

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. Oscar may delegate utilization management decisions of certain services to third-party delegates, who may develop and adopt their own clinical criteria.

The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member's plan contracts, state laws, and federal laws. Please reference the member's plan contracts (e.g., Certificate/Evidence of Coverage, Summary/Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.

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 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 have extreme difficulty leaving home without considerable and taxing effort (i.e. requires an assistive device or the assistance of another person to leave home).

"Physical Therapy (PT)" refers to supervised therapeutic procedures performed by licensed healthcare professionals which are intended to 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 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. It is differentiated from rehabilitative treatment in that habilitative treatments are for individuals that have never met the initial development milestone.

Clinical Indications and Coverage

Physical Therapy and Occupational Therapy in the home is covered when ALL of the following criteria are met:

1. The treatment plan is prescribed and monitored by a licensed physician (MD, DO, or NP) 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 General Recovery Guideline is met; *and*
4. Therapy is aimed at establishing or restoring function that was lost or impaired *as a result of* disease, injury, or procedure; *and*
5. 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*
6. Improvement can be expected with sustainable benefit in range of motion, strength, function, reduced pain level, and independence of ADLs; *and*
7. The written plan of care includes an initial evaluation and is sufficient to determine the necessity of therapy, including the following elements:
 - a. 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*
 - b. Prior functioning level; *and*

- c. Long-term and short-term goals that are specific, quantitative, objective, and attainable in no more than 3 months; *and*
 - d. The frequency and duration of proposed treatment; *and*
 - e. The specific treatment techniques and/or exercises to be used; *and*
 - f. Discharge plan.
8. 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; *or*
 - d. 30 days have passed since the most recent review.

Coverage Exclusions

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 covered 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 flare-ups or exacerbations that did not result in a decline in function; *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*

- Treatment modalities where the benefits of PT/OT are not adequately supported by peer literature 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 ^{14, 32}
 - Kinesio taping for back pain or radicular pain is considered investigational and not clearly established in the literature ³³⁻³⁶
 - Equestrian therapy (hippotherapy)
 - Pilates
 - Low level laser therapy (LLLT)
 - Group therapy (criteria require *individualized* plans)
 - Cognitive skills training to improve memory or problem solving
 - Sensory integrative techniques
 - Driver/safety training
- Conditions where the benefits of PT/OT are not adequately supported by peer literature include, but are not limited to:
 - Constipation
 - Vaginismus ⁴¹
 - Social functioning
 - Sexual dysfunction (erectile dysfunction, premature ejaculation)
 - Scoliosis ^{37, 42-44}
 - TMJ pain ³⁸⁻⁴⁰

Applicable Billing Codes

Codes covered when clinical criteria are met:

<i>Code</i>	<i>Description</i>
G0129	Occupational therapy requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per day
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
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective 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 therapy maintenance program, each 15 minutes
S9129	Occupational therapy, in the home, per diem
S9131	Physical therapy; in the home, per diem

Codes not covered for indications listed in this Guideline:

<i>Code</i>	<i>Description</i>
97150	Therapeutic procedure(s), group (2 or more individuals)
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)
S8990	Physical or manipulative therapy performed for maintenance rather than restoration
S9117	Back school, per visit
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
E0746	Electromyography (emg), biofeedback device

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 - b. Local Coverage Determination (LCD) for PHYSICAL THERAPY - Home Health (L34564)
 - c. Local Coverage Determination (LCD) for Outpatient PHYSICAL and Occupational THERAPY Services Health (L34049)
 - d. Local Coverage Determination (LCD) for Medicine: PHYSICAL THERAPY - Outpatient (L34310)
 - e. Local Coverage Determination (LCD) for Home Health OCCUPATIONAL THERAPY (L34560)
 - f. Local Coverage Determination (LCD) for Medicine: OCCUPATIONAL THERAPY - Outpatient (L34308)

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