CHAPTER 7
SECTION 18.1

REHABILITATION - GENERAL

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AUTHORITY: 32 CFR 199.4(a)(1), (e)(24), and Public Law 107-107

I. DESCRIPTION

Rehabilitation is the reduction of an acquired loss of ability to perform an activity in the manner, or within the range considered normal, for a human being.

II. POLICY

A. Section 704 of the FY02 National Defense Authorization Act (NDAA), Public Law 107-107, states the Department "may" provide any rehabilitative therapy to improve, restore, or maintain function, or to minimize or prevent deterioration of function, of a patient when prescribed by a physician. Any therapy for the purpose of improving restoring, maintaining, or preventing deterioration of function, must be medically necessary and appropriate medical care. The rehabilitation therapy must be rendered by an authorized provider, necessary to the establishment of a safe and effective maintenance program in connection with a specific medical condition, provided at a skilled level and must not be custodial care or otherwise excluded from coverage (e.g., exercise or able to be provided at a non-skilled level).

B. Services which have been demonstrated to be capable of reliably confirming the severity of impaired function attributable to a physical impairment may be cost-shared when medically necessary and appropriate.

C. Services or items which have been demonstrated to be usually capable of reducing or arresting the severity of impaired function attributable to a physical impairment may be cost-shared when medically necessary and appropriate.

D. Otherwise services that incidentally address cognitive deficits as factors involved with the restoration of lost neuromuscular functions are covered.

E. Otherwise services such as diagnostic or assessment tests and examinations that are prescribed specifically and uniquely to measure the severity of cognitive impairment are covered.

F. The following therapies and services rendered by an employee of an authorized institutional provider may be cost-shared when part of a comprehensive rehabilitation treatment plan:

1. Physical therapy.

2. Rehabilitation counseling.

3. Mental health services.

4. Speech pathology services.

5. Occupational therapy.

G. The specialized knowledge of a skilled provider may be required to establish a maintenance program intended to prevent or minimize deterioration caused by a medical condition. Establishing such a program is a skilled service. The initial evaluation of the patient's needs, the designing by a skilled provider of a maintenance program which is appropriate to the capacity and tolerance of the patient, the instruction of the patient or family members in carrying out the program and infrequent evaluations may be required.

H. While a patient is under a restorative rehabilitative therapy program, the skilled provider should reevaluate his/her condition when necessary and adjust any exercise program that the patient is expected to carry out himself/herself or with the aid of family members to maintain the function being restored. Consequently, by the time it is determined that no further restoration is possible, i.e., by the end of the last restorative session, the provider will have already designed the maintenance program required and instructed the patient or family member in the carrying out of the program. Therefore, where a maintenance program is not established until after the restorative rehabilitative therapy has been completed, it would not be considered medically necessary and appropriate medical care and would be excluded from coverage.

I. Once a patient has reached the point where no further significant practical improvement can be expected, the skills of an authorized provider will not be required in the carrying out of an activity/exercise program required to maintain function at the level to which it has been restored. The services of a skilled provider in designing a maintenance program will be covered, carrying out the program is not considered skilled care, medically necessary or appropriate medical care consequently such services are not covered.

J. Services that are palliative in nature are not considered medically necessary and appropriate medical care and are not covered. These services generally do not require physician judgement and skill for safety and effectiveness.

III. EXCLUSIONS

A. Community and work integration training, such as listed in CPT[1] procedure code 97537 is excluded.

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B. Vocational rehabilitation. Educational services intended to provide a beneficiary with the knowledge and skills required for the performance of a specific occupation, vocation, or job.

C. Coma stimulation. Activities of external stimulation intended to arouse a beneficiary from a coma.

D. Programs. Standard bundles of services (programs) as an all-inclusive priced unit or services.

NOTE: Services rendered during such a program encounter must be itemized and each reviewed to determine if rendered by an authorized individual professional provider, if it is a covered benefit, and whether it is medically necessary and appropriate.

E. A systematic, goal-oriented rehabilitation treatment program originally designed to improve cognitive functions and functional abilities to increase levels of self-management and independence following neurological damage to the central nervous system.

F. Cognitive rehabilitation services that are prescribed specifically and uniquely to teach compensatory methods to accomplish tasks which rely upon cognitive processes are unproven.

G. The use of a MIRE device for treatment of diabetic peripheral neuropathy is unproven.

H. Services provided to address disorders or conditions (e.g., speech, language, or communication) resulting from occupational or educational deficits.

I. Low Level Laser Therapy (LLLT) (also known as low level light therapy or cold laser therapy) for treatment of soft tissue injuries, pain, or inflammation is unproven.

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