or occupational therapy may be best conducted in a home setting. Home physical therapy and occupational therapy, for example, may treat people with developmental or congenital disabilities, those with chronic conditions, or those in rehabilitation and recovery from an injury or illness. These services help patients regain function and independence, complete household tasks, and engage in personal care. Home health may be recommended as a midpoint level of care between independent living and inpatient hospitalization. It may also facilitate access to care for rural patients or those who would be safer at home than attempting transport to an outpatient facility. Home health is utilized across the age continuum, from medically complex babies to adults of advanced age. Home health is cost-effective, convenient, and effective among appropriately selected patients.¹⁻⁷

Medical Necessity Criteria

Indications

→ **Home health physical therapy or occupational therapy services** are considered appropriate if **ALL** of the following are **TRUE**:

◆ **ANY** of the following^{1,2,5,6}:

- In order to leave the home, the patient requires the help of another person or medical equipment such as crutches, a walker, or a wheelchair; **OR**
- Receiving medical services outside the home would expose the patient to substantial medical risk; **AND**

◆ It is difficult for the patient to leave the home and they typically cannot do so (e.g., the patient is considered homebound)*; **AND**

◆ Therapy services are provided or supervised by a qualified physical or occupational therapist⁷; **AND**

- ◆ After the patient begins receiving home healthcare, a physician evaluates and recertifies the plan of care (POC) every 60 days including **ALL** of the following:
 - Short- and long-term goals with documentation on how goals will be obtained; **AND**
 - An estimated time of when goals are expected to be attained; **AND**
 - Measurable objectives; **AND**
 - The number of visits requested is appropriate for the diagnosis; **AND**
 - Therapy exercises/techniques to be used; **AND**
- ◆ **ANY** of the following is **TRUE**⁷⁻¹⁸:
 - The service is an initial treatment, and **ANY** of the following:
 - The patient exhibits signs and symptoms of a functional or physical impairment as evidenced by **ANY** of the following:
 - ◆ The inability to perform basic activities of daily living (ADLs) (e.g., functional mobility, feeding, dressing, bathing, or toileting); **OR**
 - ◆ The inability to perform instrumental activities of daily living ([IADLs] e.g., preparing a meal, housekeeping, managing finances); **OR**
 - ◆ The inability to perform other ADLs (e.g., functional mobility limitations, range of motion limitations); **OR**
 - The patient exhibits signs and symptoms of physical deterioration or impairment in **ANY** of the following areas:
 - ◆ Sensory ability (e.g., problems with sensory integration, cranial and peripheral nerve integrity, or sensory integrity); **OR**
 - ◆ Motor ability (range of motion, ergonomics and body mechanics, joint integrity and mobility, motor function, muscle performance, neuromotor development, or posture); **OR**
 - ◆ Skin and circulation (e.g., integumentary integrity or circulation); **OR**

- The service is a continued treatment, and intermittent progress notes demonstrate **ALL** of the following:
 - Start of care date, date of treatment, and time period covered by the report; **AND**
 - The patient's function at the beginning of the progress report period; **AND**
 - The patient's current status as compared to evaluation baseline data and the prior progress reports, including objective measures of patient performance in functional terms that relate to the treatment goals; **AND**
 - The patient is making functional progress related to treatment goals, and they are expected to continue to improve to reflect that continued services are medically necessary; **AND**
 - All progress toward the goals in objective, measurable terms using consistent and comparable methods; **AND**
 - If the patient is not making progress as expected, describe any changes in prognosis, POC, goals, and why; **AND**
 - Consultations with other professionals or coordination of services, if applicable; **OR**
- The service is a re-evaluation for treatment, and **ALL** of the following are **TRUE**:
 - The patient was already receiving therapy and developed a new condition or significant change in functional status that was not anticipated, thus requiring additional evaluation; **AND**
 - The re-evaluation includes current standardized assessment scores, age equivalents, percentage of functional delay, criterion-referenced scores, or other objective information as appropriate for the patient's condition or impairment; **AND**
 - The therapy re-evaluation report should include **ALL** of the following:
 - ◆ Date of last therapy evaluation or re-evaluation; **AND**

- ◆ Number of therapy visits authorized and number of therapy visits attended; **AND**
- ◆ Description of the patient's current deficits and the severity level documented using objective data; **AND**
- ◆ Objective demonstration of the patient's progress toward each treatment goal, including **ANY** of the following:
 - Using consistent and comparable methods to report progress on long- and short-term treatment goals established; **OR**
 - For all unmet goals, baseline and current function should be used to measure the patient's progress toward goals; **AND**
- ◆ An updated statement of the prescribed treatment modalities and their recommended frequency/duration; **AND**
- ◆ An updated or revised POC must include updated measurable, functional, and time-based goals, including **ALL** of the following:
 - If the majority of the long and short-term goals were not achieved, the POC should include a description of the barriers or an explanation of why the goal(s) needed to be modified or discontinued; **AND**
 - The notation of the percentage accuracy towards the patient's goals must be in combination with the other indications.

*NOTE: Even if a patient is homebound, they can still leave the home for medical treatment, religious services, or to attend an adult day care center without putting their homebound status at risk. Leaving home for short periods of time or for special non-medical events, such as a family reunion, funeral, or graduation, should also not affect homebound status. The patient may also take occasional trips to the barber or beauty parlor.

Non-Indications

→ **Home health physical therapy or occupational therapy services** are not considered appropriate if **ANY** of the following is **TRUE**:

- ◆ Services are custodial in nature (i.e., nonmedical services to assist with daily living and independence)³; **OR**
- ◆ Services are solely requested for the comfort or convenience of the caregiver or family member versus the medical necessity of the patient¹⁹; **OR**
- ◆ **ANY** of the following⁷⁻¹⁸:
 - Unattended electrical stimulation when used for peripheral neuropathy; **OR**
 - Work hardening and conditioning; **OR**
 - Assistive and mobility devices to assist with functional abilities and activities of daily living; **OR**
 - Low-level laser therapy (e.g., nonthermal and non-ablative) for post-operative pain reduction; **OR**
 - Maintenance therapy, including services that involve non-diagnostic, non-therapeutic, routine, or repetitive procedures to maintain general welfare and do not require the skilled assistance of a licensed physical or occupational therapist (the establishment of a maintenance program, and the training of the patient, patient's family, or other persons to carry it out is reimbursed as part of a regular treatment visit, not as a separate service); **OR**
 - Therapy that duplicates services that are provided concurrently by any other type of therapy, such as PT and speech and language therapy, which should provide different treatment goals, plans, and therapeutic modalities.

Level of Care Criteria

Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
S9129	Occupational therapy, in the home, per diem
S9131	Physical therapy; in the home, per diem

Medical Evidence

Raj et al (2021) performed a systematic literature review to assess whether home-based occupational therapy (OT) for adults with dementia optimized patients' daily occupations and reduced caregiver burden. Twenty studies in 22 articles met inclusion criteria for reporting the effects of home-based therapy by a qualified occupational therapist for adults with dementia and their informal caregivers. The studies used education and training to assist patients and caregivers in activities of daily living (ADL) tasks. Training included home environmental modifications, task simplification, use of sensory cues, and promotion of daily routines. Caregiver burden was measured either subjectively or objectively with various measures across studies. This systematic review found moderate evidence to support joint interventions for both the patients and their caregivers. Combined interventions were found to enhance occupational performance of patients, reduce caregiver burden, and improve a sense of competence among both groups. Overall, this review found that home-based OT can alleviate burden for caregivers and promote productivity and leisure activities for adults with dementia.²⁰

Chi et al (2020) evaluated the effects of home-based rehabilitation on improvements in physical function in home-dwelling patients after a stroke. This systematic literature review found 49 articles reporting randomized controlled trials that studied these effects. A sensitivity analysis showed that home-based rehabilitation led to moderate improvements in physical function, notably in patients with stroke at a younger age, one stroke episode, acute stage (within 6 months of stroke onset), male sex, and who were receiving the training from their caregiver. This review underscores the importance of home rehabilitation in patients with a history of stroke, as physical function outcomes can significantly improve with home therapy.²¹

Stolee et al (2012) performed a systematic literature review to compare outcomes of home-based versus inpatient rehabilitation in older patients with musculoskeletal conditions. This review captured 8 randomized controlled trials and 4 cohort studies. Among the 12 studies, older patients who received rehabilitation or physical therapy in the home had equal to or better improvements in function, cognition, quality of life, and satisfaction compared with the inpatient group. This review highlights that home-based rehabilitation may be as effective if not superior to hospital-based rehabilitation.²²

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