



MEDICAL COVERAGE POLICY

SERVICE: Physical Therapy

Policy Number: 004

Effective Date: 04/01/2020

Last Review: 02/27/2020

Next Review Date: 02/27/2021

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.

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PRIOR AUTHORIZATION: Not required.

POLICY:

Physical therapy (PT) may be considered medically necessary when the criteria detailed below are met. **However**, certain benefit plans may have exclusion language and/or limitations that impact coverage of physical therapy, including any or all of the following:

- A maximum allowable physical 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.
- Specific coverage exclusions for rehabilitative services including learning disabilities, certain developmental delays, autism spectrum disorders, and cognitive limitations and other conditions that have no evidence-based medical benefit from these therapies, and/or for therapy which is not restorative in nature.
- Specific coverage exclusions for certain maintenance or preventive care consisting of routine, long-term, or other non-medically necessary care intended but not shown to prevent recurrences or to maintain the member's current status.

When coverage is available for physical therapy, in addition to meeting InterQual® criteria when available, the following conditions of coverage apply:

1. SWHP covers a physical therapy evaluation as medically necessary for the assessment of a physical impairment.
2. SWHP covers a prescribed course of physical therapy by an appropriate licensed healthcare provider as medically necessary when ALL of the following criteria are met:
 - a. The program is designed to improve lost or impaired physical function or reduce pain resulting from illness, injury, congenital defect, or surgery.
 - b. The program is expected to result in significant therapeutic improvement over a clearly defined period of time.
 - c. The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals.



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- d. The enrollee demonstrates continued progress toward stated therapeutic goals based on ongoing reassessment.
- e. Coverage may be limited to those visits necessary to allow transition to an appropriate self-managed home-based therapy program.

PT interventions should be structured, systematic, goal-directed, individualized and restorative in nature. The PT clinical records should document the medical necessity for a course of PT through objective findings and subjective complaints. A PT treatment plan should include the following elements:

- planned modalities and procedures
- frequency of treatment
- attainable short- and long-term goals that can be objectively measured
- duration of treatment, with an estimated date when established goals will be achieved

There should be a reasonable expectation that the identified goals will be met within a defined time-frame. If no improvement is documented after two weeks of treatment, an alternative treatment plan should be attempted. If no significant improvement is documented after a total of four weeks, reevaluations by the referring provider is indicated. If objective, measurable improvement is made, then the progress towards identified goals should be clearly documented and the treatment plan updated accordingly.

Many patients with neuromuscular, skeletal or physical motion impairment may experience improvement when following a home treatment program prescribed by their provider. Home treatment programs may include pharmacotherapy, modifications to diet and lifestyle, splinting, supporting or wrapping, and self-monitored, graded exercise therapy that does not require professional or medical supervision.

For Medicare-aligned plans, there are Medicare-established utilization thresholds that require documented medical necessity to exceed. Medicare requires specific documentation to qualify for an exception to the therapy limit:

- Five (15 minutes each) timed PT services per patient per day.
- Sixty (15 minutes each) PT services per patient per month

For more details see LCD L35036.

The following services are NOT medically necessary as they are considered to be experimental or investigational or unproven because they lack evidence that demonstrates their clinical effectiveness.

1. Constraint-induced movement therapy because it is considered experimental, investigational and/or unproven.
2. Physical therapy for treatment of vulvodynia because it is considered experimental, investigational and/or unproven.
3. Physical therapy for the following, as they lack evidence for effectiveness and are considered not medically necessary when used for these purposes;
 - a. any treatment or therapy which can safely be performed without the direct supervision of a licensed provider
 - b. treatment provided to prevent or slow deterioration in function or to prevent recurrences unless enrollee has demonstrated regression in function upon cessation



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- of therapy and supervised therapy is the minimum level of care available to slow deterioration in function or prevent recurrences.
- c. treatment intended to improve or maintain general physical condition
 - d. long-term rehabilitative services when significant therapeutic improvement is not expected, or goals are maintenance goals and not restorative.
 - e. treatment that duplicates services already being provided as part of a covered therapy program through another therapy discipline (e.g., occupational therapy)
4. 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;
- a. work hardening programs or back school
 - b. vocational rehabilitation programs and any program with the primary goal of returning an individual to work
 - c. group physical therapy (because it is not one-on-one, individualized to the specific person's needs)
 - d. driver training programs, including programs designed to provide driver training with assistive devices
5. Services for the purpose of enhancing athletic performance or for recreation.
6. Passive modalities limited to two weeks of therapy.
7. Iontophoresis
8. Hippotherapy

OVERVIEW:

Physical therapy is one of several types of rehabilitative services which help individuals recover lost functioning due to illness, injury, congenital defect, or surgery. Physical 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. Physical therapists utilize a variety of modalities as they work with each individual's unique clinical situation.

Hippotherapy is a form of physical, occupational and speech therapy in which a therapist uses the characteristic movements of a horse to provide carefully graded motor and sensory input. A foundation is established to improve neurological function and sensory processing, which can be generalized to a wide range of daily activities. There is insufficient published evidence to assess the safety and/or impact on health outcomes or patient management regarding the use of hippotherapy for treatment of mental health disorders

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.



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BACKGROUND:

Modalities and Procedures:

The American Medical Association (AMA) Current Procedural Terminology (CPT) manual defines a modality as "any physical agent applied to produce therapeutic changes to biologic tissue; includes but is not limited to thermal, acoustic, light, mechanical, or electric energy." (AMA, 2010)

Modalities may be supervised, not requiring direct (one-on-one) patient contact by the provider, or modalities may require constant attendance (one-on-one) by a healthcare professional. Examples of supervised modalities may include application of: hot or cold packs, vasopneumatic devices, whirlpool, diathermy, and infrared. Modalities that require constant attendance include: ultrasound, electrical stimulation, and iontophoresis.

The AMA CPT manual defines therapeutic procedures as "A manner of effecting change through the application of clinical skills and/or services that attempt to improve function." (AMA, 2010) Examples of therapeutic procedures include therapeutic exercise to develop strength and endurance, range of motion and flexibility; neuromuscular re-education of movement, balance and coordination; gait training; and manual therapy techniques (e.g., manual traction). Passive modalities are most effective during the acute phase of treatment, since they are typically directed at reducing pain and swelling. They may also be utilized during the acute phase of the exacerbation of a chronic condition. These procedures include: electrical stimulation, ultrasound, therapeutic heat, cryotherapy, passive assistive exercise, diathermy, ultrasound and massage. Passive modalities are rarely beneficial alone and are most effective when performed as part of a comprehensive treatment approach. Improvement should be seen within the first or second visit. After one or two weeks, the clinical effectiveness of passive modalities begins to decline significantly. In some rare situations, passive modalities may be indicated for up to one or two months as part of a comprehensive physical therapy program. The need for passive modalities beyond two weeks should be objectively documented in the clinical record.

Active therapeutic procedures are typically started as swelling and inflammation are reduced. The need for stabilization and support is replaced by the need for increased range of motion and restoration of function. Active care elements include increasing range of motion, strengthening primary and secondary stabilizers of a given region, and increasing the endurance capability of the muscles. Care focuses on active participation of the patient in their exercise program. Gait training, muscle strengthening, and progressive resistive exercises are considered active procedures. Many active procedures may be performed independently and safely by the patient in a non-medically supervised setting. In general, patients should progress from active procedures to a home exercise program.

Below is a list of interventions that are associated with PT. This material is for informational purposes only and is not indicative of coverage.

1. Activities of daily living training and functional activities: training in self-care activities.
2. Aquatic therapy or pool therapy: exercise in a gravity-reduced, non-weight bearing environment performed for muscle strengthening.
3. Diathermy: local temperature elevation within the tissues believed to promote healing; produced by application of high-frequency current, usually ultrasonic or microwave current; commonly used in acute phases of trauma recovery.

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4. Gait analysis: assessment of muscle function and joint position during ambulation; includes direct visual observation, may include videotaping (at different times for objective, permanent record), temporal and stride measurements of gait pathology, direct plantar surface measurements indicating foot-floor contact, pressure measurements with strain-gauge indicating vertical, medial-lateral, and fore-aft plane reactions, optimal tracking of activity at specific anatomic landmarks.
5. Gait training: progressive training in ambulation and stair climbing, may involve the use of an assistive device such as a cane.
6. Hot and cold packs: the use of moist heat is intended to increase blood flow to the area, reduce pain and improve motion. Typically performed in the acute phase of an injury, the application of cold reduces blood flow to the area to reduce swelling and for pain relief.
7. Hydrotherapy: application of water in treatment of disease (e.g., contrast baths, whirlpool, Hubbard tank).
8. Infrared: involves the treatment of damaged tissues with light from a single beam of low-intensity infrared laser or light-emitting diode; the energy is perceived as heat in superficial tissues; for stimulation of circulation (local and general) and pain relief (Note: this does not refer to the Anodyne® Therapy System, which involves delivery of infrared with an array of light-emitting diodes, also referred to as monochromatic near-infrared photoenergy [MIRE] therapy).
9. Iontophoresis: treatment based on the principle of like-ion repulsion; delivered by continuous direct current (DC).
10. Isokinetic exercise: muscle contraction during which force is exerted but muscle shortening is maximal.
11. Massage therapy: applying pressure with the hands to affect primarily the musculoskeletal, circulatory-lymphatic system and nervous system to treat discomfort or pain.
12. Myofascial release: soft-tissue mobilization; similar to the effect achieved by massage therapy.
13. Neuromuscular stimulation: electrical current applied to stimulate motor nerves to induce muscle contraction.
14. Orthotic training: training with orthotics such as braces or splints.
15. Paraffin baths: repeated immersion and withdrawal of limb into warm paraffin soak until temporarily encased; used for topical heat application to traumatized or inflamed extremities.
16. Prosthetic training: training/re-education with prosthetic devices.
17. Range of motion (ROM): active or passive arcs of mobility as permitted by a joint's construction; should be confined to a pain-free arc, which increases as healing occurs.
18. Therapeutic exercises: exercise to improve functional status by increasing muscle strength, improving flexibility and increasing pulmonary function.
19. Traction: can be accomplished manually or mechanically; involves the pulling on extremities in order to relieve pain or to treat spasm.
20. Transcutaneous nerve stimulation (TENS): a form of electric stimulation that is thought to generate neuroregulatory peripheral and central effects and modulate pain transmission.
21. Ultrasound therapy (US): sub-audible, high-frequency vibrations that produce non-thermal physiologic effects and may be perceived as heat in superficial tissues.
22. Ultraviolet therapy (UV): energy perceived as heat in superficial tissues; also called light therapy.

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23. Wheelchair management training -- this procedure is considered medically necessary as part of an active treatment plan for wheelchair use and maintenance and must document a specific goal. The member must have the capacity to learn from instructions. Typically, 3 to 4 total sessions are sufficient.
24. Whirlpool -- this modality involves supervised use of agitated water in order to relieve muscle spasm, improve circulation, or cleanse wounds e.g., ulcers, exfoliative skin conditions. Considered medically necessary to relieve pain and promote relaxation to facilitate movement in persons with musculoskeletal conditions. Also considered medically necessary for wound cleansing. It is NOT considered medically necessary to provide more than 1 hydrotherapy modality (e.g., whirlpool, Hubbard tank, aquatic therapy) performed on the same day

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	
	97161 - Physical therapy evaluation low complexity
	97162 - Physical therapy evaluation moderate complexity
	97163 - Physical therapy evaluation high complexity
	97164 - Re-evaluation of PT established plan of care
	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 (eg, 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
	97034 - Application of a modality to one or more areas; contrast baths, each 15 minutes
	97035 - Application of a modality to one or more areas; ultrasound, each 15 minutes
	97036 - Application of a modality to one or more areas; Hubbard tank, each 15 minutes
	97110 - Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
	97112 - Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
	97113 - Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises

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	<p>97116 - Therapeutic procedure, one or more 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 (stroking, compression, percussion)</p> <p>97140 - Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes</p> <p>97150 - Therapeutic procedure(s), group (2 or more individuals)</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 (eg, assessment, fitting, training), 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>
HCPCS	<p>G0151 - Services of physical therapist in home, health or hospice setting, each 15 minutes</p> <p>S9131 - Physical therapy; in the home, per diem</p> <p>G0151 - Services of physical therapist in home, health or hospice setting, each 15 minutes</p> <p>S9131 - Physical therapy; in the home, per diem</p>
ICD10	<p>A80.0(x), A89 - Polio</p> <p>G10.(x), G14 - Systemic atrophies</p> <p>G20.(xx), G26 - Movement disorders</p> <p>G35.(x), G37.9 - Demyelinating diseases</p> <p>G50.1, G65.2 - Mono- and poly-neuropathies</p> <p>G70.00, G73.7 - Disorders of myoneural junction and muscles</p> <p>G80.0, G83.9 - Paralytic syndromes</p> <p>G90.50(x), G90.59 - CRPS (RSD)</p> <p>G93.40, G99.8 - Other CNS disorders</p> <p>I60.0(xx), I69.998 - CVA and complications</p> <p>M99.0(x), M99.9 - Musculoskeletal and connective tissue disorders</p> <p>P94.0, P94.9 - Newborn disorders of muscle tone</p> <p>R26.0(x), R27.9 - Gait and coordination abnormalities</p> <p>S02.600A, S02.69x - Jaw fracture</p>

Codes Not Covered:

CPT codes NOT covered:	<p>97005 - Athletic training evaluation</p> <p>97006 - Athletic training re-evaluation</p> <p>97033 - Application of a modality to one or more areas; iontophoresis, each 15 minutes</p> <p>97537 - Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work tack analysis, use of assistive</p>
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	technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes 97545 - Work hardening/conditioning; initial 2 hours 97546 - Work hardening/conditioning; each additional hour 97799 - Unlisted physical medicine/rehabilitation service or procedure
HCPCS Codes NOT covered:	S8990 - Physical or manipulative therapy performed for maintenance rather than restoration S9117 - Back school, per visit
ICD10 codes NOT covered	

CMS:

Novitas LCD L35036.Title: Therapy and Rehabilitation Services (PT, OT)

POLICY HISTORY:

Status	Date	Action
New	12/01/2010	New policy
Reviewed	12/16/2011	Reviewed.
Reviewed	05/03/2012	Reviewed.
Reviewed	02/28/2013	Reviewed. No changes.
Reviewed	03/06/2014	Reviewed. ICD10 codes added.
Reviewed	03/05/2015	No changes
Reviewed	03/17/2016	No changes
Reviewed	03/07/2017	Codes updated
Reviewed	01/23/2018	No changes
Reviewed	01/15/2019	Added Hippotherapy to exclusion list
Reviewed	02/27/2020	Minor updates in modalities covered

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.

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MEDICAL COVERAGE POLICY

SERVICE: Physical Therapy

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