

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

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

### Summary

Oscar 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 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 a home exercise program. PT may be performed by a qualified, licensed physical therapist or by a physical therapist assistant (PTA) under the supervision of a qualified, licensed physical therapist.

Oscar 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 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 Oscar 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 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 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.

## Covered Services and Clinical Indications

### *General Coverage Criteria*

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

1. The treatment plan is prescribed and monitored by a licensed physician (MD, DO, or NP) as per individual state law and must be provided by a licensed physical 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); *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 of recorded, 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.

#### *Extension Requests*

An Oscar 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. The member has shown progress and improvement upon successful completion of the original treatment plan of care; *and*
2. Further significant improvement can be expected and continuation of PT or OT services must require the supervision of a licensed physical therapist; *and*
3. The written plan of continued care includes a re-evaluation, complete history and documentation of progress from the original written plan of care, and the elements noted above in the Covered Services and Clinical Indications.

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 qualified health professional(s) managing the Oscar member's treatment plan.

#### Coverage Exclusions

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 covered for the following:

- Asymptomatic members or those without an identifiable clinical condition; *or*
- Improvement in functioning is not expected over a reasonable and predictable period of time (i.e., a "stable deficit"); *or*
- Cases of transient or easily reversible loss or reduction in function which could be reasonably expected to improve spontaneously as the member gradually resumes normal activities; *or*
- 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*
- 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*
- Treatment modalities where the benefits of PT/OT are not adequately supported by peer literature include, but are not limited to:
  - Augmented soft tissue mobilization is considered investigational due to limited evidence of improved outcomes over standard techniques for soft tissue mobilization <sup>9-10</sup>
  - Kinesio taping for back pain or radicular pain is considered investigational and not clearly established in the literature <sup>11-14</sup>
  - Equestrian therapy (hippotherapy)
  - Pilates, Tai Chi and Qi Gong
  - Low level laser therapy (LLLT)
  - Group therapy (criteria require *individualized* plans)
  - Cognitive skills training to improve memory or problem solving, unless related to a specific traumatic injury to the brain
  - Sensory integrative techniques
  - Driver/safety training
  - The Interactive Metronome Program
  - MEDEK Therapy
  - Hands-Free Ultrasound and Low-Frequency Sound (Infrasound)
  - Hivamat therapy (deep oscillation therapy)
  - Applied Functional Science
  - McKenzie Method of Mechanical Diagnosis and Therapy
- Sports Rehabilitation where treatment is extended what is needed to improve above and beyond the normal ability to perform activities of daily living
- Conditions where the benefits of PT/OT are not adequately supported by peer literature include, but are not limited to:
  - Constipation
  - Vaginismus <sup>5</sup>
  - Social functioning
  - Sexual dysfunction (erectile dysfunction, premature ejaculation)
  - Scoliosis <sup>1, 6-8</sup>
  - TMJ pain <sup>2-4</sup>

Applicable Billing Codes (HCPCS/CPT Codes)

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|--|--------------------|
| <i>Service(s) name</i>                       |                    |
| CPT/HCPCS Codes covered 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 |

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| 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)   |
| 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]  |
| 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> covered: |  |
|-------------------------------------|--|
| <i>Code</i>                         | <i>Description</i>   |
| 97150                               | Therapeutic procedure(s), group (2 or more individuals)  |
| 97169 - 97172                       | Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family |
| 97537                               | Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification)  |

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|               | 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   |
| 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                    |
| S8990         | Physical or manipulative therapy performed for maintenance rather than restoration   |
| S9090         | Vertebral axial decompression, per session   |
| S9117         | Back school, per visit   |
| S9970         | Health club membership, annual   |

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#### Clinical Guideline Revision / History Information

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