



# Guidelines for Medical Necessity Determination for Physical Therapy

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This edition of *Guidelines for Medical Necessity Determination* (Guidelines) identifies the clinical information MassHealth needs to determine medical necessity for physical therapy services performed in outpatient and home settings. These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at [130 CMR 450.000 \(all providers\)](#), [432.000 \(independent therapists\)](#), [410.000 \(acute outpatient hospitals\)](#), [430.000 \(rehabilitation centers\)](#), [403.000 \(home health agencies\)](#), and [433.000 \(physicians\)](#) for information about coverage, service limitations, and prior-authorization requirements applicable to this service. Providers serving members enrolled in a MassHealth-contracted, accountable care partnership plan (ACPP) or managed care organization (MCO), should refer to the ACPP's or MCO's medical policies for covered services.

MassHealth reviews requests for prior authorization on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions set by MassHealth, including member eligibility, other insurance, and program restrictions.

# 1

## SECTION I. GENERAL INFORMATION

Physical therapy is defined as skilled therapy services, including diagnostic evaluation and therapeutic intervention, which are designed to improve, develop, correct, rehabilitate, or prevent the worsening of physical functional capabilities that are impaired or have been reduced as a result of specific disease, injury, or congenital disorder. Skilled physical therapy incorporates services such as individual rehabilitative exercises, skilled manual techniques, therapeutic modalities, assistive and adaptive devices, and physical agents and mechanical modalities.

Physical therapy emphasizes skilled rehabilitative or habilitation-focused treatment of dysfunctions involving neuromuscular, musculoskeletal, cardiovascular, pulmonary, and/or integumentary systems to optimize functional levels. MassHealth-approved prescribers for home health agencies are physicians, podiatrists, and approved prescribers for outpatient therapy providers or independent therapists are physicians and nurse practitioners.

MassHealth considers approval for coverage of physical therapy services on an individual, case-by-case basis, in accordance with 130 CMR 450.204.

# 2

## SECTION II. CLINICAL GUIDELINES

### A. CLINICAL COVERAGE

MassHealth determines medical necessity for skilled physical therapy services based on a combination of clinical data and the presence of indicators that would affect the relative risks and benefits of the service (including postoperative recovery, if appropriate). These include, but are not limited to, the following.

1. The member presents signs and symptoms of physical deterioration or impairment in one or more of the following areas impacting physical performance of activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs).
  - a. Sensory/motor ability—problems with sensory processing, attention and cognition, circulation, cranial and peripheral nerve integrity, ergonomics and body mechanics, gait, locomotion and balance, integumentary integrity, joint integrity and mobility, motor function, muscle performance, neuromotor development, posture, range of motion, or reflex or sensory integrity.
  - b. Cognitive ability—problems with orientation, concentration (attention loss), comprehension, learning, organization of thought, problem-solving, or memory that impact functional capabilities.
  - c. Respiratory ability—impairments in aerobic capacity, aerobic endurance, ventilation, or respiration change.
2. A medical history and a physical exam conducted by the prescribing provider determine and document the factors or medical conditions contributing to the functional impairments and the need for skilled physical therapy services.
3. A written referral from the prescribing provider for skilled physical therapy services is directed toward the evaluation and treatment of a specific disease, injury, or congenital anomaly.
4. A comprehensive evaluation specific to the medical diagnosis and impairment-based treatment diagnosis and conducted by a licensed physical therapist accompanies the written referral. The evaluation must include
  - a. A brief description of the condition, date of onset or exacerbation, and factors that impact the severity;
  - b. The member's current level of function and prior level of function before the onset of the condition, as appropriate;
  - c. Review of medical tests and measures used to diagnose the disorder;
  - d. Medical care before current episode, as applicable;
  - e. Current medical status, conditions, comorbidities, and complicating physical, social, or cognitive factors; and
  - f. Objective, measurable, and functional assessment tests that are appropriate for the condition/function being measured.
5. A written treatment plan has been established that is specific to the disorder and developed by a physical therapist. The treatment plan must include all of the following elements.

- a. Functional treatment goals designed to specifically address each problem identified in the evaluation and the potential for achievement;
  - b. Plan of care, including the therapeutic interventions and procedures to be used and the amount, frequency, and duration of treatment required to achieve goals;
  - c. Short- and long-term specific and measurable functional treatment goals;
  - d. Education of the member (and primary caregiver where required) to promote awareness, safety, and establishment of compensatory skills required to result in significant and measurable improvement in functional capabilities within a reasonable and defined period of time, or to prevent the worsening of functions that affect the ADLs and/or IADLs that have been impaired or reduced as a result of a specific disease, injury, or congenital anomaly for the diagnosis and physical condition;
  - e. Detailed development of a home exercise/activity program with demonstration of compliance; and
  - f. Discharge plans.
6. Progress reports and/or summaries from treatment sessions must be included to provide justification for the treatment plan and services provided as directed in the plan of care. The report will be focused on review of progress toward current goals and making a professional judgement about response to treatment, continued care, goals, and/or treatment-modification, or termination of services. If the member is receiving concurrent physical therapy treatment in two settings, documentation submitted must clarify that no duplication of treatment is occurring. Documentation must include goals addressed in both settings to support medical necessity of continued concurrent physical therapy.
7. The type of service requested includes one or more of the following.
- a. Evaluation—the administration of diagnostic and prognostic tests, as required, of a member’s level of function (for example, gait evaluation, range of motion, balance, or muscle strength) to design an active corrective or restorative treatment or maintenance program.
  - b. Therapeutic exercise—task-oriented activities designed, for example, to optimize aerobic capacity, aerobic endurance, functional status, balance coordination, postural stabilization, muscle strength, and mobilization and manipulation to restore specific loss of function or range of motion or to prevent the worsening of functions that affect the ADLs and/or IADLs that have been impaired or reduced as a result of a specific disease, injury, or congenital disorder.
  - c. Functional training—instruction of compensatory techniques to improve level of independence in ADLs and IADLs, such as teaching the member how to use a prosthetic device.
  - d. Mechanical and electrotherapeutic modalities—superficial or deep thermal agents, mechanical methods, and electrical stimulation of neuromuscular, integumentary, or musculoskeletal tissues to improve the response in physical functions.
8. Therapy services are reasonable and necessary as follows.
- a. The member’s condition requires treatment of a level of complexity and sophistication that can be safely and effectively performed only by a licensed physical therapist;
  - b. The treatment program outlined under Section I.A.5 is considered specific and effective treatment for the member’s condition and is expected to significantly improve the member’s

condition within a reasonable and predictable period of time, or prevent the worsening of functions that affect the ADLs and/or IADLs that have been impaired or reduced as a result of a specific disease, injury, or congenital anomaly;

- c. The amount, frequency, and duration of services are reasonable by professionally recognized standards of practice for physical therapy, and improvement or prevention of worsening of physical functional capabilities is evidenced by successive objective measurements;
- d. Services are provided under the care of a licensed prescribing provider with a written treatment plan that has been developed in consultation with a licensed physical therapist; and
- e. The service is provided in a setting appropriate to the specific condition and type of therapeutic activity.

## **B. NONCOVERAGE**

MassHealth does not consider physical therapy services to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following.

1. The services involve nondiagnostic, nontherapeutic, routine, or repetitive procedures to maintain general welfare and do not require the skills of a licensed physical therapist.
2. The treatment constitutes nontherapeutic services, such as general exercise programs, to promote overall fitness and endurance, for diversion or for general motivation.
3. The therapy replicates services that are provided concurrently by any other type of therapy, particularly occupational therapy and speech and language therapy, which provide different treatment goals, plans, and therapeutic modalities. (Refer to the [MassHealth Guidelines for Medical Necessity Determination for Occupational Therapy and the MassHealth Guidelines for Medical Necessity Determination for Speech and Language Therapy.](#))
4. The therapy is intended to improve or restore function where the member suffers a temporary loss or reduction of function that could reasonably be expected to improve without such therapy as the member resumes activities, such as deconditioning following prolonged bed rest.
5. The services are not considered reasonable or necessary for the diagnosis or treatment of an illness or injury.
6. The service is for a disorder not associated with a medical condition.
7. The service replicates concurrent services provided in a different setting with similar treatment goals, plans, and therapeutic modalities.
8. The service replicates concurrent services provided by a different provider in the same setting with similar goals, plans, and therapeutic modalities.
9. Home-based services are requested and the services are more appropriately provided in a setting other than the person's home, or the person's need is such that home-based services will not meet the need.
10. The services are primarily educational, emotional, or psychological in nature and provided in a school or behavioral health setting.

11. The services are intended for maintenance of functional skills that do not require the specialized knowledge and judgment of a licensed physical therapist to ensure safety or effectiveness of intervention.
12. The treatment is for a dysfunction or impairment that is self-correcting in nature or is expected to resolve through further development and could reasonably be expected to improve without treatment.
13. The medical condition and/or functional limitation(s) do not require the level of sophistication and training of a licensed physical therapist and the need can be met with a lower level of service.
14. The purpose of the treatment is educationally, vocationally, or recreationally based.
15. There is no objective clinical documentation or treatment plan to support the need for therapy services or continuing therapy.
16. The services are considered research or are experimental in nature.

# 3

## SECTION III: SUBMITTING CLINICAL DOCUMENTATION

Prior authorization is required for physical therapy services for all members after the 20<sup>th</sup> visit within a 12-month period. The request for prior authorization must be accompanied by clinical documentation that supports the need for the services being requested.

- A. Documentation of medical necessity must include the applicable [Request and Justification for Therapy Services Form](#) completed in its entirety, as well as the following.
  1. The primary diagnosis name and ICD-CM code specific to the treatment for which services are requested;
  2. The secondary diagnosis name and ICD-CM code specific to the medical condition;
  3. The severity of the signs and symptoms of functional impairments;
  4. A comprehensive physical therapy evaluation of the member's condition, as indicated in Section II. A. 3;
  5. Physical therapy progress notes from the last two weeks or, if there are no progress notes from the last two weeks, the two most recent progress notes;
  6. A written physical therapy treatment plan, goals, and the member's rehabilitation potential, including any risk factors or comorbid conditions affecting the treatment plan, as indicated in Section II.A.4;
  7. The proposed type of service, amount, frequency, and duration of treatment;
  8. Documentation of measurable progress toward previously defined goals;
  9. For members receiving skilled physical therapy in another setting, documentation of the goals of therapy for each setting, and justification that they are sufficiently different to support continued, concurrent, skilled physical therapy;

10. A written and signed referral/prescription by an approved prescribing provider for continued skilled physical therapy services as indicated in Section II.A.2; and
  11. Any additional information requested by MassHealth to establish medical necessity.
- B. Clinical information must be submitted by a licensed physical therapist. *Providers are strongly encouraged to submit requests electronically.* Providers must submit all information pertinent to the diagnosis using the [Provider Online Service Center \(POSC\)](#), or by completing a [MassHealth Prior Authorization Request](#) form (using the PA-1 paper form found at [www.mass.gov/lists/provider-library](http://www.mass.gov/lists/provider-library)) and attaching pertinent documentation. The [PA-1](#) form and documentation should be mailed to the address on the back of the form. Questions about POSC access should be directed to the MassHealth Customer Service Center at 1-800-841-2900.

## Select References

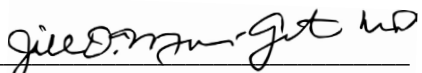
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These Guidelines are based on review of the medical literature and current practice in physical therapy. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services. Some language used in this communication may be unfamiliar to other readers; in this case, contact your health-care provider for guidance or explanation.

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