

FOREIGN MEDICAL PROGRAM POLICY MANUAL

CHAPTER: 2
SECTION: 6
TITLE: REHABILITATIVE SERVICES

AUTHORITY: 38 USC 1701(8); 38 USC 1724; 38 USC 1710; 38 CFR 17.35;
38 CFR 21

RELATED REFERENCE: M-1 Part 1 Chapter 18

I. PROCEDURE CODE(S)

Physical therapy: 97001-97002, 97010-97535, 97542-97770 and 97799

Rehabilitative services: 97535, 97537, 97542

Speech pathology: 92506-92508

Chiropractic: 98940-98943

Osteopathic therapy: 98925-99289, 98940-98943, 99201-99205, 99211-99215

Occupational therapy: 97003-97004

Cognitive rehabilitation: 97770

II. DESCRIPTION

Rehabilitative care refers to such services and treatment programs designed to develop, maintain, and/or restore the veteran's functioning ability to the maximum capacity.

III. POLICY

A. The services provided must be accepted US standards of medical practice.

B. The following benefits are payable for inpatient or outpatient therapy services which are medically necessary for the treatment of a service-connected condition:

1. Physical therapy to include hydrotherapy, heat or similar methods, physical agents, bio-mechanical and neuro-physiological principles, and devices to relieve pain, restore maximum function, and prevent disability following disease, injury

or loss of a body part.

(a). The services must be furnished by a licensed, registered physical therapist or other authorized individual professional provider acting within the scope of his/her license (e.g., physician assistant) under the general supervision of a physician.

(b). Long-term maintenance physical therapy may be covered when:

(1). provided under the supervision of a licensed physical therapist, and

(2). there is medical documentation justifying the need.

2. Speech pathology services rendered by other than a physician must be ordered by, and under the general supervision of a physician.

3. Occupational therapy to promote health, prevent injury or disability, and to develop, improve, sustain or restore functions which have been lost or reduced as a result of injury, illness, psychosocial dysfunction, mental illness, or developmental, learning or physical disabilities, to the highest possible level for independent functioning.

4. Nutritional therapies such as parenteral and enteral nutrition therapies to provide nutrition for patients who have pathology of the alimentary or gastrointestinal tract which does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with the patient's general condition. These therapies may be provided on either an inpatient or outpatient basis.

5. Osteopathic manipulative treatment is a form of manual treatment applied by a physician to eliminate or alleviate somatic dysfunction and related disorders (which may require lab tests, X-rays, etc.).

6. Chiropractic manipulative therapy (which may include X-rays and diagnostic procedures such as blood and urine analysis) for the manual treatment to influence joint and neurophysiological function of the human body.

7. Cognitive rehabilitation is intended to remedy cognitive, daily living and psychosocial ability impairments that usually develop secondary to traumatic brain damage. Deficits in cognition may be described as impaired attention/concentration, reasoning/problem solving, planning, organization, expressive communication, information processing, memory, judgement, and perception.

8. Vocational rehabilitation includes services such as counseling, diagnostic, medical, social, psychological, independent living, economic, educational, vocational, and employment services.

IV. EXCLUSIONS

A. Coma stimulation.

- B. Holistic and herbal therapy.
- C. Acupuncture.
- D. Myofunctional or tongue thrust therapy.
- E. Assisted living.
- F. Nursing homes ([See Chapter 2, Section 13, Nursing Home Care](#)).

END OF POLICY