Cohere Medicare Advantage Policy - Home Physical and Occupational Therapy (PT/OT)

Clinical Guidelines for Medical Necessity Review

Version: 1
Effective Date: April 10, 2025

Important Notices

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Other Notices:

Guideline Information:

Specialty Area: Home Health
Guideline Name: Cohere Medicare Advantage Policy - Home Physical and Occupational Therapy (PT/OT)
Date of last literature review: 4/7/2025
Document last updated: 4/9/2025
Type: [**X**] Adult (18+ yo) | [**X**] Pediatric (0-17 yo)

Table of Contents

Medical Necessity Criteria

Service: Home Physical and Occupational Therapy (PT/OT)

Benefit Category

Not applicable.

Related CMS Documents

Please refer to the CMS Medicare Coverage Database for the most current applicable CMS National Coverage.[1,2]

- Local Coverage Determination (LCD). Physical therapy – home health (L33942).
    - Billing and Coding: Physical therapy – home health (A57311).
- Local Coverage Determination (LCD). Home health occupational therapy (L34560).
    - Billing and Coding: Home health occupational therapy (A53057).

Recommended Clinical Approach

For patients with complex medical needs, services such as physical therapy or occupational therapy may be best conducted in a home setting. Home physical therapy and occupational therapy, for example, may treat people with developmental or congenital disabilities, those with chronic conditions, or those in rehabilitation and recovery from an injury or illness. These services help patients regain function and independence, complete household tasks, and engage in personal care. Home health may be recommended as a midpoint level of care between independent living and inpatient hospitalization. It may also facilitate access to care for rural patients or those who would be safer at home than attempting transport to an outpatient facility. Home health is utilized across the age continuum, from medically complex babies to adults of advanced age. Home health is cost-effective, convenient, and effective among appropriately selected patients.[1–9]

Evaluation of Clinical Harms and Benefits

Cohere Health uses the criteria below to ensure consistency in reviewing the conditions to be met for coverage of home physical therapy or occupational therapy. This process helps to prevent both incorrect denials and inappropriate approvals of medically necessary services. Specifically, limiting incorrect approvals reduces the risks associated with unnecessary procedures, such as complications from surgery, infections, and prolonged recovery times.

The potential clinical harms of using these criteria may include:

- Patients receiving home health care are at risk for infections such as urinary tract infections, respiratory infections, and wound-site infections, which can lead to hospitalization.[10]
- Informal caregivers may face challenges in managing complex medical tasks, leading to potential patient safety concerns.[10]
- Patients in rural regions may receive fewer PT visits, potentially hindering optimal functional recovery.[11]
- The effectiveness of home health services can be influenced by the caregiver's ability to perform necessary medical tasks, which may vary widely.[10]
- Prolonged physical therapy may increase pain in certain populations, especially among patients who are candidates for surgical interventions.[12–14]

The clinical benefits of using these criteria include:

- Home-based physical therapy (PT) may be beneficial for shoulder patients to improve mobility, strength and function for patients with musculoskeletal disorders.[12–14]
- Occupational therapy (OT) interventions focusing on the functional and social needs of patients can prevent hospital readmissions by addressing activities of daily living and safety concerns.[15]
- Home-based PT contributes to improved patient experiences and quality of life by providing personalized care in a familiar environment.[16]

- Higher utilization of home-based PT is associated with significant improvements in patients' ability to perform activities of daily living (ADLs).[11]
- OT practitioners develop individualized care plans that address specific functional needs in the home setting, promoting better health outcomes.[15]
- Home health services can educate and support caregivers, enhancing their ability to assist patients effectively.[1]

This policy includes provisions for expedited reviews and flexibility in urgent cases to mitigate risks of delayed access. Evidence-based criteria are employed to prevent inappropriate denials, ensuring that patients receive medically necessary care. The criteria aim to balance the need for effective treatment with the minimization of potential harms, providing numerous clinical benefits in helping avoid unnecessary complications from inappropriate care.

In addition, the use of these criteria is likely to decrease inappropriate denials by creating a consistent set of review criteria, thereby supporting optimal patient outcomes and efficient healthcare utilization.

Medical Necessity Criteria

Indications

➔ **Home health physical therapy or occupational therapy services** are considered appropriate if **ALL** of the following are **TRUE**:

- ◆ **ANY** of the following[3,4,7,8]:
  - In order to leave the home, the patient requires the help of another person or medical equipment such as crutches, a walker, or a wheelchair; **OR**
  - Receiving medical services outside the home would expose the patient to substantial medical risk; **AND**
- ◆ It is difficult for the patient to leave the home and they typically cannot do so (e.g., the patient is considered homebound)*; **AND**
- ◆ Therapy services are provided or supervised by a qualified physical or occupational therapist, and the service was referred to by the patient's physician[1,2,9]; **AND**
- ◆ After the patient begins receiving home healthcare, a physician evaluates and recertifies the plan of care (POC) every 60 days

including **ALL** of the following[17,18]:

- Short- and long-term goals with documentation on how goals will be obtained; **AND**
- An estimated time of when goals are expected to be attained; **AND**
- Measurable objectives; **AND**
- The number of visits requested is appropriate for the diagnosis; **AND**
- Therapy interventions to be used; **AND**

◆ **ANY** of the following is **TRUE**:

- The service is for physical therapy, and **ALL** of the following:
  - The POC addresses specific therapeutic goals and documents the patient's functional limitations in terms that are objective and measurable[1]; **AND**
  - The POC addresses the condition for which physical therapy is an accepted method of treatment (may be a functional diagnosis, not necessarily a clinical diagnosis, as defined by standards of medical practice), with the expectation that the condition will improve significantly in a reasonable period of time[1]; **AND**
  - Reasonable and necessary to the treatment of the illness or injury, or to the restoration or maintenance of function affected by the illness or injury[1]; **AND**
  - The service addresses objective measurements of balance, strength, coordination, or mobility as well as functional limitations of the patient's condition[1]; **AND**
  - Treatment notes should be completed per visit. They should be legible and clearly relate back to the established goals. Symbols, acronyms, and notation used in treatment notes should be consistent with standard documentation and discernable, either on their face or by supplied legends[1]; **AND**
  - The functional progress should be assessed at the end of the prescribed number of visits; if no progress, the reason for lack of progress and/or alternative treatment strategy should be documented[1]; **OR**

- The service is for occupational therapy, and **ALL** of the following:
    - The service is contingent upon the patient's need for occupational therapy, whether the goal includes maintenance or improvement[2]; **AND**
    - The POC addresses specific therapeutic goals and documents the patient's functional limitations in terms that are objective and measurable[2]; **AND**
    - The POC addresses the diagnosis(es), treatment goals, duration, and frequency of services[2]; **AND**
    - The service is **ANY** of the following[2]:
        - The service is an initial evaluation, and **ALL** of the following:
            - The patient has a new diagnosis or the condition is being treated in a new setting (e.g., from inpatient to home); **AND**
            - Objective measurements of activities of daily living ([ADLs] e.g., eating, swallowing, bathing, dressing, toileting, walking, climbing stairs); **AND**
            - Evaluations of clinical findings (e.g., chronicity/severity of the problem, the possibility of multi-system involvement or pre-existing conditions); **AND**
            - The extent and duration of loss of function, prior functional level, social/environmental considerations, educational level, the patient's overall physical and cognitive health status, social/cultural supports, psychosocial factors, or use of adaptive equipment; **OR**
        - The service is a continued treatment[2]; **OR**
        - The service is maintenance therapy to maintain the patient's current condition or prevent or slow further deterioration, even if no improvement is expected[2]; **OR**
        - The service is a re-evaluation, and **ALL** of the following[2]:

- The professional assessment indicates progress toward current goals, a significant decline in the patient's condition or functional status that was not anticipated in the POC, or establishes interventions for newly developed impairments; **AND**
- The professional assessment indicates whether continuing care, modifying goals and/or treatment, or terminating services is appropriate; **AND**
- The service is re-evaluated at least once every 30 days for each therapy discipline; **OR**

- The treatment approach includes **ANY** of the following[2]:
  - Basic activities of daily living (BADLs) training; **OR**
  - Instrumental activities of daily living (IADLs) training; **OR**
  - Muscle testing, manual; **OR**
  - Range of motion (ROM) measurements; **OR**
  - Standardized cognitive performance testing (e.g., Ross Information Processing Assessment, Loewenstein Occupational Therapy Cognitive Assessment [LOTCA], Motor-Free Visual Perception Test [MVPT], Allen Cognitive Test [ACL]); **OR**
  - Therapeutic exercise; **OR**
  - Muscle re-education; **OR**
  - Neuromuscular re-education; **OR**
  - Cognitive training; **OR**
  - Perceptual motor training; **OR**
  - Fine motor coordination/strengthening/ coordination; **OR**
  - Orthotics fitting/training (splinting, casting, strapping); **OR**

- Adaptive equipment fabrication and training; **OR**
- Environment modification; **OR** recommendations/training; **OR**
- Patient/caregiver education/training; **OR**
- Transfer training; **OR**
- Functional mobility training; **OR**
- Manual therapy; **OR**
- Massage therapy; **OR**
- Ultrasound; **OR**
- Physical agent modalities; **OR**
- Neurodevelopment training; **OR**
- Rehabilitation services for vision impairment or blindness; **OR**
- Biofeedback training; **OR**
- Oral or pharyngeal swallowing function evaluation**; **OR**
- Swallowing dysfunction and/or oral function for feeding treatment.

*NOTE: Even if a patient is homebound, they can still leave the home for medical treatment, religious services, or to attend an adult day care center without putting their homebound status at risk. Leaving home for short periods of time or for special non-medical events, such as a family reunion, funeral, or graduation, should also not affect homebound status. The patient may also take occasional trips to the barber or beauty parlor.

**NOTE: The evaluation of oropharyngeal swallowing dysfunction may include: history of patient's disorder and awareness of swallowing disorder, and indications of localization and nature of disorder; medical status including nutritional and respiratory status; oral anatomy/physiology (labial control, lingual control, palatal function); pharyngeal function; laryngeal function; ability to follow directions, alertness; efforts and interventions used to facilitate normal swallow (compensatory strategies such as chin tuck, dietary changes, etc.); or identifying symptoms during attempts to swallow. The clinical examination can be divided into 2 phases: the preparatory examination with no swallow; the initial swallow examination with actual

swallow while physiology is observed. Based on the findings, an instrumental exam may be recommended.

Non-Indications

- ➔ **Home health physical therapy or occupational therapy services** are not considered appropriate if **ANY** of the following is **TRUE**:
  - ◆ Services are custodial in nature (i.e., nonmedical services to assist with daily living and independence)[5]; **OR**
  - ◆ Services are solely requested for the comfort or convenience of the caregiver or family member versus the medical necessity of the patient[19]; **OR**
  - ◆ The patient suffered a temporary loss or reduction of function and could reasonably be expected to improve over time without the services of the therapist[1,2]; **OR**
  - ◆ Therapy that duplicates services that are provided concurrently by any other type of therapy, such as speech and language therapy, should provide different treatment goals, plans, and therapeutic modalities[1,2]; **OR**
  - ◆ The service is for physical therapy, and **ANY** of the following[1]:
    - The service is provided routinely to identify if the patient might need or benefit from physical therapy; **OR**
    - The service is related to activities for the general physical welfare of the patient (e.g., to promote overall fitness); **OR**
    - Treatment for incontinence, pulsed magnetic neuromodulation, per day; **OR**
    - Biofeedback training; **OR**
    - The evaluation by the therapist is non-covered when it is for a non-covered service (e.g., pre-surgical evaluations for the purpose of teaching a home exercise plan and giving assistive device instruction prior to a scheduled surgical procedure are not covered); **OR**
    - Group therapy in the home; **OR**
    - Development of cognitive skills to improve attention,

memory, problem-solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes; **OR**

- Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes; **OR**
- Work hardening/conditioning; **OR**
- With electrical stimulation; **OR**
- Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient; with or without re-insertion of needle(s); **OR**
- Therapeutic procedures for **ANY** of the following regarding the respiratory system:
    - To improve respiratory function or increase strength or endurance of respiratory muscles, one-on-one, face-to-face, per 15 minutes (including monitoring); **OR**
    - To improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (including monitoring); **OR**
- Electrical stimulation, (attended or 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 POC; **OR**
- Unattended electrical stimulation; **OR**
- Temporomandibular joint (TMJ) pain; **OR**
- Pelvic floor dysfunction (e.g., pelvic floor congestion, pelvic floor relaxation disorders).

Level of Care Criteria

Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
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
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
S9129	Occupational therapy, in the home, per diem
S9131	Physical therapy; in the home, per diem

Disclaimer: S Codes are non-covered per CMS guidelines due to their experimental or investigational nature.

Medical Evidence

Raj et al (2021) performed a systematic literature review to assess whether home-based occupational therapy (OT) for adults with dementia optimized patients' daily occupations and reduced caregiver burden. Twenty studies in 22 articles met inclusion criteria for reporting the effects of home-based therapy by a qualified occupational therapist for adults with dementia and their informal caregivers. The studies used education and training to assist patients and caregivers in activities of daily living (ADL) tasks. Training included home environmental modifications, task simplification, use of sensory cues, and promotion of daily routines. Caregiver burden was measured either subjectively or objectively with various measures across studies. This systematic review found moderate evidence to support joint interventions for both the patients and their caregivers. Combined interventions were found to enhance occupational performance of patients, reduce caregiver burden, and improve sense of competence among both groups. Overall, this review found that home-based OT can alleviate burden for caregivers and promote productivity and leisure activities for adults with dementia.[20]

Chi et al (2020) evaluated the effects of home-based rehabilitation on improvements in physical function in home-dwelling patients after a stroke. This systematic literature review found 49 articles reporting randomized controlled trials that studied these effects. A sensitivity analysis showed that home-based rehabilitation led to moderate improvements in physical function, notably in patients with stroke at a younger age, one stroke episode, acute stage (within 6 months of stroke onset), male sex, and who were receiving the training from their caregiver. This review underscores the importance of home rehabilitation in patients with a history of stroke, as physical function outcomes can significantly improve with home therapy.[21]

Stolee et al (2012) performed a systematic literature review to compare outcomes of home-based versus inpatient rehabilitation in older patients with musculoskeletal conditions. This review captured 8 randomized controlled trials and 4 cohort studies. Among the 12 studies, older patients who received rehabilitation or physical therapy in the home had equal to or

better improvements in function, cognition, quality of life, and satisfaction compared with the inpatient group. This review highlights that home-based rehabilitation may be as effective if not superior to hospital-based rehabilitation.[22]

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Clinical Guideline Revision History/Information

Original Date: April 10, 2025		
Review History		