

Home Care - Physical Therapy (PT) and Occupational Therapy (OT)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Members recently discharged from the hospital and/or those diagnosed with certain medical conditions may require short-term skilled care in the home for rehabilitation. When medically necessary, such services can be used to restore or improve functional independence. Physical therapy (PT) and occupational therapy (OT) are examples of these skilled home care services.

PT is designed to improve functioning, relieve disease symptoms, and prevent disability in individuals with acute and chronic disease. Treatments may consist of heat and cold therapy, electric stimulation, a variety of exercise regimens, and functional training for ambulatory activities. PT may be performed by a qualified, licensed physical therapist or by a physical therapy assistant (PTA) under the supervision of a qualified, licensed physical therapist.

OT is designed to provide individuals with purposeful activities and training to regain skills of daily living that were lost through disease or injury. OT may be performed by a qualified, licensed occupational therapist or by an occupational therapy assistant (OTA) under the supervision of a qualified, licensed occupational therapist.

PT and OT are often coordinated by a multidisciplinary team of licensed therapists, nurses, and prescribing clinicians. Home PT and OT require a prescription and clear documentation of progress,

goals, and ongoing necessity. Home PT and OT should also include a home exercise and activity program designed for the member to participate in alone or with the help of caregivers that do not require skilled personnel present. This guideline provides criteria regarding the indications and exclusions for PT and OT.

Information about coverage and benefit limitations can be found in the member's plan contract at hioscar.com/forms.

Definitions

"Homebound" refers to members who have normal inability to leave home without considerable and taxing effort (i.e., requires an assistive device or the assistance of another person to leave home) AND one of the following:

- Members who cannot leave home due to a medical condition, chronic disease, or injury; *or*
- Members advised by a treating provider not to leave home for various reasons (e.g. safety, ongoing medical treatment needs, etc); *or*
- Members who need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers, special transportation (when the member is unable to use common transportation such as private automobile, bus, taxi due to medical condition), or the assistance of others to leave their place of residence.

When the member does leave home, the absence of the member from the home is infrequent or for short periods of time, such as to receive health treatment or adult daycare (non-residential program providing services during the day).

"Physical Therapy (PT)" refers to supervised therapeutic procedures performed by licensed healthcare professionals which are intended to relieve disease symptoms, prevent disability and restore clinical function. PT is often one of many components in a multidisciplinary treatment plan following injury or in chronic disease. Physical therapy may include, but is not limited to:

- Ambulation and mobility training
- Gait and balance training
- Strength training
- Joint mobilization
- Neuromuscular reeducation
- Therapeutic exercises
- Assistive device and adaptive equipment training
- Orthotic or prosthetic training
- Transfer training

"Occupational Therapy" refers to a therapeutic intervention program designed and supervised by a team of physicians and occupational therapists to assist members in regaining skills of daily living that

have been lost or impaired. Such programs are individualized to each member to help improve quality of life by restoring independence. Occupational therapy may include, but is not limited to:

- Activities of Daily Living (ADL) training
- Muscle re-education
- Cognitive or neurodevelopmental training
- Perceptual motor training
- Fine motor coordination/strength training
- Assistive device and adaptive equipment training
- Environment modification recommendations and training
- Transfer training
- Functional mobility training
- Manual therapy

“Activities of Daily Living (ADLs)” are defined as routine activities that most healthy persons perform daily without requiring assistance. These include, but are not limited to: bathing, communication, dressing, feeding, grooming, mobility, personal hygiene, self-maintenance, skin management, and toileting.

“Instrumental Activities of Daily Living (IADLs)” are defined as activities that may be performed daily but are not fundamental for daily functioning. These include, but are not limited to: the use of public transportation, balancing a checkbook, community living activities, meal preparation, laundry, leisure activities and sports, and motor vehicle operation.

“Rehabilitative Treatments” are OT or PT treatments provided with the goal of restoring or improving upon functions that have been lost or impaired due to injury, disease, or congenital abnormality. Rehabilitative treatments are differentiated from “habilitative treatments” in that the individual has previously met these functional milestones but has lost them due to some process.

“Habilitative Treatments” are OT or PT treatments provided with the primary goal of developing skills needed to perform ADLs or IADLs which, as a result of injury, disease, or congenital abnormality, are not developed to the normal level of functioning. This is different from rehabilitative treatment in that habilitative treatments are for individuals that have not developed to the expected level of function or have not yet met a development milestone; an example includes therapy for a child who is not talking at the expected age.

“Custodial Care” or “Long-term Care” are non-skilled, personal care to maintain the member’s ADLs or IADLS over a long-term duration and do not require oversight or skilled services by trained health professionals or technical personnel. These services are not part of a medical treatment plan for recovery, rehabilitation, habilitation, or improvement in sickness or injury. Custodial services may be provided in the home, assisted living facilities, or nursing homes, etc. This type of custodial or long-term care typically does not apply for plan benefits, please see the member’s plan benefit.

Hospice Care / End-of-Life Care - are interdisciplinary and holistic care when curative or life-prolonging treatments are no longer beneficial and services may focus on symptom control, psychosocial and spiritual care, nursing, or short-term acute services. Trained clinicians and support staff support individual and family quality-of-life goals. Hospice care can be provided in the home, skilled nursing facility, or hospital setting (for acute symptom management and stabilization to return to previous level of hospice care).

Palliative Care - are interdisciplinary and holistic care that focuses on symptom management, relieving suffering in all stages of disease, supporting communication, assessing psychosocial and spiritual resources, social and economic resources. Members may receive curative or life-prolonging treatment, and may not choose to receive hospice care or end-of-life care. Furthermore, palliative care provides support for individual and family quality-of-life goals.

Clinical Indications

Physical Therapy and Occupational Therapy in the home is medically necessary for initial requests when ALL of the following criteria are met:

1. The treatment plan is prescribed and monitored by a licensed provider(MD, DO, NP, or PA) as per individual state law and must be provided by a licensed physical or occupational therapist; *and*
2. The member meets the definition of homebound (see *Definitions* section above); *and*
3. Medical necessity criteria in the appropriate MCG Home Care Optimal Recovery Guidelines or MCG Home Care General Recovery Guideline are met; *and/or*
4. For members requesting hospice care/end-of-life care or palliative care (please check plan benefits to verify hospice or palliative care benefit timeframes), the following criteria must be met to meet medical necessity:
 - a. The member is terminally ill, presenting with functional decline, and certified by a medical practitioner for life expectancy less than twelve months for palliative care and less than six months for hospice/end-of-life care; *and*
 - b. The PT/OT services are rendered as part of a hospice care program; *and*
 - c. The member may receive curative treatment while receiving palliative care; *and/or*
 - d. The member is not receiving curative treatment while in hospice care; *and*
5. Therapy is aimed at establishing or restoring function that was lost or impaired *as a result of* disease, injury, or procedure; *and*
6. Rehab potential is evident based on a review of the member's condition, and the member's function is not expected to improve in the absence of therapy; *and*
7. Improvement can be expected with sustainable benefit in range of motion, strength, function, reduced pain level, and independence of ADLs; *and*
8. The written plan of care includes an initial evaluation and is sufficient to determine the necessity of therapy, including the following elements:
 - a. A medical evaluation has been conducted within 30 days of the service dates; *and*

- b. The diagnosis, the date of onset or exacerbation of the disorder/diagnosis, the duration, the severity, the anticipated course (stable, progressive or, improving), and the prognosis; *and*
 - c. Prior level of functioning and current level of functioning; *and*
 - d. Long-term and short-term goals that are specific, quantitative, objective, and attainable in no more than 3 months; *and*
 - e. The frequency and duration of proposed treatment; *and*
 - f. The specific treatment techniques and/or exercises to be used; *and*
 - g. Discharge plan.
9. Documentation of medical necessity should be reviewed when ANY of the following occur:
- a. The plan of care exceeds the expected duration and/or estimated frequency of care; *or*
 - b. There is a change in the member's condition that may impact the plan of care; *or*
 - c. The specific goals are no longer expected to be achieved in a reasonable or expected duration of time.

Duration of Therapy

The duration of therapy is dependent on the treatment plan of care and the severity of the member's condition. The Plan utilizes MCG home care criteria for the recommended visits per episode.

Extension Requests

A Plan member who requires continued PT or OT visits, beyond the original treatment plan of care, may receive extended treatment when the follow criteria are met:

- 1. A re-evaluation has been conducted within 30 days of the service dates; *and*
 - a. The appropriate MCG Home Care Optimal Recovery Guidelines with the Extended Visits criteria are met; *or*
 - b. The appropriate MCG Home Care General Recovery Guideline and the member is still in General Treatment Course Stage 2 or has not met all of the milestones in Stage 3; *or*
- 2. For an extension request/recertification for hospice or palliative care, please see plan benefits and requirements. The member meets medical necessity when the member continues to meet criteria as listed under Clinical Indications above in criterion 4.

Experimental or Investigational / Not Medically Necessary

Skilled care, and thus physical and occupational therapy, should be discontinued when one of the following is present:

- Homebound status is no longer met; *or*
- The member reaches the predetermined goals or skilled treatment is no longer required; *or*
- The member has reached maximum rehab potential; *or*
- The goals will not be met and there is no expectation of meeting them in reasonable time; *or*
- The member can safely and effectively continue their rehabilitation in a home exercise program; *or*
- The member's medical condition prevents further therapy; *or*

- The member refuses treatment.

Physical/Occupational therapy is not considered medically necessary for the following:

- Asymptomatic members or those without an identifiable clinical condition; *or*
- Improvement in functioning is not expected over a reasonable and predictable period of time (i.e. a “stable deficit”); *or*
- Cases of transient or easily reversible loss or reduction in function which could be reasonably expected to improve spontaneously as the member gradually resumes normal activities; *or*
- Chronic illness / chronic flare-ups or exacerbations that did not result in a decline in function or related to an acute exacerbation; *or*
- Long-term maintenance therapy, as it is aimed to preserve the present level of function or to prevent regression below an acceptable level of functioning; *or*
- Custodial care or Long-term care services; *or*
- Duplicative therapy services or programs; *or*
- Treatment modalities or home exercises that do not require a licensed PT/OT and can safely be conducted by the member alone or with the help of family or caregivers; *or*
- Therapy aimed at improving or restoring only IADLs; *or*
- Occupational or recreational programs aiming to augment or improve upon normal human functioning; this includes services considered as routine, conditioning, educational, for employment or job training, or as part of a fitness or sports program; *or*
- Pilates or general exercises to promote fitness or flexibility are not medically necessary; *or*
- Transcutaneous electrical nerve stimulator (TENS) in the home setting is not medically necessary, please refer to the Plan Clinical Guideline: Outpatient Physical Therapy & Occupational Therapy (CG044) for outpatient setting; *or*
- Neuromuscular electrical stimulation (NMES) / Electrical Muscle Stimulation in the home setting is not medically necessary, please refer to Plan Clinical Guideline: Outpatient Physical Therapy & Occupational Therapy (CG044) for outpatient setting; *or*
- Treatment modalities where the benefits of PT/OT are not adequately supported by peer literature or accepted standards of practice to be safe and effective and therefore, considered experimental or investigational include, but are not limited to:
 - Augmented soft tissue mobilization is considered investigational due to limited evidence of improved outcomes over standard techniques for soft tissue mobilization
 - Cognitive skills training to improve memory or problem solving
 - Driver/safety training
 - Equestrian therapy (hippotherapy)
 - Group therapy (criteria require *individualized* plans)
 - Kinesio taping for back pain or radicular pain is considered investigational and not clearly established in the literature
 - Low level laser therapy (LLLT)
 - MEDEK Therapy (Metodo Dinamico de Estimulacion Kinesica or Dynamic Method for Kinetic Stimulation)

- Microcurrent electrical nerve stimulation (MENS)
- Interferential stimulation or interferential current therapy (IF) is the superficial application of a medium-frequency alternating current, modulated to produce low frequencies up to 150 Hz and is considered experimental and investigational due to the lack of high grade quality literature. Devices such as neoGEN-Series System (RST-Sanexas) as a form of interferential current therapy for neuropathic pain provide ultra-high digital frequency to produce pulsed electronic signal energy waves that are delivered transcutaneously via contact electrodes. As per Hayes 2023, there are no relevant clinical studies, systematic reviews, or guidance documents supporting use of RST-Sanexas.
- The Interactive Metronome Program
- Sensory integrative techniques
- Vertebral axial decompression and motorized traction devices
- Conditions where the benefits of PT/OT are not adequately supported by peer literature or accepted standards of practice to be safe and effective and therefore, considered experimental or investigational include, but are not limited to:
 - Constipation
 - Vaginismus
 - Social functioning
 - Sexual dysfunction (erectile dysfunction, premature ejaculation)
 - Scoliosis
 - TMJ pain

Applicable Billing Codes

Codes considered medically necessary when clinical criteria are met:

| CPT/HCPCS Codes considered medically necessary if criteria are met: | |
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| <i>Code</i> | <i>Description</i> |
| 97161 | Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family. |
| 97162 | Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: |

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| | body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family. |
| 97163 | Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family. |
| 97164 | Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family. |
| 97165 | Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family. |
| 97166 | Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed |

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| | assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family. |
| 97167 | Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family. |
| 97168 | Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family. |
| G0129 | Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more) |
| G0151 | Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes |
| G0152 | Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes |
| G0157 | Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes |
| G0158 | Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes |

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| G0159 | Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes |
| G0160 | Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes |
| S9129 | Occupational therapy, in the home, per diem |
| S9131 | Physical therapy; in the home, per diem |

Codes not considered medically necessary for indications listed in this Guideline:

| CPT/HCPCS Codes <u>not considered medically necessary</u> | |
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| <i>Code</i> | <i>Description</i> |
| 97169-97172 | Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family (Code effective 01/01/2017) |
| E0746 | Electromyography (emg), biofeedback device |
| S8990 | Physical or manipulative therapy performed for maintenance rather than restoration |
| S9117 | Back school, per visit |

Codes considered experimental or investigational:

| CPT/HCPCS Codes considered experimental or investigational | |
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| <i>Code</i> | <i>Description</i> |
| 97150 | Therapeutic procedure(s), group (2 or more individuals) |
| S8940 | Equestrian/hippotherapy, per session |
| S8948 | Application of a modality (requiring constant provider attendance) to one or more areas, low-level laser; each 15 minutes |
| S9090 | Vertebral axial decompression, per session |

Codes for electrical stimulation considered Not Medically Necessary (TENS, NMES/electrical muscle stimulation) for the home setting:

| CPT/HCPCS Codes <u>not</u> considered medically necessary | |
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| <i>Code</i> | <i>Description</i> |
| 97014 | Application of a modality to 1 or more areas; electrical stimulation (unattended) |
| 97032 | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes |
| A4558 | Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz |
| A4595 | Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES) |
| E0720 | Transcutaneous electrical nerve stimulation (TENS) device, two-lead, localized stimulation. |
| E0730 | Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation |
| E0731 | Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric) |
| E0745 | Neuromuscular stimulator, electronic shock unit [NMES] |
| E0769 | Electrical stimulation or electromagnetic wound treatment device, not otherwise classified |
| G0281 | Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care |
| G0282 | Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281 |
| G0283 | Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care |

Codes for electrical stimulation considered experimental or investigational (MENS, Interferential therapy):

| CPT/HCPCS Codes considered experimental or investigational | |
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| <i>Code</i> | <i>Description</i> |
| E1399 | Durable medical equipment, miscellaneous [when billed for MENS] |
| S8130 | Interferential current stimulator, 2 channel [when billed for interferential therapy] |

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| S8131 | Interferential current stimulator, 4 channel [when billed for interferential therapy] |
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 - d. Local Coverage Determination (LCD) for Medicine: PHYSICAL THERAPY - Outpatient (L34310)
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