

Rehabilitation and Habilitation Services

Benefit Coverage

Rehabilitation/habilitation therapies are defined as:

Rehabilitation Therapies – Inpatient or outpatient care furnished primarily to restore an individual's ability to function as normally as possible after a disabling illness or injury. Rehabilitation services include physical therapy, occupational therapy, and/or respiratory therapy. Rehabilitation services will be authorized for an initial treatment period and for any additional medically necessary subsequent treatment periods.

Habilitation Therapies – Medically Necessary services and health care devices that assist an individual in partially or fully acquiring or improving skills and functioning and that are necessary to address a health care condition, to the maximum extent practical. These services address the skills and abilities needed for functioning in interaction with an individual's environment. Respite care, day care, recreational care, residential care, social services, custodial care, or education services of any kind are not considered Habilitative Services.

Occupational Therapy – Treatment under the direction of a physician and provided by a certified occupational therapist, utilizing arts, crafts, or specific training in daily living skills, to develop, improve and maintain a patient's ability to function.

Physical Therapy – Treatment provided by a physician or when provided by a licensed physical therapist for services diagnosed by a physician or licensed doctor of podiatric medicine. Treatment utilizes physical agents and therapeutic procedures such as ultrasound, heat, range of motion testing, and massage, to develop or improve a patient's musculoskeletal, neuromuscular and respiratory systems.

Respiratory Therapy – Treatment under the direction of a physician and provided by a certified respiratory therapist to develop, preserve or improve a patient's pulmonary function.

Rehabilitation and Habilitation Services

Benefit Coverage *(cont'd.)*

Inpatient benefits are provided for medically necessary inpatient days of care in an acute hospital rehabilitation unit or skilled nursing facility rehabilitation unit.

Outpatient rehabilitation/habilitation therapy is covered for as long as continued treatment is medically necessary. Care must be rendered in the provider's office or outpatient department of a hospital.

Rehabilitation/habilitation therapy provided in the home by a home health agency will apply against the home health care visit limitations.

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Inpatient Days

Office Visits

Outpatient Visits

Rehabilitation Therapy

Benefit Exclusions

- Services for spinal manipulation or adjustment.
- Massage therapy provided by a massage therapist.
- Services for or incident to services rendered in the home or hospital or during confinement in a health facility which are primarily for custodial, maintenance or domiciliary care, or rest.
- Services for or incident to reading, vocational, educational, recreational, art, dance or music therapy. This exclusion does not apply to medically necessary services that Blue Shield is required by law to cover for severe mental illnesses or serious emotional disturbances of a child.
- Services for learning disabilities, behavioral problems, or social skills training/therapy. This exclusion does not apply to medically necessary services that Blue Shield is required by law to cover for severe mental illnesses or serious emotional disturbances of a child.

Rehabilitation and Habilitation Services

Benefit Limitations

None

Exceptions

None

Examples of Covered Services

- Physical therapy following knee or hip surgery
- Physical therapy for an acute exacerbation of a chronic problem
- Occupational therapy for skill development or following injury or illness
- Occupational therapy to train or retrain following an illness or injury, in Activities of Daily Living (ADL)

Examples of Non-Covered Services

- Sensory integration (SI) therapy (CPT 97533) treatment for developmental disorders in patients with established dysfunction of sensory processing. Therapy usually involves activities that provide vestibular, proprioceptive, and tactile stimuli, which are selected to match specific sensory processing deficits of the child. (*Reference: Blue Shield of California Medical Policy*)
- Low-level laser therapy (LLLT) (HCPCS S8948), also called cold laser or photobiomodulation refers to the use of red-beam or near-infrared lasers with a wavelength between 600 and 1,000 nanometer and power from five to 500 milliwatt. Low-level laser therapy has been used to treat pain associated with a variety of conditions including, but not limited to, soft tissue injuries, tendinopathies, osteoarthritis, and carpal tunnel syndrome. (*Reference: Blue Shield of California Medical Policy*)

Rehabilitation and Habilitation Services

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

Blue Shield Medical Policy

Sensory Integration Therapy

Low-Level Laser Therapy