Definition of Medically Necessary Physiatrist Visits

This definition of medical necessity is intended to assist the practicing physiatrist in distinguishing physiatric and rehabilitation care from that of other medical providers. A clear and standard definition of medically necessary physiatric care is needed in order to assist physicians in providing effective health care services and to facilitate support required for reimbursement for such services.

Physiatrists should provide a diagnosis only after appropriate evaluation and diagnostic studies have been conducted. Physiatric care is necessary and prudent when there is a reasonable belief that the illness, injury, disease or its associated symptoms, impairments, or functional limitations is amenable to rehabilitative intervention and when the physiatrist and patient have determined clear goals of the treatment plan.

The frequency of patient visits to physiatrists will vary depending on the intensity of the illness or its symptoms, injury, disease, impairments, or functional limitations. Patients, family members, referring physicians, or payers may reasonably request physiatry visits.

Medically necessary health care services or products must be provided in accordance with accepted medical practice standards and be clinically appropriate in terms of type, frequency, extent, site, and duration. Physiatric visits are reasonable and medically necessary when they meet at least one of the following criteria:

1. Assessment of patient medical or functional complaints such as, but not limited to, pain, weakness, numbness, limited function, intellectual difficulties, reduced joint motion, or bladder or stool incontinence;
2. Assessment of the ability of the patient to effectively participate in rehabilitation programs;
3. Assessment of the appropriate site and length of treatment for various diagnoses;
4. Treatment of patient medical or functional complaints such as, but not limited to, pain, weakness, numbness, limited function, intellectual difficulties, reduced joint motion, or bladder or stool incontinence;
5. Management of medications including prescriptions related to a condition appropriate for rehabilitation;
6. Evaluation of impairment or disability;
7. Management of rehabilitation programs, including prescriptions of modalities, medical equipment including prosthetics and orthotics, or exercise programs and evaluation of patient progress;
8. Communication of medical or functional problems, program needs, and progress status to patients, families, or caregivers;
9. Communication of diagnostic and treatment information to referring physicians; or
10. Revision of rehabilitation programs after significant change in the status of patients.

Practice Guidelines Committee
Approved BOG 8/96
Revised 4/01
Approved BOG 8/2012