Clinical Practice Guideline: **Site of Care – Outpatient Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services**

Date of Implementation: **November 21, 2024**

Product: **Specialty/Clinical**

GUIDELINES

Medically Necessary

American Specialty Health – Specialty (ASH) considers outpatient physical therapy (PT), occupational therapy (OT), and speech-language pathology (SLP) services provided in the hospital outpatient department or hospital outpatient clinic site of care medically necessary for both pediatric and adult patients when any of the following conditions are present:

- The inherent complexity of the treatment and/or patient, or risk posed by the PT, OT or SLP treatment is such that it can only be performed safely and effectively by or under the general supervision of skilled medical personnel in the hospital outpatient department or hospital outpatient clinic setting
    - The patient's medical status requires enhanced monitoring beyond what would routinely be needed for physical therapy, occupational therapy or speech-language pathology services
    - There is a substantial risk of abrupt life-threatening changes in the patient's clinical condition and immediate access to specific services provided in a hospital setting is considered a priority (access to emergency resuscitation equipment and personnel, inpatient admission or intensive care facilities)
    - The patient's condition is acute or complex; including but not limited to the following:
        - Amputation within the last 12 months (i.e., Symes, transtibial, knee disarticulation, transfemoral, hip disarticulation, transradial, transhumeral, shoulder disarticulation)
        - Severe burn injuries requiring debridement and frequent dressing changes
        - Major organ transplant surgery (i.e., heart, lung, liver) within the last 3 months
        - History of cardiovascular diagnoses that would increase risk and/or would require ongoing higher acuity monitoring
        - History of neurological diagnoses (e.g., spinal cord injury with past 12 months, cerebrovascular accident or severe traumatic brain injury within past 3 months) such that the condition puts the patient at significantly increased risk without ongoing monitoring and oversight that could not safely be provided in a freestanding clinic

- Necessity of close collaboration and coordination of care with other disciplines to meet therapeutic goals (e.g., wound care team, PT/OT and SLP co-treatment); To be medically necessary, this collaboration and co-treatment is only available in the hospital outpatient facility and is needed to meet the patient's therapeutic goals

- Specialized equipment (e.g., overhead harness system for gait training, exoskeleton for gait, bariatric table, pediatric size equipment) that is only available in the hospital outpatient department or hospital outpatient clinic and is medically necessary to achieve therapeutic goals over standard equipment readily available

- Specialized PT/OT/SLP personnel (e.g., for certain equipment or specialist) who can provide services which would only be available in the hospital outpatient department or hospital outpatient clinic and is medically necessary to achieve therapeutic goals over standard personnel readily available

- A freestanding PT/OT/SLP facility with the required personnel or equipment is not available within a reasonable geographical location/distance, and this provides a barrier to care

Not Medically Necessary

Physical therapy, occupational therapy, and speech-language pathology services in the hospital outpatient department or hospital outpatient clinic site of care are considered not medically necessary for all other indications when criteria above have not been met.

Note: The medical necessity of physical therapy, occupational therapy, and speech-language pathology services requested may be separately reviewed against the appropriate guidelines [e.g., *Physical Therapy Medical Policy/Guideline* (CPG 135 – S), *Occupational Therapy Medical Policy/Guidelines* (CPG 155 – S), and *Speech-Language Pathology/Speech Therapy Guidelines* (CPG 166 – S)]. This guideline is only for determination of whether PT, OT, or SLP services are appropriate and medically necessary **ONLY** in the hospital outpatient department or hospital outpatient clinic site of care.

CPT® Codes and Descriptions

CPT® Code	CPT® Code Description
	For applicable codes and corresponding descriptions, please refer to the following clinical practice guidelines: *Physical Therapy Medical Policy/Guideline* (CPG 135 – S), *Occupational Therapy Medical Policy/Guidelines* (CPG 155 – S), and *Speech-Language Pathology/Speech Therapy Guidelines* (CPG 166 – S)

DESCRIPTION/BACKGROUND

'Site of Care' refers to the location where health care services are performed/rendered. Currently there are many settings where provision of outpatient physical therapy, occupational therapy, and speech-language pathology services occur. These include but are not limited to hospitals (on and off campus), freestanding facilities (e.g., physician-owned, private practice), home-based, and virtually. Hospital-based outpatient refers to medical services rendered in an on-site hospital operated outpatient clinic (on campus) or other hospital affiliated clinic location (off campus). Freestanding clinics are independent and not considered hospital based or affiliated. Patient determination of where care is received can be influenced by access/location, physical condition, medical diagnoses, severity of condition, and need for specialized equipment and/or personnel.

If freestanding facilities do offer specialized equipment and/or personnel or if the use of specialized equipment is not impactful on the patient meeting their therapeutic goals, the hospital site of care would not be the appropriate location for rehabilitation services. Provision of care in the freestanding facility would be considered the proper site of care. This holds true for collaboration/co-treatment of patients by multiple disciplines if this can occur in a freestanding setting. As an example, there are many freestanding pediatric facilities that provide PT, OT and SLP services. But if collaboration and co-treatment is only available in the hospital outpatient facility and is impactful in meeting the patient's therapeutic goals, provision of care is appropriate in the hospital setting.

Patient safety is always of utmost importance and the number one priority. The large variety of patient presentations seeking PT, OT, and SLP services result in the need to accommodate varying levels of complexity and risk. The site of care should provide adequate resources and staff to address any potential medical complications, events, or needs to ensure the patient is properly cared for during treatment. As an example, patients with high acuity may need immediate access to life-saving measures only available at the hospital outpatient setting.

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education training, and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services.

It is best practice for the practitioner to appropriately render services to a patient only if they are trained, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and expert training, it would be best practice to refer the patient to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020).

Depending on the practitioner's scope of practice, training, and experience, a member's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is prudent for the practitioner to refer the member for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* clinical practice guideline for information.

References

American Physical Therapy Association. Standards of practice for physical therapy. Last updated August 12, 2020. Retrieved October 7, 2024 from https://www.apta.org/apta-and-you/leadership-and-governance/policies/standards-of-practice-pt

Carvalho E, Bettger JP, Goode AP. Insurance Coverage, Costs, and Barriers to Care for Outpatient Musculoskeletal Therapy and Rehabilitation Services. N C Med J. 2017 Sep-Oct;78(5):312-314. doi: 10.18043/ncm.78.5.312. PMID: 28963265; PMCID: PMC6021174

Centers for Medicare & Medicaid Services (CMS). Pub. 100-02, Chapter 15, Section 220. Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance and Section 230 Practice of Physical Therapy, Occupational Therapy, and Speech-Language Pathology. (Rev. 12684; Issued: 06-13-24). Retrieved on October 7, 2024 from http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf

Childs JD, Harman JS, Rodeghero JR, Horn M, George SZ. Implications of practice setting on clinical outcomes and efficiency of care in the delivery of physical therapy services. J Orthop Sports Phys Ther. 2014;44(12):955-963. doi:10.2519/jospt.2014.5224

Jette AM, Davis KD. A comparison of hospital-based and private outpatient physical therapy practices. Phys Ther. 1991;71(5):366-381. doi:10.1093/ptj/71.5.366

Machlin SR, Chevan J, Yu WW, Zodet MW. Determinants of utilization and expenditures for episodes of ambulatory physical therapy among adults. Phys Ther. 2011;91(7):1018-1029. doi:10.2522/ptj.20100343