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

Clinical Guidelines for Medical Necessity Review

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Important Notices

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Other Notices:

Guideline Information:

Specialty Area: Disorders of the Musculoskeletal System
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Medical Necessity Criteria

Service: 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.[1-10]

- Local Coverage Determination (LCD): Outpatient physical and occupational therapy services (L33631)
    - Billing and Coding: Outpatient physical and occupational therapy service (A56566)
- Local Coverage Determination (LCD): Outpatient physical and occupational therapy services (L34049)
    - Billing and Coding: Outpatient physical and occupational therapy service (A57067)
- Local Coverage Determination (LCD): Outpatient physical therapy (L34428)
    - Billing and Coding: CPT code 97755 - Assistive technology assessment (A53053)
    - Billing and Coding: Low frequency, non-contact, non-thermal ultrasound (A53773)
    - Billing and Coding: Outpatient physical therapy (A53065)
- Local Coverage Determination (LCD): Outpatient occupational therapy (L34427)
    - Billing and Coding: CPT code 97755 - Assistive technology assessment (A53053)
    - Billing and Coding: Low frequency, non-contact, non-thermal ultrasound (A53773)
    - Billing and Coding: Outpatient occupational therapy (A53064)

Recommended Clinical Approach

Treatment should be ordered by a physician or licensed healthcare practitioner (unless in a state with direct access). Treatment requires the judgment, knowledge, and skills of a licensed and certified physical or occupational therapist and cannot be reasonably learned and implemented by non-professional or lay caregivers. Care delivered by a physical therapy assistant must be under the plan of care (POC) of a physical therapist with appropriate oversight as defined by the local jurisdiction. Care delivered by a certified occupational therapist assistant must be under the POC of an occupational therapist with appropriate oversight as defined by the local jurisdiction. Treatment meets generally accepted standards of practice and is targeted and effective in treating the patient's diagnosed impairment or condition. Treatment is expected to produce clinically significant and measurable improvement in the patient's level of functioning within a reasonable and medically predictable period of time; alternatively, the treatment is part of a medically necessary program to prevent significant functional regression.[11–20]

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 physical and occupational therapy (PT/OT). 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:

- Physical and occupational therapy are generally safe and effective for managing many conditions. Adverse events can include pain, soreness, swelling, headaches, dizziness, or worsening of a pre-existing condition.
- Prolonged physical therapy may increase pain in certain populations, especially among patients who are candidates for surgical interventions.[18–20]

- Increased healthcare costs and complications from the inappropriate use of emergency services and additional treatments.

The clinical benefits of using these criteria include:

- Physical and occupational therapy often assist in pain management, injury recovery and prevention, and management of chronic conditions.
- Physical therapy may be beneficial for shoulder patients to improve mobility, strength and function for patients with musculoskeletal disorders.[18–20]
- Occupational therapy interventions focusing on the functional and social needs of patients can prevent hospital readmissions by addressing activities of daily living and safety concerns.[21]
- Enhanced overall patient satisfaction and healthcare experience.

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

➔ **Physical therapy (PT) or occupational therapy (OT) services** are considered appropriate if **ALL** of the following are **TRUE**:

- ◆ Therapy services are provided or supervised by a qualified physical or occupational therapist, and the service was referred to by the patient's physician[1,3,5,9]; **AND**
- ◆ The patient's condition is such that the therapy services required can only be safely and effectively performed by a qualified therapist, supervising assistant, or clinician[1,3,5,9]; **AND**

- The patient's condition has the potential to improve or is improving in response to therapy, maximum improvement is yet to be attained, and there is an expectation that the anticipated improvement is attainable in a reasonable and generally predictable period of time[1,3,5,9]; **AND**
- A plan of care (POC) is developed by a physician/non-physician practitioner (NPP) or by the therapist providing services, which must be certified by the physician/NPP[1,3,5,9]; **AND**
- The POC includes **ALL** of the following[1,3,22,23]:
    - 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**
- The service is **ANY** of the following:
    - The service is a screening (i.e., a brief, initial assessment to determine if an evaluation is needed), and **ANY** of the following[1,3]:
        - The screening is used to determine that a therapy evaluation and treatment would not be medically necessary; **OR**
        - The screening is used to determine the need for further evaluation by a therapist/clinician; **OR**
        - The screening includes a review of the patient's medical record, a patient interview, and/or patient observation; **OR**
    - The service is an initial evaluation (i.e., a comprehensive assessment to develop a treatment plan), and **ALL** of the following[1,3,5]:
        - The initial evaluation determines **ANY** of the following:
            - The medical necessity of the therapy; **OR**
            - The skilled instruction and maintenance activities that the patient/caregiver can perform at home; **AND**
        - The initial evaluation documents the course of

therapy through objective findings and subjective patient/caregiver self-reporting; **AND**
    - The patient has a new diagnosis or the condition is being treated in a new setting (e.g., from inpatient to outpatient); **AND**
    - The evaluation process assesses **ANY** of the following:
        - Objective measurements of activities of daily living ([ADLs] e.g., eating, swallowing, bathing, dressing, toileting, walking, climbing stairs); **OR**
        - Evaluations of clinical findings (e.g., chronicity/severity of the problem, the possibility of multi-system involvement or pre-existing conditions); **OR**
        - 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[1,3,5]; **OR**
- The service is a re-evaluation, and **ANY** of the following[1,3,5,9]:
    - 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; **OR**
    - The professional assessment indicates whether continuing care, modifying goals and/or treatment, or terminating services is appropriate; **OR**
    - The POC needs to be revised or recertified if significant changes in the patient's condition or goals are made; **OR**
- The service is maintenance therapy, and **ANY** of the following[1,3,5,9]:
    - The service is needed to maintain the patient's current condition or prevent or slow further deterioration, even if no improvement is expected; **OR**

    - The patient's particular condition requires a qualified therapist to furnish maintenance therapy, even if the skills of a therapist are not ordinarily required to perform such procedures; **OR**
    - The service is needed to instruct the patient or caregiver regarding the maintenance program; **OR**
    - The service is needed for periodic re-evaluations or re-assessments; **AND**
- The requested course of treatment represents a recognized, evidence-based service targeting a condition within the scope of practice for physical or occupational therapy, including **ANY** of the following therapeutic procedures and modalities:
    - Hot or cold packs[1,3,5,9]; **OR**
    - Mechanical traction (e.g., to cervical or lumbar spine)[1,3,5,9]; **OR**
    - Vasopneumatic devices[1,3,5,9]; **OR**
    - Paraffin bath[1,3,5,9]; **OR**
    - Diathermy or pulsed wave diathermy;[1,3,5,9] **OR**
    - Ultraviolet therapy[1,3,5]; **OR**
    - Electrical stimulation[1,3,5,9]; **OR**
    - Iontophoresis for primary focal hyperhidrosis[1,3,5,9]; **OR**
    - Contrast baths[1,3,5,9]; **OR**
    - Hot and cold bath education for the patient/caregiver[1,3,5,9]; **OR**
    - Ultrasound[1,3,5,9]; **OR**
    - Hubbard tank/whirlpool therapy[1,3,5,9]; **OR**
    - Non-implantable pelvic floor electrical stimulation[1,3]; **OR**
    - Computerized dynamic posturography[5,9]; **OR**:
    - Therapeutic exercises to restore or improve **ANY** of the following[1,3,5,9]:
        - Strength and endurance (one or more areas, each 15 minutes); **OR**
        - Range of motion (one or more areas, each 15 minutes); **OR**
        - Flexibility and mobility (one or more areas, each 15 minutes); **OR**
    - Manual therapy, including **ANY** of the following[1,3,5,9]:
        - Manual traction; **OR**

    - Joint mobilization; **OR**
    - Myofascial release/soft tissue mobilization; **OR**
    - Manipulation; **OR**
    - Manual lymphatic drainage/complex decongestive therapy (MLD/CDT); **OR**
- Physical performance test or measurement[1,3,5,9]; **OR**
- Muscle or range of motion testing[1,3,5,9]; **OR**
- Massage therapy as an adjunctive treatment[1,3,5,9]; **OR**
- Canalith repositioning procedure (e.g., Epley maneuver, Semont maneuver; for the treatment of benign paroxysmal positional vertigo)[1,3,5]; **OR**
- Basic activities of daily living (BADLs) training[1,3,9]; **OR**
- Instrumental activities of daily living (IADLs) training[1,3,9]; **OR**
- Community/work reintegration training (e.g., shopping, transportation, money management)[1,3,5,9]; **OR**
- Muscle re-education[1,3,9]; **OR**
- Neuromuscular re-education[1,3,5,9]; **OR**
- Vestibular ocular reflex training[1,3]; **OR**
- Aquatic therapy with aquatic exercises[1,3,5,9]; **OR**
- Gait training[1,3,5]; **OR**
- Standardized cognitive performance testing (e.g., Ross Information Processing Assessment)[1,3]; **OR**
- Cognitive training[1,3]; **OR**
- Perceptual motor training[1,3,5]; **OR**
- Sensory integration[1,3,5,9]; **OR**
- Neurodevelopment training[1,3]; **OR**
- Assistive technology assessment[1,3,5,9]; **OR**
- Fine motor coordination/strengthening[1,3,9]; **OR**
- Orthotics fitting/training (splinting, casting, strapping)[1,3,5,9]; **OR**
- Prosthetic training[5,9]; **OR**
- Biofeedback training[1,3,5,9]; **OR**
- Adaptive equipment fabrication and training[1,3,5,9]; **OR**
- Patient/caregiver education/training[1,3,5,9]; **OR**
- Wheelchair management (e.g., assessment, fitting, training)[1,3,5,9]; **OR**
- Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist

dressings, enzymatic, abrasion, larval therapy), including topical application, wound assessment, and instructions for ongoing care[1,3,5,9]; **OR**

- Negative pressure wound therapy as an adjunct to standard treatment[1,3,5,9]; **OR**
- Other therapeutic procedures or modalities are not listed, so long as they are recognized, evidence-based, and within the scope of physical and occupational therapy practice.
- The service is for occupational therapy and includes **ANY** of the following therapeutic procedures or modalities:
    - Evaluation of oral and pharyngeal swallowing function*[9]; **OR**
    - Treatment of swallowing dysfunction and/or oral function feeding[9]; **OR**
    - Iontophoresis for **ANY** of the following:
        - Primary focal hyperhidrosis[1,3,5,9]; **OR**
        - Tendonitis or calcific tendonitis[9]; **OR**
        - Bursitis[9]; **OR**
        - Adhesive capsulitis[9]; **OR**
        - Thick adhesive scars.[9]

*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

- ➔ **Physical therapy (PT) or occupational therapy (OT) services** are not considered appropriate if **ANY** of the following is **TRUE**[1,3]:
  - ◆ Therapy intended to restore or improve function after a temporary functional or physical impairment that could be reasonably expected to improve without such therapy when the patient resumes activities; **OR**
  - ◆ Therapy that duplicates services that are provided concurrently by any other type of therapy, such as PT and speech and language therapy (SLP), which should provide different treatment goals, plans, and therapeutic modalities; **OR**
  - ◆ Dry hydrotherapy massage (aquamassage, hydromassage); **OR**
  - ◆ Iontophoresis for the delivery of non-steroidal anti-inflammatory drugs (NSAIDs); **OR**
  - ◆ Work hardening and conditioning; **OR**
  - ◆ Exercises to promote overall fitness, flexibility, endurance, aerobic conditioning, or weight reduction in the absence of a complicated patient condition; **OR**
  - ◆ Anodyne; **OR**
  - ◆ Low-level laser treatment/cold laser therapy; **OR**
  - ◆ Massage chairs or roller beds; **OR**
  - ◆ Interactive metronome therapy; **OR**
  - ◆ Loop reflex training; **OR**
  - ◆ Vestibular ocular reflex training; **OR**
  - ◆ Continuous passive motion (CPM) device setup and adjustments; **OR**
  - ◆ Craniosacral therapy; **OR**
  - ◆ Electro-magnetic therapy, except as indicated for chronic wounds; **OR**
  - ◆ Constraint Induced Movement Therapy (CIMT); **OR**
  - ◆ Pelvic floor dysfunction (not including incontinence), including pelvic floor congestion, pelvic floor pain not of spinal origin, hypersensitive clitoris, prostatitis, cystourethrocele, enterocele, rectocele, vulvodynia, vulvar vestibulitis syndrome; **OR**
  - ◆ Frequency specific microcurrent; **OR**
  - ◆ Whole body periodic acceleration; **OR**
  - ◆ Light beam generator therapy; **OR**

- Functional Electrical Stimulating (FES) devices other than those that assist in walking; **OR**
- Ultrasound for the treatment of **ANY** of the following[1,3]:
  - Asthma, bronchitis, or any other pulmonary conditions; **OR**
  - Wounds; **OR**
- MLD/CDT for the treatment of **ANY** of the following[1,3]:
  - Conditions reversible by exercise or elevation of the affected area; **OR**
  - Dependent edema related to congestive heart failure or other cardiomyopathies; **OR**
  - Patients who do not have the physical and cognitive abilities, or support systems, to accomplish self-management in a reasonable time; **OR**
  - Continuing treatment for a patient non-compliant with a program for self-management; **OR**
- Electrical stimulation for the treatment of **ANY** of the following[1,3]:
  - Facial nerve paralysis, commonly known as Bell's palsy; **OR**
  - Motor function disorders such as multiple sclerosis; **OR**
  - Stroke, when it is determined there is no potential for restoration of function; **OR**
  - When it is the only intervention utilized purely for strengthening a muscle with at least fair-graded strength; **OR**
- Negative pressure wound therapy for the treatment of **ANY** of the following[1,3]:
  - Stage I or II pressure ulcers; **OR**
  - Wounds with eschar if debridement is not attempted; **OR**
  - Untreated osteomyelitis within the vicinity of the wound; **OR**
  - Cancer is present in the wound; **OR**
  - Exposed vasculature, nerve, anastomotic site, or organ; **OR**
  - Active bleeding; **OR**
  - The presence of a fistula to an organ or body cavity within the vicinity of the wound; **OR**
- Group therapy including **ANY** of the following[1,3]:
  - Groups directed by a student, therapy aide, rehabilitation technician, nursing aide, recreational therapist, exercise physiologist, or athletic trainer; **OR**

- Routine (i.e., supportive) groups that are part of a maintenance program, nursing rehabilitation program, or recreational therapy program; **OR**
- Groups using biofeedback for relaxation; **OR**
- Viewing videotapes; listening to audiotapes; **OR**
- Group treatment that does not require the unique skills of a therapist.

Level of Care Criteria

Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
0733T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days
0734T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month
97010	Any physical agent applied to produce therapeutic changes to biologic tissue; includes but not limited to thermal, acoustic, light, mechanical, or electric energy
97012	Application of modality to one or more areas; traction, mechanical
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)

97016	Application of a modality to 1 or more areas; vasopneumatic devices
97018	Application of a modality to 1 or more areas; paraffin bath
97022	Application of a modality to 1 or more areas; whirlpool
97024	Application of a modality to 1 or more areas; diathermy (e.g., microwave)
97026	Application of a modality to 1 or more areas; infrared
97028	Application of a modality to 1 or more areas; ultraviolet
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	Application of a modality to 1 or more areas; hubbard tank, each 15 minutes
97037	Application of a modality to 1 or more areas; low-level laser therapy (i.e., nonthermal and non-ablative) for post-operative pain reduction
97039	Unlisted modality (specify type and time if constant attendance)
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength

	and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 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, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage, and/or tapotement (stroking, compression, percussion)
97129	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
97130	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)

97139	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)
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.
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, 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.

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, each 15 minutes
97537	Community/work reintegration training (e.g., 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, each 15 minutes
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
97545	Work hardening/conditioning; initial 2 hours
97546	Add-on code for work conditioning
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes
97755	Assistive technology assessment (e.g., to restore,

	augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, 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, 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
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)
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

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

Medical Evidence

Proud et al. (2024) systematically reviewed exercises to improve hand dexterity in patients with Parkinson's disease (PD). The review included 18 randomized control trials (RCTs) with 704 patients. Activities included dexterity exercises, functional task training, and constraint-induced movement therapy. Patient dexterity was evaluated using a number of assessments (e.g., 9-Hole Peg Test, Purdue Pegboard Test, Box and Block Test), and hand function was self-reported (e.g., Manual Ability Measure). Tablet-based or customized paper/pen tests measured the speed and amplitude of patient handwriting. The quality of evidence was moderate and demonstrated a small positive effect on within-hand dexterity (SMD=0.26; 95% CI 0.07, 0.44). Evidence supports the use of physical therapy (PT), including hand-specific exercises for patients with PD.[24]

Peng et al. (2022) conducted a 3-month, single-blind RCT to determine the long-term outcomes of therapeutic aquatic exercise for individuals with low back pain. Each individual was randomized to a group - the aquatic exercise group (n=56) received aquatic therapy alone, while the PT group (n=57) received therapy with transcutaneous electrical nerve stimulation and infrared ray thermal therapy. Sessions were conducted for 60 minutes twice a week during the 3-month trial; follow-up was 12 months (n=98). The aquatic exercise group demonstrated "greater alleviation of disability" - adjusted mean group differences were -1.77 following therapeutic aquatic exercise, -2.42 at the 6-month follow-up, and -3.61 at the 12-month follow-up.[25]

Forsythe et al. (2021) performed a systematic review and network meta-analysis on interventions for treating adhesive capsulitis. A total of 66 studies (4042 shoulders) were included. Cohorts were organized by treatment type, including physical therapy (PT), pain injection, and arthroscopic surgical capsular release. The authors found that PT with medical or ultrasound therapy demonstrated a high level of efficacy for pain relief. PT was also effective in improving functional status and range of motion. Overall, the results show that one treatment is not superior - manipulation under anesthesia (MUA), surgical procedures, and injections without PT also demonstrate high patient outcomes.[26]

References

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