



Skilled Care Services

Optum Health Solutions Musculoskeletal (MSK)

Policy number: 486
Utilization Management Policy

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Policy Statement

Skilled care services may be considered medically necessary when they are required to fulfill any of the following patient needs:

- To improve an individual's current specified condition.
- To prevent or slow further deterioration of the individual's current condition.
- To help a person keep, learn, or improve skills and functioning for daily living to maintain the patient's current condition.

AND

All of the following elements of the plan of care are documented in the health care record:

- The services are considered under accepted standards of medical practice to be a specific and effective treatment for the patient's condition.
- The level of complexity or sophistication or the condition of the patient is such that the services required can be safely and effectively performed only by a qualified health care provider e.g., chiropractor, physical therapist, occupational therapist, or physician.
- The services including amount, frequency and duration are reasonable under accepted standards of practice.

Services related to activities for the general good and welfare of the individual are considered not medically necessary including but not limited to the following:

- General exercises to promote fitness and flexibility
- Activities to provide diversion or general motivation
- Custodial care services for daily personal activities

Scope

This policy applies to all in and out of network programs, involving all provider types, where utilization review (UR) determinations are rendered. This policy serves as a resource for peer-to-peer interactions in describing the position of Optum on the clinical appropriateness and/or medical necessity of skilled care services.

Definitions/Descriptions

Unless otherwise noted the following is consistent with the CMS Benefit Policy Manual, 2023.

Complexities: Complicating factors that may influence the need for skilled services. Complexities may be represented by diagnoses, age of the patient, severity of the condition, acuity of the condition, multiple conditions, or co-morbid conditions, etc.

Custodial Care: Nonskilled personal care – such as help with activities of daily living e.g., bathing, eating, dressing, getting in/out of bed or chair, moving around, or using the bathroom. It may also include the kind of health care most people do for themselves e.g., using eye-drops or a hot pack.

Habilitative/Habilitation Services: Habilitation refers to health care services that help a person acquire, keep, or improve, partially or fully, and at different points in life, skills related to communication and activities of daily living. These services address the competencies and abilities needed for optimal functioning in interaction with their environments. Examples include therapy for a child who isn't walking or talking at the expected age. Adults, particularly those with intellectual disabilities or disorders such as cerebral palsy, can also benefit from habilitative services. Habilitative services include physical therapy, occupational therapy, speech-language pathology, audiology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings (New York State Speech-Language Hearing Association, 2012). Skilled Care services that are part of a prescribed treatment plan or

maintenance program to help a person with a disabling condition to keep, learn or improve skills and functioning for daily living (Habilitative services and outpatient rehabilitation therapy, 2023).

Maintenance Program: A program established by a qualified health care provider that consists of activities, exercises and/or techniques that will assist a member in maximizing or maintaining the progress he or she has made during therapy or to prevent or slow further deterioration due to a disease or illness. Maintenance programs are usually carried out by the member, family, or non- licensed personal. Skilled maintenance therapy may be reasonable and necessary when the particular patient’s special medical complications or the complexity and sophistication of the therapy procedures indicated require the skills of a qualified health care provider.

Objective Evidence: Consists of serial standardized assessment tools/instruments, outcome measurements, and/or measurable assessments of functional outcome used to quantify patient progress and support justification for continued treatment. Examples of objective evidence include:

- Functional assessment from standardized and validated outcomes instruments
- Functional assessment scores from tests and measurements that are validated in the professional literature, which are appropriate for the condition/function being measured.

Physical measures (e.g., range of motion, manual muscle strength testing) are generally not considered to be ‘objective evidence’ of functional assessment.

Qualified Health Care Provider: An individual who by education, training, licensure/regulation, and facility privileging (when applicable) who performs a professional service within his/her scope of practice and reports a professional service. These providers are distinct from ‘clinical staff’ e.g., physical therapy, aide, speech language assistant. A clinical staff member is a person who works under the supervision of a qualified health care provider and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specified professional service. Examples of qualified health care providers for the purpose of this policy include physicians, chiropractors, physical therapists, occupational therapists, physician assistants, nurse practitioners, physical therapy assistants, and occupational therapy assistants (please note this list is not all inclusive).

Rehabilitative (Restorative) Services: Are services designed to address recovery or improvement in function and, when possible, restoration to a previous level of health and well-being. Improvement is evidenced by successive objective measurements whenever possible (e.g., impairments, pain, functional status, etc.). If an individual’s expected rehabilitation potential is insignificant in relation to the extent and duration of therapy services required to achieve such potential, rehabilitative therapy is not reasonable and necessary. Rehabilitative care must require the skills and level of sophistication of a qualified health care provider. Services that can be safely and effectively furnished by non-skilled personnel or caregivers are not rehabilitative care services.

Reasonable and Necessary: The services shall be of such a level of complexity and sophistication, or the condition of the patient shall be such that the services required can only be performed safely and effectively by a qualified health care provider. Services that do not require the performance of a qualified health care provider are not skilled and are not considered reasonable or necessary.

Skilled Care Services: Services provided by a qualified health care provider that must require the expertise, knowledge, and clinical judgment/decision making abilities of a qualified health care provider that caregivers or the patient cannot provide independently.

Overview

Skilled care services are usually part of an overall management program that may also include a range of interventions (e.g., pharmacotherapy, splinting/supports, home-based nonskilled care, counseling, etc.) for the treatment of neuromuscular, skeletal, or physical motion impairment disorders.

Skilled rehabilitative care services are part of a prescribed plan of treatment provided to improve or restore lost or impaired physical function resulting from illness, injury, neurologic disorder, congenital defect, or surgery. These skilled care services are intended to enhance rehabilitation and recovery by clarifying a patient's impairments and functional limitations and by identifying interventions, treatment goals and precautions. Rehabilitative services may be needed, and improvement in a patient's condition may occur, even when a chronic, progressive, degenerative, or terminal condition exists. The fact that full or partial recovery is not possible does not necessarily mean that skilled services are not needed to improve the patient's condition or to maximize his/her functional abilities. The deciding factors are always whether the services are considered reasonable, effective treatments for the patient's condition and require the skills of a qualified health care provider, or whether they can be safely and effectively carried out by nonskilled personnel.

Unlike rehabilitative care services, which aim to recover capacities lost, habilitative services help people acquire, maintain, or improve skills and functioning for daily living. Skilled habilitative services may be reasonable and necessary, in particular, for individuals with intellectual or physical disabilities. The services and devices used in habilitation are often the same or similar as in rehabilitation, as are the professionals who provide these services, the settings in which the services and devices are provided, the individuals receiving the services, the functional deficits being addressed, and the improvement in functional deficits. The only meaningful difference is whether the services provided involve learning something new or relearning something that has been lost or impaired (American Physical Therapy Association, 2017).

Skilled services that do not meet the criteria for rehabilitative or habilitative care may be covered in certain circumstances under a maintenance program. Skilled maintenance therapy may be reasonable and necessary when the particular patient's special medical complications or the complexity and sophistication of the therapy procedures indicated require the skills of a qualified health care provider. The goals of a maintenance program would be, for example, to maintain functional status, or to prevent or slow further deterioration in function. Maintenance programs that are not considered skilled or do not require the skills of a qualified health care provider to render are usually carried out by the member, family or non- licensed personal.

Documentation

Initial Course of Treatment

The treatment request must include all of the following:

- A statement of the individual's medical history
- A comparison prior level of function to current level of function
- Description of the individual's functional impairment including its impact on their health, safety, and/or independence
- Baseline objective measurements as demonstrated by standardized assessments, including descriptions of the individual's current deficits and their severity level which include:
 - Current standardized assessment scores, age equivalents, percentage of functional delay, criterion-referenced scores, and/or other objective information as appropriate for the individual's condition or impairment
 - Standardized assessments administered must correspond to the delays identified and relate to the long- and short-term goals
 - If the individual has a medical condition that prevents them from completing standardized assessment(s), alternative(s) might include:
 - Therapist provides in-depth objective clinical information using task analysis to describe the individual's deficit area(s) in lieu of standardized assessments
 - Therapist should include checklists, caregiver reports or interviews, and clinical observations
- Clear diagnosis including ICD-10 CM code

- Short- and long-term treatment goals that are:
 - Specific to the individual’s diagnosed condition or functional or physical impairment
 - Functional, measurable, attainable, and time-based
- Treatment frequency, duration, and anticipated length or treatment session(s)
- Reasonable prognosis including the individual’s potential for meaningful progress

Care Beyond the Initial Course of Treatment

If care beyond the initial course of treatment is required, the treating practitioner shall provide an updated response to the current treatment plan for review. Requests for care beyond the initial course of treatment shall provide clear documentation of the medical necessity and reasonableness for skilled care services, including:

- Progress or lack of progress
- Medical condition
- Functional losses
- Short- and long-term treatment goals that are:
 - Specific to the individual’s diagnosed condition or functional or physical impairment
 - Functional, measurable, attainable, and time-based
- Treatment frequency, duration, and anticipated length of treatment session(s)

All ongoing care is reviewed by an Optum clinical specialist provider. Determinations are subject to any applicable benefit restrictions, state, and federal mandates and/or regulations, and documentation of the medical necessity and reasonableness of the service requested. See the Appendix for Decision Guides.

References

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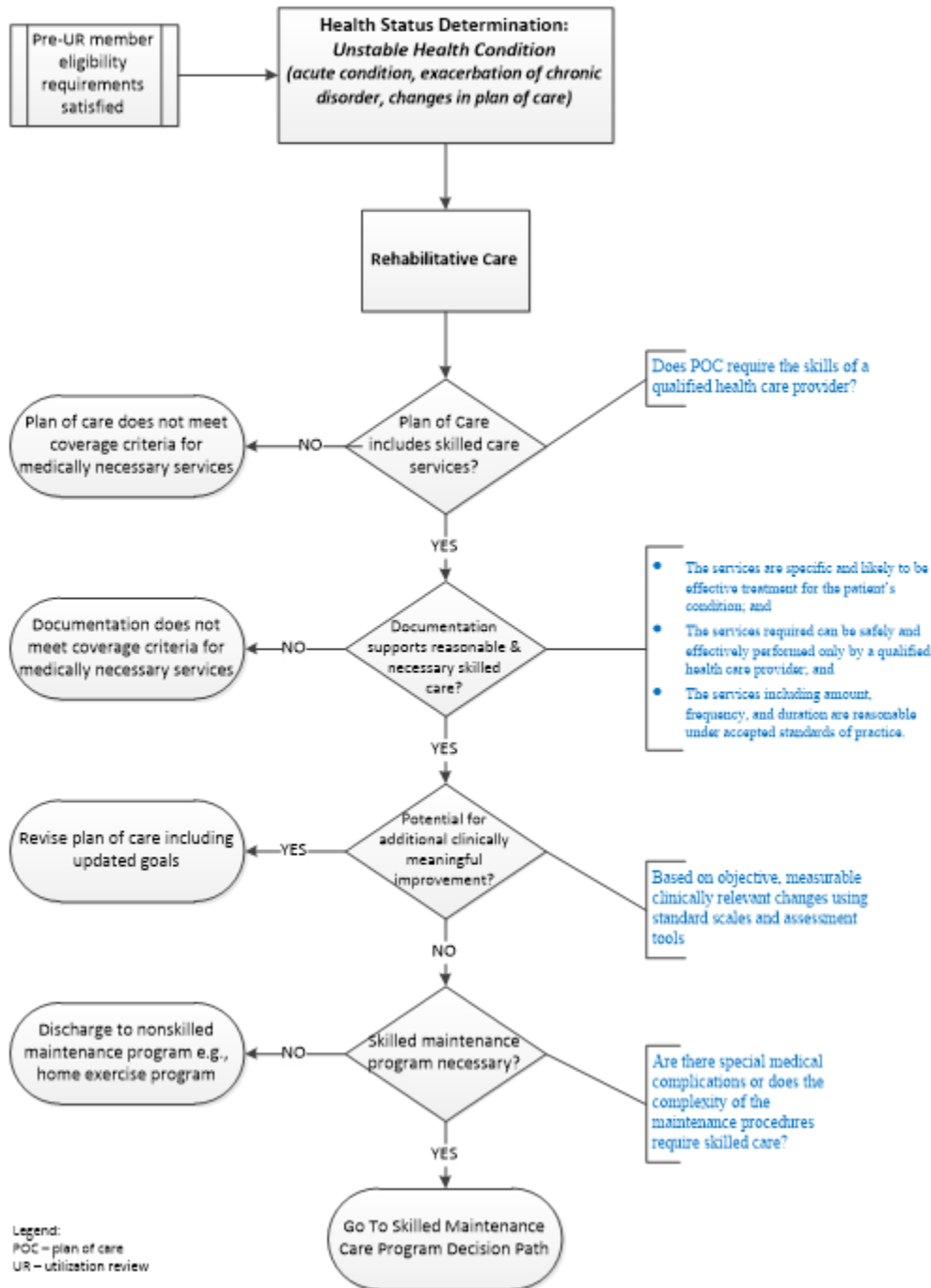
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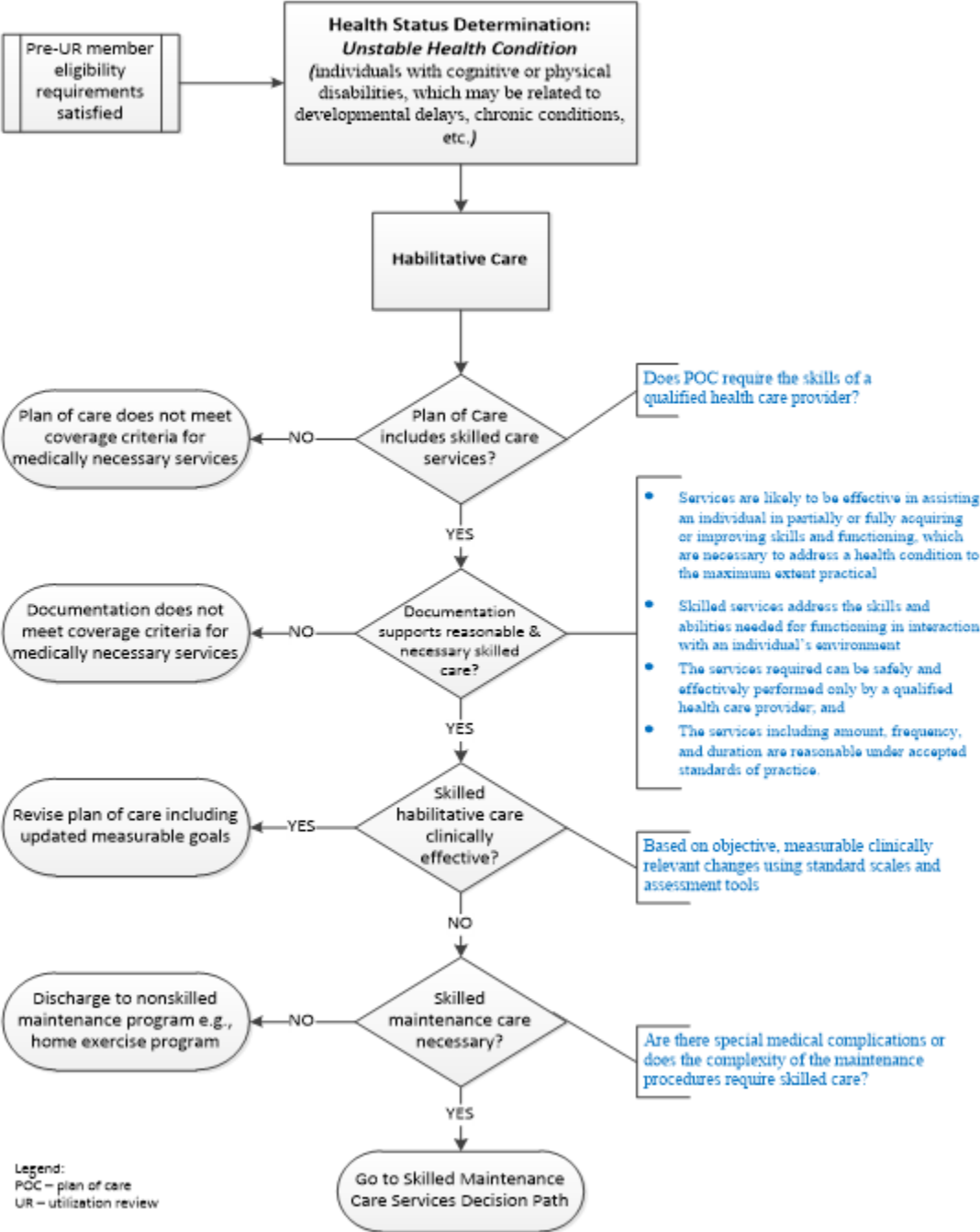
Appendix A

Skilled Rehabilitative (Restorative) Care Services



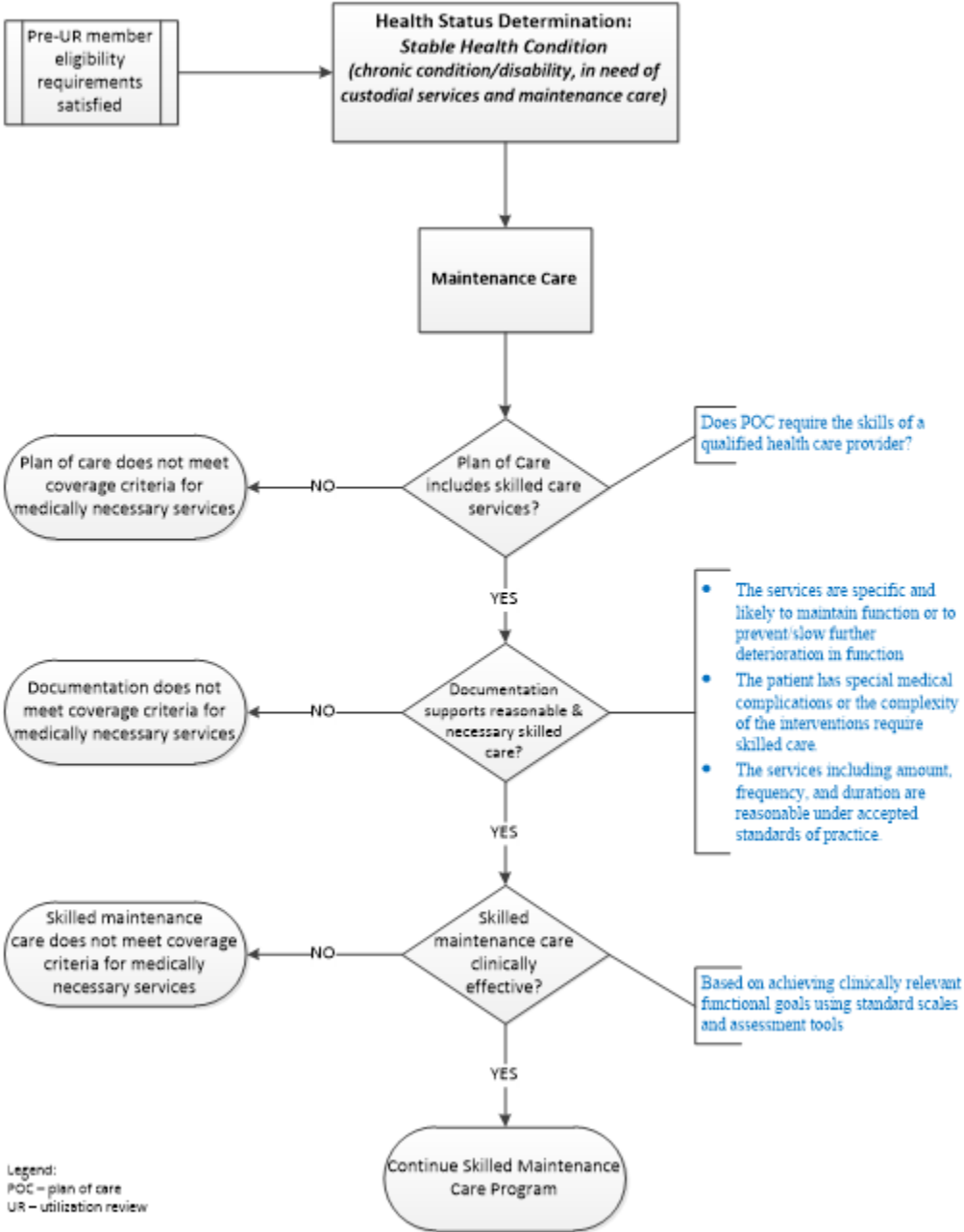
Appendix B

Skilled Habilitative Care Services



Appendix C

Skilled Maintenance Care Services



Review and Approval History

Date	Action/Description
4/16/2015	Original effective date
4/21/2016	References updated; Annual review
4/20/2017	Annual review and approval completed; references updated. Legal entity name changed from "OptumHealth Care Solutions, Inc" to "OptumHealth Care Solutions, LLC".
4/26/2018	Annual review and approval; references updated.
4/25/2019	Annual review and approval; references updated
4/23/2020	Annual review and approval. Updated the definition of Habilitative/Habilitation Services to include recently adapted language by UHC. References updated
4/22/2021	Annual review and approval; references updated
5/3/2022	Annual review and approval; references updated
6/29/2022	Updated legal entity name "OptumHealth Care Solutions, LLC" to * Optum™ Physical Health ("Optum") includes OptumHealth Care Solutions, LLC; CAN Group IPA of New York, Inc.; ACN Group IPA of California, Inc; d/b/a OptumHealth Physical Health of California; Managed Physical Network, Inc.; and OrthoNet Holdings, Inc. which includes OrthoNet New York IPA, Inc., OrthoNet West Inc., OrthoNet, LLC, OrthoNet of the South, Inc.
4/27/23	Annual review and approval completed; no significant changes made to the document. Updated contact email from policy.inquiry@optumhealth.com to phpolicy_inquiry@optum.com .
01/31/2024	Approved by Optum Clinical Guideline Advisory Committee
04/25/2024	Annual review and approval completed. Document content transitioned to new policy template. No significant changes made to the document.

Plain Language Summary

Skilled Care Services

Utilization Management Policy # 486

Plain Language Summaries are presented to supplement the associated clinical policy or guideline. These summaries are not a substitute for advice from your own healthcare provider.

What are skilled care services?

Skilled services are provided by a licensed health care professional (physical therapist, occupational therapist, physician, or chiropractor). These services include treatments, devices, strapping, etc. They require the abilities of a qualified health care provider that caregivers (aids, family members) or the patient cannot provide by themselves.

How were skilled services evaluated?

A work group of clinicians was assigned to review the available research. The internet was searched for guidance about skilled services. The work group independently examined the selected information. Broadly accepted standards were used. Additionally, the positions and guidelines of other professional and healthcare groups were evaluated. Before it was approved, the policy was presented to a series of committees that included independent health care practitioners.

What did the work group find?

The health care provider's clinical records must document the necessity for skilled care.

The deciding factors are always whether the services are considered reasonable, effective treatments for the patient's condition and require the skills of a qualified health care provider, or whether they can be safely and effectively carried out by nonskilled individuals.

What are unskilled or nonskilled service?

Nonskilled services include personal care – such as help with activities of daily living like bathing, eating, dressing, getting in/out of bed or chair, moving around, or using the bathroom. It may also include the kind of health care most people do for themselves e.g., using a hot pack.

Services such as general exercises to promote overall fitness and flexibility and activities to provide general motivation, are unskilled care services.

Services provided by practitioners/staff who are not qualified health care providers are not skilled services.

Services that are regularly performed by the patient to help maintain function are not skilled services.

What are the conclusions?

Skilled care services are medically necessary when they are needed to:

- Improve a patient's current condition
- Prevent or slow further deterioration of the patient's condition
- Help a person keep, learn, or improve skills and functioning for daily living to maintain the patient's current condition

AND

- The services are considered to be an effective treatment for the patient's condition

- The services can only be safely and effectively performed by a qualified health care provider e.g., chiropractor, physical therapist, occupational therapist, or physician
- The plan of care is reasonable under accepted standards of care