

## 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.*

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### 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 include heat and cold therapy, electrical 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 independently or with the help of caregivers and that does not require skilled personnel to be present. This guideline provides criteria regarding the indications and exclusions for home PT and OT.

Information about coverage and benefit limitations can be found in the member's plan contract at [hioscar.com/forms](http://hioscar.com/forms).

### Definitions

"Homebound" refers to members who have normal inability to leave home without considerable and taxing effort (i.e., require 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 a private automobile, bus, or taxi due to a 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 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
- Transfer training

“Occupational therapy” 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
- Manual therapy

“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, dressing, feeding, grooming, mobility, 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. An example includes therapy for a child who is not talking at the expected age.

“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.

“Hospice care / end-of-life care” is interdisciplinary and holistic care when curative or life-prolonging treatments are no longer beneficial. 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 before returning to the previous level of hospice care).

“Palliative care” is interdisciplinary and holistic care that focuses on symptom management, relieving suffering in all stages of disease, supporting communication, and assessing psychosocial, spiritual, 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.

### Medical Necessity Criteria for Initial Clinical Review

#### General Medical Necessity Criteria

Physical therapy (PT) or occupational therapy (OT) in the home 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 or occupational therapist; *and*
2. Member meets the definition of homebound (see [Definitions](#) section); *and*
3. Medical necessity criteria in the appropriate MCG Home Care Optimal Recovery Guidelines or MCG Home Care General Recovery Guidelines are 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 plan of care includes an initial evaluation and is sufficiently detailed to determine the necessity of home PT or OT, including the following elements:
  - a. A medical evaluation (qualified provider or practitioner within scope of state specific licensure) 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. Frequency and duration of proposed treatment; *and*
  - f. Specific treatment techniques and/or exercises to be used; *and*
  - g. Discharge plan; *and*
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.

#### General Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care

For members receiving hospice/end-of-life or palliative care (please check plan benefits to verify hospice or palliative care benefit timeframes), home PT or 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 or occupational therapist; *and*
2. Member meets the definition of homebound (see [Definitions](#) section); *and*
3. Member is terminally ill, presents with functional decline, and is 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*
4. PT/OT services are rendered as part of a hospice/end-of-life or palliative care program; *and*
5. ONE of the below:
  - a. Member may receive curative treatment while receiving palliative care; *or*
  - b. Member is not receiving curative treatment while in hospice/end-of-life care; *and*
6. Therapy is aimed at establishing or restoring function that was lost or impaired *as a result of* disease, injury, or procedure; *and*
7. 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*
8. Improvement can be expected with sustainable benefit in range of motion, strength, function, reduced pain level, and independence of ADLs; *and*

9. The plan of care includes an initial evaluation and is sufficiently detailed to determine the necessity of home PT or OT, including the following elements:
  - a. A medical evaluation (qualified provider or practitioner within scope of state specific licensure) 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. Frequency and duration of proposed treatment; *and*
  - f. Specific treatment techniques and/or exercises to be used; *and*
  - g. Discharge plan; *and*
10. 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*
11. The specific goals are no longer expected to be achieved in a reasonable or expected duration of time.

#### 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 home care 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 home PT or OT visits beyond the original plan of care may receive extended treatment when BOTH of the following criteria are met:

1. A completed re-evaluation documented by a qualified provider/practitioner/physical or occupational therapist practicing within the scope of state specific licensure, which has been conducted within 30 days of the service dates; *and*
2. ONE of the below:
  - a. Within the appropriate MCG Home Care Optimal Recovery Guidelines, the Extended Visits criteria are met; *or*
  - b. Within the appropriate MCG Home Care General Recovery Guidelines, the member is still in General Treatment Course Stage 2 or has not met all milestones in Stage 3.

### Subsequent Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care

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

1. For an extension request/recertification for hospice/end-of-life or palliative care, please see plan benefits and requirements; *and*
2. Member meets medical necessity for extension requests when General Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care continue to be met.

### Experimental or Investigational / Not Medically Necessary

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

1. Homebound status is no longer met; *or*
2. Member reaches the predetermined goals or skilled treatment is no longer required; *or*
3. Member has reached maximum rehab potential; *or*
4. Goals will not be met and there is no expectation of meeting them in reasonable time; *or*
5. Member can safely and effectively continue their rehabilitation in a home exercise program; *or*
6. Member's medical condition prevents further therapy; *or*
7. 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. Chronic illness / chronic flare-ups or exacerbations that did not result in a decline in function or related to an acute exacerbation; *or*
5. 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*
6. Custodial care or long-term care services; *or*
7. Duplicative therapy services or programs; *or*
8. 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*
9. Therapy aimed at improving or restoring only IADLs; *or*
10. 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*
11. Pilates or general exercises to promote fitness or flexibility; *or*
12. Transcutaneous electrical nerve stimulator (TENS) in the home setting; please refer to the Plan Clinical Guideline: Outpatient Physical Therapy & Occupational Therapy (CG044) for outpatient setting; *or*

13. Neuromuscular electrical stimulation (NMES) / electrical muscle stimulation in the home setting; please refer to Plan Clinical Guideline: Outpatient Physical Therapy & Occupational Therapy (CG044) for outpatient setting.

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

1. Augmented soft tissue mobilization is considered investigational due to limited evidence of improved outcomes over standard techniques for soft tissue mobilization
2. Cognitive skills training to improve memory or problem solving
3. Driver/safety training
4. Equestrian therapy (hippotherapy)
5. Group therapy (criteria require *individualized* plans)
6. Kinesio taping for back pain or radicular pain is considered investigational and not clearly established in the literature
7. Low-level laser therapy (LLLT)
8. MEDEK Therapy (Metodo Dinamico de Estimulacion Kinesica or Dynamic Method for Kinetic Stimulation)
9. Microcurrent electrical nerve stimulation (MENS)
10. 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.
11. 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 or investigational due to the lack of high-quality evidence in peer-reviewed 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. According to Hayes (2023), there are no relevant clinical studies, systematic reviews, or guidance documents supporting use of RST-Sanexas.
12. The Interactive Metronome Program
13. Sensory integrative techniques
14. Vertebral axial decompression and motorized traction devices
15. ROMTech devices (i.e., ROMTech PortableConnect®, ROMTech AccuAngle®)

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

1. Constipation
2. Vaginismus
3. Social functioning
4. Sexual dysfunction (erectile dysfunction, premature ejaculation)
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>
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: 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.

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

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

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
S9131	Physical therapy; in the home, per diem

Table 2	
CPT/HCPCS codes <u>not considered medically necessary</u> for indications listed 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

Table 2	
CPT/HCPCS codes <u>not considered medically necessary</u> for indications listed in this guideline:	
<i>Code</i>	<i>Description</i>
	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.
E0746	Electromyography (EMG), biofeedback device
S8990	Physical or manipulative therapy performed for maintenance rather than restoration
S9117	Back school, per visit

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
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
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified <ul style="list-style-type: none"> <li>• <u>Due to the broad nature of this code and lack of specificity in certain scenarios, clarification is provided below:</u></li> <li>• When this code is billed for ROMTech devices (i.e., ROMTech PortableConnect®, ROMTech AccuAngle®), it is considered experimental, investigational, or unproven</li> </ul>
A9300	Exercise equipment <ul style="list-style-type: none"> <li>• <u>Due to the broad nature of this code and lack of specificity in certain scenarios, clarification is provided below:</u></li> </ul>

Table 3	
CPT/HCPCS codes considered experimental, investigational, or unproven for indications in this guideline:	
<i>Code</i>	<i>Description</i>
	<ul style="list-style-type: none"> <li>When this code is billed for ROMTech devices (i.e., ROMTech PortableConnect®, ROMTech AccuAngle®), it is considered experimental, investigational, or unproven</li> </ul>
E1399	Durable medical equipment, miscellaneous <ul style="list-style-type: none"> <li><u>Due to the broad nature of this code and lack of specificity in certain scenarios, clarification is provided below:</u></li> <li>When this code is billed for ROMTech devices (i.e., ROMTech PortableConnect®, ROMTech AccuAngle®), it is considered experimental, investigational, or unproven</li> </ul>
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 <u>not considered medically necessary</u> for electrical stimulation (TENS, NMES/electrical muscle stimulation) in the home setting:	
<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
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

Table 4	
CPT/HCPCS codes <u>not considered medically necessary</u> for electrical stimulation (TENS, NMES/electrical muscle stimulation) in the home setting:	
<i>Code</i>	<i>Description</i>
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

Table 5	
CPT/HCPCS codes considered experimental, investigational, or unproven for electrical stimulation (interferential therapy, MENS, PENS):	
<i>Code</i>	<i>Description</i>
64999	<p>Unlisted procedure, nervous system</p> <ul style="list-style-type: none"> <li>• <u>Due to the broad nature of this code and lack of specificity in certain scenarios, clarification is provided below:</u></li> <li>• When this code is billed for percutaneous electrical nerve stimulation (PENS), it is considered experimental, investigational, or unproven</li> </ul>
E1399	<p>Durable medical equipment, miscellaneous</p> <ul style="list-style-type: none"> <li>• <u>Due to the broad nature of this code and lack of specificity in certain scenarios, clarification is provided below:</u></li> <li>• When this code is billed for microcurrent electrical nerve stimulation (MENS), it is considered experimental, investigational, or unproven</li> </ul>
S8130	Interferential current stimulator, 2 channel
S8131	Interferential current stimulator, 4 channel

Table 6	
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
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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