

Therapies

In General

Numerous *therapies* are covered under the model plan:

- Speech therapy
- Cardiac Rehabilitation Therapy
- Cardiovascular Pulmonary Therapy
- Occupational Therapy
- Psychotherapy (Not Covered)
- Educational Therapy (Not Covered)
- X-Ray Therapy
- Radiotherapy
- Physical Therapy
- Chemotherapy

This section briefly discusses each of these therapies.

Speech Therapy

Medical Review Considerations. The following guidelines are helpful in reviewing speech therapy bills:

1. **Disorder Typically Not Covered.**

- **Stuttering** (except neurogenic stuttering caused by brain damage)
Fluency Disorder.
Cluttering.
Disprosody.
Disfluency.
- **Myofunctional Disorders**
Tongue Thrust.
- **Behavioral/Psychological Speech Delay**

2. **Maintenance Programs**

Pay claims only when the specialized knowledge and judgement of a qualified speech-language pathologist is required to design and establish a maintenance program. The maintenance program is established when review indicates it has been designed for the patient's level of function and instructions to the patient and supportive personnel have been completed for them to safely and effectively carry them out. The review must give reasonable assurances that this has occurred. After that point, the services are not reasonable and necessary.

3. **Group Treatment**

Generally, group therapy treatment and attendance at social or support groups, such as stroke clubs or lost cord clubs, are not payable. Ensure that the *reasonable and necessary* requirements are met.

4. **Total Laryngectomy**

Surgical removal of the larynx. Review includes assessment and any treatment necessary to establish a means of communication using esophageal speech, an artificial larynx (electronic or pneumatic device), a tracheoesophageal puncture prosthesis, and/or other alternate communication methods.

5. **Partial Laryngectomy**

Surgical removal of part of the larynx. Review includes the voice problems that require assessment and treatment. Review for rehabilitation includes the assessment and type of treatment required for the voice disorders.

6. **Total Glossectomy**

Surgical removal of the tongue. Total glossectomy results in articulation problems that require assessment and may require treatment. Review includes assessment and type of treatment for the articulation disorders.

7. **Partial Glossectomy**

Surgical removal of part of the tongue. Review should indicate the articulation problems that require assessment. Review for articulation treatment involves instruction of compensatory techniques and alternate communication methods if needed.

8. **Congenital Disorders**

Review must always substantiate need, e.g., no previous treatment; the patient's communicative capabilities have recently deteriorated; new, special techniques or instruments have become available; or intervening medical complications have affected communication. Approve claims for maintenance or short-term treatment only if objective review supports that need.

9. **Alzheimer's Disease**

Objective review must indicate the patient's condition, alertness and mental awareness. Review must justify that services are needed to establish a reasonable and necessary maintenance program. Review these claims carefully for medical necessity.

10. **Chronic Condition**

Approve claims for patients with chronic conditions such as muscular dystrophy, ALS, Parkinson's Disease or Myasthenia Gravis if they establish a maintenance program. Approve claims for reasonable and necessary short-term intervention to improve oral and laryngeal strength, speech intelligibility, or vocal intensity, but only when the review supports the need to increase functions, or to establish a maintenance program.

Commonly Used Terms in Speech Therapy

Agnosia. Inability to attach meaning to sensory information although the physiologic receptor mechanism is intact.

Agrammatism. Impairment of the ability to produce words in their correct sequence; difficulty with grammar and syntax.

Agraphia. Disorder of writing. It may result from a central nervous system lesion or from lack of muscular coordination.

Anomia. Loss of the ability to identify or to recall and recognize names of person, places or things.

Aphasia. Communication disorders caused by brain damage and characterized by complete or partial impairment of language comprehension, formulation and use. It excludes disorders associated with primary sensory deficits, general mental deterioration, or psychiatric disorders. Partial impairment is often referred to as dysphagia.

Apraxia. (1) Disruption in the ability to transmit a motor response along a specific molality; involves disruption of voluntary or purposeful programming of muscular movements while involuntary movements remain intact; characterized by difficulty in articulation of speech, formulation of letters in writing, or in movements of gesture and pantomime. (2) In speech, a nonlinguistic sensorimotor disorder of articulation characterized by impaired capacity to program the position of speech musculature and the sequencing of muscle movement (respiratory, laryngeal and oral) for the volitional production of phonemes.

Dysarthria. Term for a collection of motor speech disorders due to impairment originating in the central or peripheral nervous system. Respiration, articulation, phonation, resonance and/or prosody may be affected; volitional and automatic actions, such as chewing and swallowing, and movements of the jaw and tongue may also be deviant. It excludes apraxia and functional or central language disorders.

Dysphagia. Difficulty in swallowing. It may include inflammation, compression, paralysis, weakness or hypertonicity of the esophagus.

Generalization. (1) In conditioning, the eliciting of a conditioned response by stimuli similar to a particular conditioned stimulus. (2) Transfer of learning from one environment to a similar environment; the more similar the environment of situations, the greater transfer takes place.

Hard Glottal Attack. Forceful approximation of the vocal folds during the initiation of phonation.

Intonation. Linguistic system within a language which is concerned with pitch, stress and juncture of the spoken language; a unit with specific communicative import, such as interrogation, exclamation and assertion.

Lexicon. Total accumulation of linguistic signs, words or morphemes, or both, in a given language; the list of all the words in a language.

Morphology. Components of grammar concerned with the formation of words, the smallest meaningful unit in a language, as a bridge between phonology and syntax.

Obturator. (1) Any structure which occludes an opening. (2) Prosthetic appliance, similar to dental plate, that forms an artificial palate to cover a cleft palate, designed so that the musculature of the palate and pharynx are able to contract around it.

Paraphasia. Any error of commission modifying a specific word (sound or morpheme substitution) or of work substitution in the spoken or written production of a speaker or writer.

Perseveration. Tendency to continue an activity, motor or mental, once started, and to be unable to modify or stop even though it is acknowledged to have become inappropriate.

Phoneme. Shortest arbitrary unit of sound in an given language that can be recognized as being distinct from other sounds in the language.

Phonological. Component of grammar determining the meaningful combination of sounds.

Pitch. Acuteness or gravity of a tone, dependent upon the frequency of the vibrations producing it and their intensity and overtone structure. The greater the number of vibrations per unit of time, the higher the pitch and more acute the tone.

Pragmatics. Functional use of language in context. It includes such factors as intention in communication; sensorimotor actions preceding, accompanying, and following the utterance; knowledge shared in the communicative dyad; and the elements in the environment surrounding the message.

Prosody. (1) Physical attributes of speech that signal linguistic qualities such as stress and intonation. It includes the fundamental frequency intensity of the voice, and the duration of the individual speech sounds. (2) A melody of speech determined primarily by modifications of pitch, quality, strength, and duration; perceived primarily as stress and intonational patterns.

Psychoacoustics. Combined disciplines of psychology and acoustics concerned with the study of man's response of sound.

Semantic. Component of grammar concerned with word meanings and meaningful sentences.

Syntactic. Component of grammar concerned with grammatically well formed structures.

Cardiac Rehabilitation Therapy

These are essentially controlled exercise clinics. The treatment regimen is limited to three heart conditions.

- Stable angina pectoris
- Coronary bypass surgery
- Recent myocardial infarction.

The clinic must meet certain standards:

- Clinic is physician-operated and supervised.
- Emergency equipment is available (oxygen, cardiopulmonary resuscitation equipment, defibrillator, e.g.).
- Area is exclusively used for heart clinic.
- Staff must be trained and employees of a hospital or physician's office.

Before the covered person is permitted to be in a cardiac rehabilitation clinic stress testing is required. Especially needed is the evaluation of chest pains. The evaluations involve the treadmill and EKG monitor.

There are other services offered by such a clinic:

- Psychological testing and psychotherapy
- Physical and occupational therapy
- Education services (diet, exercise, sexual activities, nutrition, e.g.).

The duration of such a program is usually three sessions per week up to a maximum of thirty-six weeks.

The medical goals of a cardiac rehabilitation are these:

- Stable level of exercise tolerance without ischemia or dysrhythmia.
- Symptoms of angina or dyspnea are stable at the patient's maximum exercise level.
- Resting blood pressure and heart rate are within normal limits.
- Stress test is *not* positive during exercise.

Cardiovascular Pulmonary Therapy

Both of these terms refers to increasing the body's maximum capacity for using oxygen by means of planned (prescribed) physical activity of a specific and necessary intensity and duration. Aerobic (endurance) activity performed regularly has the following training effect: increased amount of blood in the system and amount of oxygen-carrying hemoglobin; improved ability of muscle cells to process oxygen; increased working space and efficiency of the lungs; more flexible blood vessels with less tendency to accumulate atherosclerotic deposits; increased collateral circulation. A conditioned cardiovascular pulmonary system has an increased physical working capacity

and can accomplish a specific amount of work with less effort. This is evidenced by reductions in resting and working blood pressures and heart rates after exercising.

The exercise activity used to achieve conditioning appears to produce the following effects in and of itself in addition to the training effect: reduced blood cholesterol and/or triglyceride levels in some people; reduced blood sugar level in some diabetics; increased capacity for withstanding stress and, consequently, stress associated medical disorders.

Occupational Therapy

Involves a prescribed therapy program, such as practical woodworking and handcraft projects, selected by patients for functional exercise with hand or foot-operated tools. Purpose of this treatment is to increase greater range of motion among individual joints, to utilize physical gains, and to assist patient in attaining greater self-sufficiency and productivity. Occupational therapy differs from physiotherapy in that it does not involve application of treatment by a therapist. It is occupation performed by patient under therapist's guidance and supervision. Treatment is usually not deemed to be medically necessary.

Psychotherapy

Psychotherapy is a method of treatment for nervous and mental disorders which is designed to produce a response by mental rather than by physical effects. It includes the use of suggestion, persuasion, re-education, reassurance and support. Therapeutic services of a psychiatric social worker, are usually not deemed to be medically necessary.

Educational Therapy

A prescribed therapy program of remediation for a learning disabled child. Diagnosis of a learning disability in most cases involves team evaluation by specialists in medicine, psychology and psychoeducation. The team, after ruling out ill health, psychiatric disorders and severe brain damage, does a psychoeducation evaluation. The team's final diagnostic report will commonly include such phrases as *neurologically based, minimal brain (or cerebral) dysfunction, has perceptual/motor/visual deficiencies, and/or has difficulties in visual/perceptual/spatial/psycholinguistic functioning* when identifying a learning disability which has neurophysiological causes.

Therapy for the neurophysiological causes of learning disabilities is basically educational in nature and involve retraining in the areas of neurophysiological deficiency. Remediation specific to the individual child is prescribed by the diagnostic team. It is usually administered by a psychologist or a teacher with special training. If a concurrent psychiatric problem exists, psychotherapy may also be recommended.

The out-of-hospital therapeutic service of an educational therapist, who uses educational techniques and materials as a means to guide the child in the retraining process, not being similar to x-ray therapy, radium therapy and physiotherapy, are usually not covered.

X-Ray Therapy

This therapy involves the following:

- X-Ray
- Radium
- Radioactive isotope.

The covered charges include the materials and the services of the technician.

Radiotherapy

Radiotherapy uses x-rays to treat an illness. Radiotherapy can only be administered by, or under the supervision of, a physician especially skilled in choosing treatment method, localizing precise treatment area, and determining quantity and duration of treatment for effective safe dosage. Physician may use computer and may employ radiological physicist in performing these services. Treatment method selected to apply radiotherapy to body tissues will be one of the following:

Teletherapy. Massive doses administered at distance from body. Beam of rays is directed from machine to localized body site requiring destruction. Includes x-ray therapy, radium therapy, cobalt therapy, linear acceleration radiation, and other high energy modalities.

Brachytherapy. Radioactive substances in tiny containers applied to body or inserted in body cavity or into body tissues requiring destruction. Radiating substances must be removed as soon as proper dosage is achieved. Includes intracavitary implant or interstitial insertion of radium, iridium, radon seeds, etc.

Therapeutic Nuclear Medicine. Liquid state radioactive isotope form of substance introduced to body by ingestion or injection. Substance used has affinity for specific body cells requiring destruction and concentrates in those cells, e.g., radioactive iodine concentrates in thyroid gland. Radioactive isotopes are more frequently used for diagnostic studies (scanning, imaging) than for therapy.

Physical Therapy

Such will usually be covered regardless of where such therapy was performed:

- **Outpatient Setting**
Clinic, rehabilitation center.
- **Therapist's Office**
Such must be a qualified therapist with an independent practice.
- **In Patient Setting**
Hospital or convalescent center.

Such will be covered as incidental to a physician's service so long as they were provided under the direct supervision of a physician.

Such therapy must meet certain conditions:

- Must follow a written physician-designed regimen.

- Must be of such complexity as to require an on-site qualified therapist.
- Must be reasonable hope of success.
- Must meet standards of medical practice.
- Must be reasonable and necessary to treatment of the patient.

When Physical Therapy Not Appropriate. There are numerous instances where physical therapy is not medically appropriate. The indicators of such circumstances are set forth as follows:

1. Documentation for *gait training* is described only as a distance in ambulation, e.g., *the patient is able to ambulate 200 ft. with standby assist of one*. No documentation is present to describe the gait being taught or being corrected. Documentation does not describe the correction of faulty gait patterns, or type of gait.
2. Modality used is duplicative, not beneficial, or not effective.
 - Ultrasound to treat bronchitis.
 - Two or three heat modalities to the same body part during same treatment.
 - Therapeutic exercises, muscle re-education billed the same day for the same patient.
3. Daily visits for someone who suffered a heart attack over 4 months ago.
4. Modalities/procedures that can be carried out by nursing personnel, the patient himself, or someone caring for the patient.
5. Documentation is mostly in subjective terms rather than objective tests and measurements in evaluation and progress notes.
6. Condition of patient is chronic or one not usually requiring physical therapy, e.g., arteriosclerosis, organic brain syndrome, confusion, senility, or general debilitation.
7. Repetitious exercise (passive, active assistive, active) which maintain functional ADL.
8. Strength remains similar to the initial evaluation after 2-3 weeks of therapy.
9. Distance of ambulation is 100 feet or more with stand-by assistance.
10. Physical therapy notes do not document degree of motion lost and degree of motion to be restored.
11. Amount of muscle strength grades present not documented.

Independent Therapist Charges

The facts are these:

1. Physician-directed physical therapy clinic was also owned by the physician but was not certified.
2. Clinic used services of an independent physical therapist.

Question: Should the bills of the physical therapist be covered by the plan?

Answer: No. Physician-directed care is not sufficient; fact that clinic not properly certified is crucial when care is not directly under the physician's supervision.