



Site of care for outpatient physical, occupational, and speech therapy

Policy ID: CCP.8013-03

Recent review date: 7/2025

Next review date: 11/2026

Policy contains: Physical Therapy; Occupational Therapy; Speech Therapy;

AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of “medically necessary,” and the specific facts of the particular situation are considered, on a case by case basis, by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas clinical policies are not guarantees of payment.

Policy statement

Outpatient physical therapy, occupational therapy and speech-language pathology services is clinically proven and, therefore, may be medically necessary in a hospital outpatient department (HOPD) when any of the following criteria are met:

Clinical complexity or risk

- The complexity of the treatment or the individual’s condition, or the risk posed by the therapy, requires performance under the general supervision of skilled medical personnel in a hospital outpatient setting.
 - This includes circumstances in which the individual’s medical status necessitates enhanced monitoring beyond routine levels, or where there is substantial risk of abrupt, life-threatening change requiring immediate access to hospital-based emergency services.

Acute or complex medical conditions

- The individual presents with acute or complex medical conditions, such as:

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- Amputation within the past 12 months (e.g., ankle disarticulation, below-knee amputation, through-knee amputation, above-knee amputation, hip disarticulation, below-elbow amputation, above-elbow amputation, shoulder disarticulation).
- Severe burn injuries requiring frequent debridement and dressing changes.
- Major organ transplant (heart, lung, liver) within the past three months.
- History of cardiovascular diagnoses that increase medical risk or require ongoing higher-acuity monitoring.
- History of neurological diagnoses such as spinal cord injury within the past 12 months, stroke, or severe traumatic brain injury within the past three months, in cases where the condition requires ongoing monitoring that cannot be safely managed in a freestanding clinic.

Specialized equipment or personnel

- The therapeutic goals require specialized equipment (e.g., overhead harness system, robotic ambulation devices, bariatric treatment table, pediatric-specific apparatus) that is only available in the hospital outpatient setting, and that equipment is medically necessary to achieve functional goals.
- The individual requires care from specialized personnel with subspecialty training or proficiency in operating certain equipment, available only in the hospital outpatient setting.

Limitations:

None identified during the development of this policy.

Definitions

- **Hospital-based outpatient department (HOPD):** a unit within a hospital that provides medical services, such as diagnosis, treatment, and follow-up care, to patients who do not require overnight hospitalization. HOPDs are owned by and typically attached to a hospital, though some may be located off the main campus but still operate under the hospital's financial and administrative structure.
- **Non-Hospital outpatient department (HOPD):** Denotes outpatient sites outside hospital outpatient departments, including ambulatory surgery centers, independent physician offices, and other freestanding facilities (for example urgent care or imaging centers) that are not governed by hospital-based regulatory or payment frameworks.
- **Clinical complexity:** Patient conditions or treatment requirements that necessitate medical oversight, monitoring, or immediate access to medical intervention beyond the scope and capabilities of community-based therapy facilities.
- **Enhanced monitoring:** Medical supervision and physiological monitoring beyond routine vital sign assessment, including continuous cardiac monitoring, frequent medical evaluation, or immediate access to emergency intervention during therapy sessions.
- **Specialized equipment:** Therapeutic equipment or technology that is not widely available in community therapy settings due to cost, space requirements, technical support needs, or specialized training requirements for safe operation.

References

American Specialty Health. CPG 309 –Site of care – outpatient physical therapy, occupational therapy, and speech-language pathology services. [https://www.ashlink.com/ASH/WCMGenerated/CPG 309 - S tcm17-234361.pdf](https://www.ashlink.com/ASH/WCMGenerated/CPG_309_-_S_tcm17-234361.pdf). Published 2024. Accessed June 20, 2025.

American Physical Therapy Association. Standards of Practice for Physical Therapy. Published 2020. <https://www.apta.org/siteassets/pdfs/policies/standards-of-practice-pt.pdf>. Accessed June 24, 2025.

American Society of Anesthesiologists. Statement on ambulatory anesthesia and surgery. <https://www.asahq.org/standards-and-practice-parameters/statement-on-ambulatory-anesthesia-and-surgery>. Published October 18, 2023. Accessed June 24, 2025.

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Policy updates

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7/2025: Policy Introduced.