



MEDICAL COVERAGE POLICY

SERVICE: Occupational Therapy

Policy Number: 003

Effective Date: 10/01/2019

Last Review: 07/25/2019

Next Review Date: 07/25/2020

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Occupational Therapy

PRIOR AUTHORIZATION: Not required.

POLICY: Occupational therapy may be considered medically necessary and a covered benefit if **ALL** of the following criteria are met:

1. The therapy service must be of such a level of complexity and sophistication or the condition of the patient shall be such that the services required can be safely and effectively performed **ONLY** by a qualified therapist. SWHP does **NOT** cover therapy services that do not require the skill of a trained and licensed practitioner to perform.
2. The therapy service must be performed by a licensed and certified occupational therapist or a licensed and certified occupational therapist assistant under the direct supervision of a licensed and certified occupational therapist.
3. A written plan of care, consisting of diagnoses (long-term treatment goals and type, amount, duration and frequency of therapy services), must be established by an appropriate healthcare provider before the services are begun.
4. The plan must be periodically reviewed by an appropriate healthcare provider.
The therapist may not significantly alter a plan of care established or certified by an appropriate healthcare provider without their documented written or verbal approval.
5. The plan must be certified and recertified periodically. New or significantly modified plans of care must be certified within 30 calendar days after the initial treatment under that plan.
6. Recertifications must be obtained within the duration of the initial plan of care or within 90 calendar days of the initial treatment under that plan, whichever is less.
7. The type, frequency and duration of services must be medically necessary for the patient's condition under accepted medical, physical therapy and occupational therapy practice standards and relate directly to a written treatment plan.
8. There must be an expectation that the condition or level of function will improve within a reasonable (and generally predictable) time or the services must be necessary to establish a safe and effective maintenance regimen required in connection with a specific disease.

NOTE: For ALL plans subject to CMS rules: medically necessary services, provided by or



MEDICAL COVERAGE POLICY

SERVICE: Occupational Therapy

Policy Number: 003

Effective Date: 10/01/2019

Last Review: 07/25/2019

Next Review Date: 07/25/2020

under the supervision of skilled personnel, are also coverable if the services are needed to maintain the individual's condition, or prevent or slow their decline. However, it is not medically necessary for a qualified professional to perform or supervise maintenance programs that do not require the professional skills of a qualified professional. These situations include:

- Services related to activities for the general good and welfare of patients (e.g., general exercises to promote overall fitness and flexibility).
- Repetitive exercises to maintain gait or maintain strength and endurance, and assisted walking such as that provided in support for feeble or unstable patients.
- Range of motion and passive exercises that are not related to restoration of a specific loss of function but are useful in maintaining range of motion (for example: in paralyzed extremities).
- Maintenance therapies after the patient has achieved therapeutic goals or for patients who exhibit no potential for progress and should become patient or caregiver-directed.

EXCLUSIONS: SWHP does not consider the following as medically necessary indications for occupational therapy:

1. Services related to activities for the general good and welfare of patients (i.e., general exercises to promote overall fitness and flexibility).
2. Repetitive exercises to maintain gait or maintain strength and endurance, and assisted walking such as that provided in support for feeble or unstable patients.
3. Range of motion and passive exercises that are not related to restoration of a specific loss of function but are useful in maintaining range of motion in paralyzed extremities.
4. Maintenance therapies after the patient has achieved therapeutic goals or for patients who show no further meaningful progress and should become patient- or caregiver-directed. (See comment in previous section regarding plans subject to CMS rules.)

SWHP does not cover the following treatments/programs because they are considered to be nonmedical, educational or training in nature and thus are not medically necessary. In addition, these treatments/programs are specifically excluded under many benefit plans:

- Work hardening programs.
- Vocational rehabilitation programs and any programs with the primary goal of returning an individual to work.
- Driving safety/driver training

SWHP has determined that the following services are not medically necessary because they are considered experimental or investigational or unproven for ALL indications:

- Equine therapy or hippotherapy

OVERVIEW:

Occupational therapy is one of several types of rehabilitative services which help individuals recover lost functioning due to illness, injury, congenital defect, or surgery. It may also be indicated for significant developmental delay in children. Occupational therapy may be performed in a variety of settings, including inpatient, outpatient, practitioner office, and home. The goal of therapy is to assist individuals to return to a state of independence and self-management, or to attain age appropriate



MEDICAL COVERAGE POLICY

SERVICE: Occupational Therapy

Policy Number: 003

Effective Date: 10/01/2019

Last Review: 07/25/2019

Next Review Date: 07/25/2020

developmental functionality. Occupational therapists utilize a variety of techniques as they work with each individual's unique clinical situation.

Coverage for outpatient occupational therapy programs and occupational therapy provided in the home is subject to the terms, conditions and limitations of the applicable benefit plan's Rehabilitative Therapy benefit and schedule of copayments. Many benefit plans have exclusion language and/or limitations that impact coverage of occupational therapy, including any or all of the following:

- A maximum allowable occupational therapy benefit for duration of treatment or number of visits. When this is present, and the maximum allowable benefit is exhausted, coverage will no longer be provided even if the medical necessity criteria described below are met.
- Occupational therapy is covered only when provided for the purpose of enabling the member to perform the activities of daily living.
- Specific coverage exclusions for rehabilitative services for learning disabilities, developmental delays, autism, and mental retardation and/or for that which is not restorative in nature.
- Specific coverage exclusions for maintenance or preventive care consisting of routine, long-term, or non-medically necessary care provided to prevent recurrences or to maintain the member's current status.

MANDATES:

Sec. 1271.156. BENEFITS FOR REHABILITATION SERVICES AND THERAPIES.

- (a) If benefits are provided for rehabilitation services and therapies under an evidence of coverage, the provision of a rehabilitation service or therapy that, in the opinion of a physician, is medically necessary may not be denied, limited, or terminated if the service or therapy meets or exceeds treatment goals for the enrollee.
- (b) For an enrollee with a physical disability, treatment goals may include maintenance of functioning or prevention of or slowing of further deterioration.

Added by Acts 2003, 78th Leg., ch. 1274, Sec. 3, eff. April 1, 2005.

Sec. 1367.205. COVERAGE OF CERTAIN THERAPIES.

- (a) A health benefit plan that provides coverage for rehabilitative and habilitative therapies under this subchapter may not prohibit or restrict payment for covered services provided to a child and determined to be necessary to and provided in accordance with an individualized family service plan issued by the Interagency Council on Early Childhood Intervention under Chapter 73, Human Resources Code.
- (b) Rehabilitative and habilitative therapies described by Subsection (a) must be covered in the amount, duration, scope, and service setting established in the child's individualized family service plan.
- (c) A child is entitled to benefits under this subchapter if the child, as a result of the child's relationship to an insured or enrollee in a health benefit plan, would be entitled to coverage under an accident and health insurance policy under Section 1201.061, 1201.062, 1201.063, or 1201.064.

Added by Acts 2005, 79th Leg., Ch. 728, Sec. 11.040(a), eff. September 1, 2005.

Sec. 1355.015. REQUIRED COVERAGE FOR CERTAIN CHILDREN.

- (a) At a minimum, a health benefit plan must provide coverage as provided by this section to an enrollee who is diagnosed with autism spectrum disorder from the date of diagnosis until the enrollee completes nine years of age. If an enrollee who is being treated for autism spectrum disorder becomes 10 years of age or older and continues to need treatment, this subsection does not preclude coverage of treatment and services described by Subsection (b).
- (b) The health benefit plan must provide coverage under this section to the enrollee for all generally recognized services prescribed in relation to autism spectrum disorder by the enrollee's primary care



MEDICAL COVERAGE POLICY

SERVICE: Occupational Therapy

Policy Number: 003

Effective Date: 10/01/2019

Last Review: 07/25/2019

Next Review Date: 07/25/2020

physician in the treatment plan recommended by that physician. An individual providing treatment prescribed under this subsection must be a health care practitioner:

- (1) who is licensed, certified, or registered by an appropriate agency of this state;
 - (2) whose professional credential is recognized and accepted by an appropriate agency of the United States; or
 - (3) who is certified as a provider under the TRICARE military health system.
- (c) For purposes of Subsection (b), "generally recognized services" may include services such as:
- (1) evaluation and assessment services;
 - (2) applied behavior analysis;
 - (3) behavior training and behavior management;
 - (4) speech therapy;
 - (5) occupational therapy;
 - (6) physical therapy; or
 - (7) medications or nutritional supplements used to address symptoms of autism spectrum disorder.
- (d) Coverage under Subsection (b) may be subject to annual deductibles, copayments, and coinsurance that are consistent with annual deductibles, copayments, and coinsurance required for other coverage under the health benefit plan.
- (e) Notwithstanding any other law, this section does not apply to a standard health benefit plan provided under Chapter 1507.

Added by Acts 2007, 80th Leg., R.S., Ch. 877, Sec. 8, eff. September 1, 2007.

Amended by: Acts 2009, 81st Leg., R.S., Ch. 1107, Sec. 2, eff. September 1, 2009.

CMS: There is no published National Coverage Determination (NCD) on this topic, however there is a Local Coverage Determination (LCD). Novitas Solutions, Therapy Services (PT, OT) LCD L35036 (for services starting 4/18/2019).

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	<p>97003 Occupational therapy evaluation</p> <p>97004 Occupational therapy re-evaluation</p> <p>97010 Application of a modality to one or more areas; hot or cold packs</p> <p>97012 Application of a modality to one or more areas; traction, mechanical</p> <p>97014 Application of a modality to one or more areas; electrical stimulation (unattended)</p> <p>97016 Application of a modality to one or more areas; vasopneumatic devices</p> <p>97018 Application of a modality to one or more areas; paraffin bath</p> <p>97022 Application of a modality to one or more areas; whirlpool</p> <p>97024 Application of a modality to one or more areas; diathermy (eg. microwave)</p> <p>97026* Application of a modality to one or more areas; infrared</p> <p>97028 Application of a modality to 1+ areas; ultraviolet</p> <p>97032 Application of a modality to 1+; electrical stimulation (manual), each 15 minutes</p> <p>97033* Application of a modality to 1+ areas; iontophoresis, each 15 minutes</p> <p>97034 Application of a modality to 1+; contrast baths, each 15 minutes</p> <p>97035 Application of a modality to 1+; ultrasound, each 15 minutes</p> <p>97036 Application of a modality to 1+; Hubbard tank, each 15 minutes</p> <p>97150 Therapeutic procedure(s), group (2 or more individuals)</p> <p>97110 Therapeutic procedure, 1+ areas, each 15 minutes; therapeutic exercises to develop</p>
------------	---



MEDICAL COVERAGE POLICY

SERVICE: Occupational Therapy

Policy Number: 003

Effective Date: 10/01/2019

Last Review: 07/25/2019

Next Review Date: 07/25/2020

	<p>strength and endurance, range of motion and flexibility</p> <p>97112 Therapeutic procedure, 1+ areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities</p> <p>97113 Therapeutic procedure, 1+ areas, each 15 minutes; aquatic therapy with therapeutic exercises</p> <p>97116 Therapeutic procedure, 1+ areas, each 15 minutes; gait training (includes stair climbing)</p> <p>97124 Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage, and/or tapotement</p> <p>97140 Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes</p> <p>97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes</p> <p>97535 Self-care/home management training (eg, 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</p> <p>97542 Wheelchair management (e.g. assessment, fitting, training), each 15 minutes</p> <p>97750 Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes</p> <p>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 by provider, with written report, each 15 minutes</p> <p>97760 Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes</p> <p>97761 Prosthetic training, upper and/or lower extremity(s), each 15 minutes</p> <p>97762 Checkout for orthotic/prosthetic use, established patient, each 15 minutes</p> <p>*Not Covered by Medicare</p>
CPT Not Covered:	<p>97537 Community/work integration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes</p> <p>97545 Work hardening/conditioning; initial 2 hours</p> <p>97546 Work hardening/conditioning; each additional hour</p>
ICD10 code:	Z51.89 Encounter for other specified aftercare
HCPCS	<p>G0129 Occupational therapy requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session</p> <p>G0152 Services of occupational therapist in home health or hospice setting, each 15 minutes</p> <p>S9129 Occupational therapy, in the home, per diem</p>

CMS: There is no published National Coverage Determination (NCD) on this topic; however there is a Local Coverage Determination (LCD): Novitas Solutions LCD L32710 - Therapy Services (PT, OT, SLP) 6/13/2013.

POLICY HISTORY:

Status	Date	Action
--------	------	--------



MEDICAL COVERAGE POLICY

SERVICE: Occupational Therapy

Policy Number: 003

Effective Date: 10/01/2019

Last Review: 07/25/2019

Next Review Date: 07/25/2020

New	12/1/2010	New policy
Reviewed	12/1/2011	Reviewed.
Reviewed	10/25/1012	Reviewed.
Reviewed	10/3/2013	CMS criteria added
Reviewed	6/19/2014	No changes
Reviewed	7/02/2015	No changes
Reviewed	7/07/2016	Updated per LCD
Reviewed	6/13/2017	No changes
Reviewed	4/24/2018	No changes
Reviewed	7/25/2019	Added comment regarding hippotherapy

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. American Occupational Therapy Association, Inc. (AOTA). Consumer Information. Accessed November 20, 2010, <http://www.aota.org>
2. American Occupational Therapy Association, Inc. (AOTA). OT Services in Work Rehabilitation. 1/17/2008. Accessed November 20, 2010, <http://www.aota.org/Consumers/WhatisOT/WI/Facts/35205.aspx>
3. Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2008-09 Edition, Occupational Therapists. Last Modified Date: June 16, 2009. Accessed November 20, 2010, <http://www.bls.gov/oco/ocos078.htm>
4. Legg L, Drummond A, Leonardi-Bee J, Gladman JR, Corr S, Donkervoort M, et al. Occupational therapy for patients with problems in personal activities of daily living after stroke: systematic review of randomised trials. *BMJ*. 2007 Sep 27.;
5. Legg LA, Drummond AE, Langhorne P. Occupational therapy for patients with problems in activities of daily living after stroke. *Cochrane Database Syst Rev*. 2006 Oct 18;(4):CD003585.
6. Morris ME, Perry A, Bilney B, Curran A, Dodd K, Wittwer JE, Dalton GW. Outcomes of physical therapy, speech pathology, and occupational therapy for people with motor neuron disease: a systematic review. *Neurorehabil Neural Repair*. 2006 Sep;20(3):424- 34.
7. Moyers PA. The guide to occupational therapy practice. *Am J Occup Ther*. 1999 May;53(3):247-322.
8. Outpatient Service Trialists. Therapy-based rehabilitation services for stroke patients at home. *Cochrane Database Syst Rev*. 2003;(1):CD002925.
9. Steultjens EM, Dekker J, Bouter LM, van de Nes JC, van de Ende CH. Occupational therapy for stroke patients. A systematic review. *Stroke*. 2003 Mar;34(3):676-87.
10. Steultjens EM, Dekker J, Bouter LM, van Schaardenburg D, van Kuyk MA, van den Ende CH. Occupational therapy for rheumatoid arthritis. *Cochrane Database Syst Rev*. 2004;(1):CD003114.
11. Steultjens EM, Dekker J, Bouter LM, Cardol M, Van de Nes JC, Van den Ende CH. Occupational therapy for multiple sclerosis. *Cochrane Database Syst Rev*. 2003;(3):CD003608.
12. Steultjens EM, Dekker J, Bouter LM, Leemrijse CJ, van den Ende CH. Evidence of the efficacy of occupational therapy in different conditions: an overview of systematic reviews. *Clin Rehabil*. 2005 May;19(3):247-54.
13. TrailBlazer Health Enterprises, Therapy Services (PT, OT, SLP) – 4Y-26AB-R5, May 17, 2010 (revised October 18, 2010).
14. Trombly CA, Ma HI. A synthesis of the effects of occupational therapy for persons with stroke, Part I: Restoration of roles, tasks, and activities. *Am J Occup Ther*. 2002 May–Jun;56(3):250-9.



Scott & White
HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

MEDICAL COVERAGE POLICY

SERVICE: Occupational Therapy

Policy Number: 003

Effective Date: 10/01/2019

Last Review: 07/25/2019

Next Review Date: 07/25/2020

-
15. Walker MF, Leonardi-Bee J, Bath P, Langhorne P, Dewey M, Corr S, et al. Individual patient data meta-analysis of randomized controlled trials of community occupational therapy for stroke patients. *Stroke*. 2004 Sep;35(9):2226-32.