

Outpatient 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

The Plan members may require physical therapy (PT) when it is prescribed by a qualified health professional to significantly restore or improve functioning, relieve disease symptoms, and prevent disability in individuals with acute and/or chronic disease. A PT treatment plan of care may consist of heat and cold therapy, electric stimulation, manual therapy, a variety of exercise regimens, functional training for ambulatory activities, and the development of a home exercise program. PT may only be performed by a qualified, licensed physical therapist or by a physical therapist assistant (PTA) under the supervision of a qualified, licensed physical therapist.

The Plan members may require occupational therapy (OT) when it is prescribed by a qualified health professional to significantly regain skills of daily living that have been lost or impaired through disease or injury. OT treatments are used for both rehabilitation and habilitation, and are designed with purposeful activities. OT may only be performed by a qualified, licensed occupational therapist, or by an occupational therapist 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. PT or OT is usually one of numerous components that are part of a multidisciplinary treatment plan of care following injury or the diagnosis of a chronic disease.

For home physical therapy, please refer to the Plan Clinical Guideline: Home Care - Physical Therapy (PT) and Occupational Therapy (OT) (CG021).

Definitions

“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
- Manual therapy

“Occupational Therapy (OT)” 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

“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, transferring from bed to standing, wheelchair, or walker, dressing, feeding, grooming, mobility (ambulating), 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 restorative and 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. It is differentiated from rehabilitative treatment in that habilitative treatments are for individuals that have never met the initial development milestone.

“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.

Clinical Indications

General Criteria

Outpatient Physical Therapy and Occupational Therapy is considered 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, PA, or NP) as per individual state law and must be provided by a licensed physical therapist or occupational therapist; *and*
2. Medical necessity criteria in the appropriate MCG Ambulatory Care > Rehabilitation > Physical or Occupational Therapy Services guideline is met; *and*
3. When relevant, medical necessity criteria in the appropriate MCG Ambulatory Care > Rehabilitation > Therapeutic Modalities guideline is met (e.g., aquatic therapy, transcutaneous electrical nerve stimulation, functional and neuromuscular electrical stimulation); *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 within 1 month of beginning therapy and 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 ALL of 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. Education to help the member to self-manage and continue exercises and pain management program (e.g., TENS) without supervision; *and*
 - g. Discharge plan; *and*
 - h. Re-evaluation performed at least monthly and the results as well as any proposed changes to address progress or lack thereof; *and*
8. Therapy is no more than 60 minutes per day, unless specifically justified and approved as part of the initial evaluation and treatment plan.

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 rehabilitation criteria for the recommended visits per episode.

Extension Requests

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

1. A re-evaluation has been conducted within 30 days of the service dates; *and*
2. The member has shown progress and improvement upon successful completion of the original treatment plan of care; *and*
3. Further significant improvement can be expected and continuation of PT or OT services must require the supervision of a licensed physical therapist; *and*
4. The written plan of continued care includes a complete history and documentation of progress from the original written plan of care, the member continues to have goals, and the elements noted above in the Clinical Indications section above.

Members may receive continued PT or OT equivalent to a maximum of 50% of the original treatment plan of care, with documentation and justification from the provider and may be subject to further review. An exception to the maximum amount of PT or OT can be made if medically necessary and determined by a qualified health professional(s) managing the Plan member's treatment plan.

Experimental or Investigational / Not Medically Necessary

Physical and occupational therapy should be discontinued when any ONE of the following is present:

- 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 self-management program (maintenance); *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*
- 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 or long-term care services; *or*
- General exercises to promote fitness or flexibility are not medically necessary; *or*
- Duplicative therapy services or programs; *or*
- Occupational or recreational programs aiming to augment or improve upon normal human functioning; this includes services considered as routine, educational, for employment or job training, or as part of a fitness or sports program; *or*
- Sports Rehabilitation where treatment is extended what is needed to improve above and beyond the normal ability to perform activities of daily living
- Vertebral axial decompression, as they are considered experimental or investigational, including but not limited to the following devices:
 - Decompression Reduction Stabilization (DRS) System
 - DRX 9000
 - DX2 Decompression System
 - IDD Therapy (Intervertebral Differential Dynamics Therapy)
 - Integrity Spinal Care System
 - Lordex Lumbar Spine System
 - MTD 4000 Mettler Traction Decompression System
 - SpineRx-LDM
 - VAX-D Spinal Decompression System
- 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:
 - Applied Functional Science
 - Augmented soft tissue mobilization is considered investigational due to limited evidence of improved outcomes over standard techniques for soft tissue mobilization

- Biofeedback for anal/perianal/urethral sphincters due to lack of high grade quality of evidence to support at this time.
- Driver/safety training
- Equestrian therapy (hippotherapy)
- Group therapy (criteria require *individualized* plans)
- Hands-Free Ultrasound and Low-Frequency Sound (Infrasound)
- Hivamat therapy (deep oscillation therapy)
- Interferential stimulation or interferential current therapy 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.
- Kinesio taping for back pain or radicular pain is considered investigational and not clearly established in the literature
- Low level laser therapy (LLLT)
- Microcurrent electrical nerve stimulation (MENS)
- Pilates, Tai Chi and Qi Gong
- Sensory integrative techniques
- The Interactive Metronome Program
- MEDEK Therapy
- McKenzie Method of Mechanical Diagnosis and Therapy
- Conditions where the benefits of PT/OT are not adequately supported by peer literature include, but are not limited to:
 - Constipation
 - Vaginismus
 - Social functioning
 - Sexual dysfunction (erectile dysfunction, premature ejaculation), extracorporeal shockwave therapy for erectile dysfunction
 - Scoliosis
 - TMJ pain

Applicable Billing Codes (HCPCS/CPT Codes)

CPT/HCPCS Codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation

94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent
97039	Unlisted modality (when not specified as a procedure that is considered investigational and not medically necessary)
97010	Application of a modality to one or more areas; hot or cold packs
97012	Application of a modality to one or more areas; traction, mechanical
97014	Application of a modality to one or more areas; electrical stimulation (unattended)
97016	Application of a modality to one or more areas; vasopneumatic devices
97018	Application of a modality to one or more areas; paraffin bath
97022	Application of a modality to one or more areas; whirlpool
97024	Application of a modality to one or more areas; diathermy (e.g., microwave)
97026	Application of a modality to one or more areas; infrared [not covered for use with Low level laser therapy (LLLT)]
97028	Application of a modality to one or more areas; ultraviolet
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of a modality to one or more areas; iontophoresis, each 15 minutes
97034	Application of a modality to one or more areas; contrast baths, each 15 minutes
97035	Application of a modality to one or more areas; ultrasound, each 15 minutes
97036	Application of a modality to one or more areas; Hubbard tank, each 15 minutes
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities

97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercise
97116	Therapeutic procedure, one or more areas, each 15 minutes; Gait training (includes stair climbing)
97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking compression, percussion)
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97161 - 97163	Physical therapy evaluation (low, moderate, high complexity)
97164	Re-evaluation of physical therapy established in plan of care
97165 - 97167	Occupational therapy evaluation (low, moderate, high complexity)
97168	Re-evaluation of occupational therapy established for plan of care
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
97535	Self care/home management training (e.g., activities of daily living [ADL] and compensatory training, meal preparation, safety procedures, and instructions in

	use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
97750	Physical performance test or measurement (e.g., musculoskeletal functional capacity), with written report, each 15 minutes
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, initial orthotic(s) encounter, each 15 minutes
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
97799	Unlisted physical medicine/rehabilitation service or procedure [when not specified as a procedure that is considered investigational or not medically necessary]
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]
G0129	Occupational therapy requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per day
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

CPT/HCPCS codes <i>not</i> considered medically necessary:	
<i>Code</i>	<i>Description</i>
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)
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
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes
97545 - 97546	Work hardening/conditioning
E0746	Electromyography (EMG), biofeedback device

E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified [this is unclassified therapy code, specific therapy codes must be billed instead]
S8990	Physical or manipulative therapy performed for maintenance rather than restoration
S9117	Back school, per visit
S9970	Health club membership, annual

CPT/HCPCS codes considered experimental or investigational:	
<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

CPT/HCPCS codes for electrical stimulation considered experimental or investigational (MENS, Interferential therapy):	
<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]
S8131	Interferential current stimulator, 4 channel [when billed for interferential therapy]

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