

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.

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Summary

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. Treatments may include heat and cold therapy, electrical stimulation, manual therapy, a variety of exercise regimens, functional training for ambulatory activities, and developing 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.

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. They 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 component of a multidisciplinary plan of care following an injury or the diagnosis of a chronic disease.

For home PT or OT, 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 and intended to relieve disease symptoms, prevent disability, and restore clinical function. PT is often one component of a multidisciplinary treatment plan following injury or for 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 help members regain lost or impaired daily living skills. These programs are individualized to help each member 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 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 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 differ from habilitative treatments because the individual previously met these functional milestones but 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, have not developed to the normal level of functioning. This differs from rehabilitative treatment because habilitative treatments are for individuals who have not yet developed the expected level of function or met a development milestone.

“Custodial care” or “long-term care” is 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, nursing homes, or other settings. This type of care typically does not apply to plan benefits; please see the member’s plan benefits.

Medical Necessity Criteria for Initial Clinical Review

General Medical Necessity Criteria

Outpatient physical therapy (PT) or occupational therapy (OT) is considered 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 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 are met; *and*

3. When relevant, medical necessity criteria in the appropriate MCG Ambulatory Care > Rehabilitation > Therapeutic Modalities guideline are 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, procedure, or congenital abnormality; *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 for initial requests (appropriate to stage of injury, illness or disease) of beginning therapy and with sustainable benefit in range of motion, strength, function, reduced pain level, and independence of ADLs; *and*
7. The plan of care includes an initial evaluation and is sufficiently detailed to determine the necessity of PT or OT, 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 (3 months) and short-term goals that are specific, quantitative, objective, and attainable in no more than 3 months; *and*
 - d. Frequency and duration of proposed treatment; *and*
 - e. 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 (documentation by a qualified provider/practitioner/physical or occupational therapist practicing within the scope of state-specific licensure) 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.

Initial Duration

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

Continued Care

[Medical Necessity Criteria for Subsequent Clinical Review](#)

Subsequent Medical Necessity Criteria

Plan members who require continued PT or OT beyond the original plan of care may receive extended treatment when ALL of the following criteria are met:

1. A completed re-evaluation documented by a qualified provider, physical therapist, or occupational therapist practicing within the scope of state-specific licensure, which has been conducted within 30 days of the service dates; *and*
2. 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. ONE of the below:
 - a. The written plan of continued care includes a complete history and documentation of progress from the original written plan of care; *and*
 - b. Member continues to have goals; *and*
 - c. Member continues to meet the General Medical Necessity Criteria.

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:

1. Member reaches the predetermined goals or skilled treatment is no longer required; *or*
2. Member has reached maximum rehab potential; *or*
3. Goals will not be met and there is no expectation of meeting them in a reasonable time; *or*
4. Member can safely and effectively continue their rehabilitation in a home exercise program or self-management program (maintenance); *or*
5. Member's medical condition prevents further therapy; *or*
6. Member refuses treatment.

Physical or occupational therapy is NOT considered medically necessary for the following:

1. Asymptomatic members or those without an identifiable clinical condition; *or*
2. Improvement in functioning is not expected over a reasonable and predictable period of time (i.e., a "stable deficit"); *or*
3. 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*
4. 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*
5. Custodial or long-term care services; *or*
6. General exercises to promote fitness or flexibility; *or*
7. Duplicative therapy services or programs; *or*

8. 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*
9. Sports rehabilitation where treatment is extended what is needed to improve above and beyond the normal ability to perform activities of daily living
10. Vertebral axial decompression, as they are considered experimental or investigational, including but not limited to the following devices:
 - a. Decompression Reduction Stabilization (DRS) System
 - b. DRX 9000
 - c. DX2 Decompression System
 - d. IDD Therapy (Intervertebral Differential Dynamics Therapy)
 - e. Integrity Spinal Care System
 - f. Lordex Lumbar Spine System
 - g. MTD 4000 Mettler Traction Decompression System
 - h. SpineRx-LDM
 - i. VAX-D Spinal Decompression System

PT/OT treatment modalities considered experimental, or investigational, or unproven because the benefits are not adequately supported by peer-reviewed literature or accepted standards of practice include, but are not limited to:

1. Applied Functional Science
2. Augmented soft tissue mobilization is considered investigational due to limited evidence of improved outcomes over standard techniques for soft tissue mobilization
3. Biofeedback for anal/perianal/urethral sphincters due to the lack of high-quality evidence
4. Driver/safety training
5. Equestrian therapy (hippotherapy)
6. Group therapy (criteria require *individualized* plans)
7. Hands-Free Ultrasound and Low-Frequency Sound (Infrasound)
8. Hivamat therapy (deep oscillation therapy)
9. 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-quality evidence. 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.
10. Kinesio taping for back pain or radicular pain is considered investigational and not clearly established in the literature
11. Low-level laser therapy (LLLT)
12. Microcurrent electrical nerve stimulation (MENS)

13. Percutaneous electrical nerve stimulation (PENS) involves electroacupuncture (needle electrodes connected to a power source) and inserted into the skin near the site of pain. These needles are not permanently implanted, but tunneled percutaneously under ultrasound guidance into the subcutaneous tissue. Due to a lack of peer-reviewed reviewed literature supporting the effectiveness of PENS and pain reduction, ongoing clinical trials, and clinical practice guidelines stating there is insufficient evidence to recommend PENS for lower back pain, this type of procedure is considered experimental or investigational.
14. PENS-field stimulation (PENFS) is a variant of PENS that involves electrical stimulation of subcutaneous tissue near painful areas rather than specific nerves. There is very limited peer-reviewed data to support the use of PENFS.
15. Percutaneous peripheral nerve stimulation (PNS) is a minimally invasive technique that involves implanting a small lead near a peripheral nerve and applying electrical stimulation directly to the nerve with the use of an external pulse generator. According to Hayes (2022), there is a small, very low-quality body of evidence supporting the use of percutaneous PNS for the treatment of adults with chronic pain.
16. Peripheral nerve field stimulation (PNfS) involves implanting one or more electronic leads into the subcutaneous tissue near painful areas to deliver electrical pulses. There is insufficient high-level evidence supporting the use of PNfS.
17. Pilates, Tai Chi and Qi Gong
18. Sensory integrative techniques
19. The Interactive Metronome Program
20. MEDEK Therapy
21. McKenzie Method of Mechanical Diagnosis and Therapy

PT/OT for the following conditions is considered experimental, or investigational, or unproven because the benefits are not adequately supported by peer literature:

1. Constipation
2. Vaginismus
3. Social functioning
4. Sexual dysfunction (erectile dysfunction, premature ejaculation), extracorporeal shockwave therapy for erectile dysfunction
5. Scoliosis
6. Temporomandibular joint (TMJ) pain

Applicable Billing Codes

Table 1	
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 (specify type and time if constant attendance)
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
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

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
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	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

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
	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: 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

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
	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 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.

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
	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.
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), 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, 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
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, 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, each 15 minutes
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
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
A4558	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz
A4560	Neuromuscular electrical stimulator (NMES), disposable, replacement only
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
G0129	Occupational therapy requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization or intensive outpatient treatment program, per session (45 minutes or more)
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

Table 2	
CPT/HCPCS codes <u>not considered medically necessary</u> for indications in this guideline:	
<i>Code</i>	<i>Description</i>
97169	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
97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; 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.
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; 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.
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.

Table 2	
CPT/HCPCS codes <u>not considered medically necessary</u> for indications in this guideline:	
<i>Code</i>	<i>Description</i>
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, each 15 minutes
97545	Work hardening/conditioning; initial 2 hours
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)
E0746	Electromyography (EMG), biofeedback device
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified
S8990	Physical or manipulative therapy performed for maintenance rather than restoration
S9117	Back school, per visit
S9970	Health club membership, annual

Table 3	
CPT/HCPCS codes considered experimental, investigational, or unproven for indications in this guideline:	
<i>Code</i>	<i>Description</i>
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
90901	Biofeedback training by any modality
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)
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction
97150	Therapeutic procedure(s), group (2 or more individuals)
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
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

Table 4	
CPT/HCPCS codes considered experimental, investigational, or unproven for electrical stimulation (interferential therapy, MENS, PENS, PENFS, PNS, PNfS):	
<i>Code</i>	<i>Description</i>
64999	<p>Unlisted procedure, nervous system</p> <ul style="list-style-type: none"> • <u>Due to the broad nature of this code and lack of specificity in certain scenarios, clarification is provided below:</u> • When this code is billed for percutaneous electrical nerve stimulation (PENS), PENS-field stimulation (PENFS), percutaneous peripheral nerve stimulation (PNS), or peripheral nerve field stimulation (PNfS), it is considered experimental or investigational
E1399	<p>Durable medical equipment, miscellaneous</p> <ul style="list-style-type: none"> • <u>Due to the broad nature of this code and lack of specificity in certain scenarios, clarification is provided below:</u> • When this code is billed for microcurrent electrical nerve stimulation (MENS), it is considered experimental or investigational
S8130	Interferential current stimulator, 2 channel

Table 4	
CPT/HCPCS codes considered experimental, investigational, or unproven for electrical stimulation (interferential therapy, MENS, PENS, PENFS, PNS, PNFS):	
<i>Code</i>	<i>Description</i>
S8131	Interferential current stimulator, 4 channel

Table 5	
ICD-10 codes considered experimental, investigational, or unproven with Table 1 codes:	
<i>Code</i>	<i>Description</i>
F10.181	Alcohol abuse with alcohol-induced sexual dysfunction
F10.281	Alcohol dependence with alcohol-induced sexual dysfunction
F10.981	Alcohol use, unspecified with alcohol-induced sexual dysfunction
F11.181	Opioid abuse with opioid-induced sexual dysfunction
F11.281	Opioid dependence with opioid-induced sexual dysfunction
F11.981	Opioid use, unspecified with opioid-induced sexual dysfunction
F13.181	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.281	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.981	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F14.181	Cocaine abuse with cocaine-induced sexual dysfunction
F14.281	Cocaine dependence with cocaine-induced sexual dysfunction
F14.981	Cocaine use, unspecified with cocaine-induced sexual dysfunction
F15.181	Other stimulant abuse with stimulant-induced sexual dysfunction
F15.281	Other stimulant dependence with stimulant-induced sexual dysfunction
F15.981	Other stimulant use, unspecified with stimulant-induced sexual dysfunction
F19.181	Other psychoactive substance abuse with psychoactive substance-induced sexual dysfunction
F19.281	Other psychoactive substance dependence with psychoactive substance-induced sexual dysfunction

Table 5	
ICD-10 codes considered experimental, investigational, or unproven with Table 1 codes:	
<i>Code</i>	<i>Description</i>
F19.981	Other psychoactive substance use, unspecified with psychoactive substance-induced sexual dysfunction
F40.10	Social phobia, unspecified
F40.11	Social phobia, generalized
F52.0 - F52.9	Sexual dysfunction not due to a substance or known physiological condition
F80.82	Social pragmatic communication disorder
F94.0 - F94.9	Disorders of social functioning with onset specific to childhood and adolescence
I69.015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage
K59.00 - K59.09	Constipation
M26.651 - M26.659	Arthropathy of temporomandibular joint
M41.00 - M41.9	Scoliosis
M96.5	Postradiation scoliosis
N52.01 - N52.9	Male erectile dysfunction
N53.11 - N53.9	Other male sexual dysfunction
N94.2	Vaginismus
Q67.5	Congenital deformity of spine
Q76.3	Congenital scoliosis due to congenital bony malformation
R37	Sexual dysfunction, unspecified
Z60.0 - Z60.9	Problems related to social environment
Z73.4	Inadequate social skills, not elsewhere classified
Z73.5	Social role conflict, not elsewhere classified

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