



Physical and Occupational Therapy – Single Service

Clinical Guidelines for Medical Necessity Review

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Important Notices

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Guideline Information:

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Table of Contents

Important Notices	2
Table of Contents	3
Medical Necessity Criteria	4
Service: Physical and Occupational Therapy	4
General Guidelines	4
Medical Necessity Criteria	5
Indications	5
Non-Indications	8
Site of Service Criteria	9
Procedure Codes (HCPCS/CPT)	9
Medical Evidence	14
References	15
Clinical Guideline Revision History/Information	17

Medical Necessity Criteria

Service: Physical and Occupational Therapy

General Guidelines

- **Units, Frequency, & Duration:** For Initial Therapy Evaluation/Initial Therapy Visit authorization requests for Musculoskeletal related diagnoses (see Applicable Diagnosis Codes Section), Cohere authorizes up to 8-12 visits depending on the patient's progress. This is in alignment with Cohere benchmarking data that show patients in therapy receive, on average 8 visits total across Cohere Musculoskeletal Carepaths. A physician referral or intermediary physician visit documenting the need for the Physical and Occupational Therapy evaluation should be on file before the completion of the evaluation. In states where evaluation and treatment are allowed on the same day of service, the referring physician may request an initial evaluation and up to 12 treatment visits. Please refer to the applicable payer policy for more specifics.
- **Criteria for Subsequent Requests:** If continued care is needed after the 12th treatment visit, the therapy provider practicing in a state participating in the prior authorization program should submit a prior authorization request for more visits. Clinical documentation must be included showing progression towards goals and that additional improvement is expected. A therapy provider practicing in a state that does not participate in the prior authorization program is not required to submit a prior authorization request for more visits. Please refer to the applicable payer policy for more specifics.
- **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 occupational or physical therapist and cannot be reasonably learned and implemented by non-professional or lay caregivers. Treatment meets Generally Accepted Standards of Practice and is targeted and effective in treating the individual's diagnosed impairment or condition. Treatment is expected to produce clinically significant and measurable improvement in the member'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.

- **Exclusions:** Work hardening and conditioning, maintenance therapy, and therapy that is not part of a comprehensive plan of care are not covered by this policy.

Medical Necessity Criteria

Indications

→ **Occupational Therapy and Physical Therapy** are considered appropriate if **ALL** of the following are **TRUE**¹⁻¹²:

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

- The therapy is outpatient; **OR**
- The therapy is inpatient due to **ANY** of the following:
 - Part of an annual or semi-annual Comprehensive Care Management assessment clinic visit for **ANY** of the following:
 - ◆ Paraplegia; **OR**
 - ◆ Quadriplegia; **OR**
 - ◆ Traumatic brain injury; **OR**
 - Medical complications related to **ANY** of the following:
 - ◆ Immediately following amputation; **OR**
 - ◆ Major multiple trauma; **OR**
 - ◆ Post-acute stroke; **OR**
 - ◆ Severe burn injury; **AND**

◆ **ANY** of the following:

- **Initial occupational therapy and/or physical therapy evaluation and treatment** is considered appropriate if **ANY** of the following is **TRUE**:
 - The member exhibits signs and symptoms of a functional or physical impairment as evidenced by **ANY** of the following:
 - ◆ The inability to perform basic activities of daily living (ADLs) (e.g., functional mobility, feeding, dressing, bathing, or toileting); **OR**
 - ◆ Instrumental activities of daily living (IADLs) (e.g., making a bed); **OR**
 - ◆ Usual daily activities; **OR**
 - The member exhibits signs and symptoms of physical deterioration or impairment in **ANY** of the following areas:
 - ◆ Sensory and/or motor ability: Problems with sensory integration, cranial and peripheral nerve integrity, ergonomics and body mechanics, joint integrity and mobility, motor function, muscle performance, neuromotor

- development, posture, range of motion, sensory integrity, swallowing, or feeding; **OR**
 - ◆ Cognitive/psychological ability: Problems with orientation, concentration (attention loss), comprehension, organization of thought, problem-solving, or memory; **OR**
 - ◆ Cardiopulmonary status: Impairments in aerobic capacity, aerobic endurance, ventilation, or respiration change; **OR**
 - ◆ Skin and circulation: Integumentary integrity or circulation; **OR**
- **Continued occupational therapy and/or physical therapy evaluation and treatment services** are considered appropriate if **ALL** of the following are **TRUE**:
 - Intermittent progress reports should demonstrate that the member is making functional progress related to the treatment goals to reflect that continued services are medically necessary. Progress reports must include **ALL** of the following:
 - ◆ Start of care date; **AND**
 - ◆ Date of treatment; **AND**
 - ◆ Time period covered by the report; **AND**
 - ◆ Member's function at the beginning of the progress report period; **AND**
 - ◆ Member's current status as compared to evaluation baseline data and the prior progress reports, including objective measures of member performance in functional terms that relate to the treatment goals; **AND**
 - ◆ Skilled ongoing reassessment of the individual's progress toward the goals; **AND**
 - ◆ All progress toward the goals in objective, measurable terms using consistent and comparable methods; **AND**
 - ◆ If the member is not making the progress expected, describe any changes in prognosis, POC and goals and why; **AND**
 - ◆ Consultations with other professionals or coordination of services, if applicable; **AND**
 - ◆ Signature and date of licensed professional responsible for the therapy services; **AND**
 - ◆ Signature and date of prescribing physician; **OR**

- **Re-evaluations for occupational therapy and/or physical therapy evaluation and treatment services** are considered appropriate if **ALL** of the following are **TRUE**:
 - Re-evaluations, if necessary, should only be performed once a month to support the need for on-going services; **AND**
 - The member experiences a significant change in functional level in their condition or functional status.
 - Re-evaluations should include current Standardized Assessment scores, age equivalents, percentage of functional delay, criterion referenced scores or other objective information as appropriate for the member's condition or impairment; **AND**
 - A signed and dated physician order, less than 45 days old, is needed prior to the completion of a physical therapy or occupational therapy re-evaluation.; **AND**
 - The therapy re-evaluation report should include **ALL** of the following:
 - ◆ Date of last therapy evaluation; **AND**
 - ◆ Number of therapy visits authorized, and number of therapy visits attended; **AND**
 - ◆ Compliance to home program; **AND**
 - ◆ Description of the member's current deficits and their severity level documented using objective data; **AND**
 - ◆ Objective demonstration of the member's progress towards each treatment goal, including **ANY** of the following:
 - Using consistent and comparable methods to report progress on long- and short-term treatment goals established; **OR**
 - For all unmet goals, baseline and current function so that the member's progress towards goals can be measured; **AND**
 - ◆ An updated statement of the prescribed treatment modalities and their recommended frequency/duration; **AND**
 - ◆ A brief prognosis with clearly established discharge criteria; **AND**
 - ◆ An updated individualized POC must include updated measurable, functional and time-based goals, including **ALL** of the following:

- The updated POC/progress summary should not be older than 90 days; **AND**
- If the majority of the long and short-term goals were not achieved, the plan of care should include a description of the barriers or an explanation why the goal(s) needed to be modified or discontinued; **AND**
- ◆ A revised POC that the treating therapist has not made a meaningful update to support the need for continued services will not be accepted. In addition, the notation of the percentage accuracy towards the member's goals alone is not sufficient to establish a need for continued, medically necessary therapy.

Non-Indications

→ **Occupational Therapy and/or Physical Therapy evaluation and treatment services** may not be considered appropriate if **ANY** of the following is **TRUE**¹⁻¹²:

- ◆ Work hardening and conditioning; **OR**
- ◆ Maintenance Therapy: The services involve non-diagnostic, non-therapeutic, routine, or repetitive procedures to maintain general welfare and do not require the skilled assistance of a licensed physical or occupational therapist. The establishment of a maintenance program and the training of the member, member's family, or other persons to carry it out is reimbursed as part of a regular treatment visit, not as a separate service; **OR**
- ◆ Assistive and mobility devices to assist with functional abilities and activities of daily living; **OR**
- ◆ Low-level laser therapy (i.e., nonthermal and non-ablative) for post-operative pain reduction; **OR**
- ◆ 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 member resumes activities; **OR**
- ◆ Therapy which Duplicate Services that are provided concurrently by any other type of therapy such as Physical Therapy and speech and language therapy, which should provide different treatment goals, plans, and therapeutic modalities; **OR**
- ◆ Therapy for which there is no clinical documentation or POC to support the need for Physical and Occupational Therapy services or continuing therapy.

Site of Service Criteria

Inpatient or Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
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)
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.
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

Medical Evidence

The following have been published by national and professional organizations on the topic of physical and occupational therapy:

American Academy of Orthopaedic Surgeons (AAOS)

- *Management of Carpal Tunnel Syndrome*¹
- *Management of Glenohumeral Joint Osteoarthritis*²
- *Management of Hip Fracture in Older Adults*³
- *Management of Osteoarthritis of the Hip*⁴
- *Management of Rotator Cuff Injuries*⁵

American College of Physicians (ACP)

- *Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain*⁶

American Heart Association (AHA)

- *Clinical Guideline: Adult Stroke Rehabilitation and Recovery*⁷

American Physical Therapy Association (APTA)

- *Physical Therapist Clinical Practice Guideline for the Management of Individuals With Heart Failure*¹³
- *Physical Therapy Management of Congenital Muscular Torticollis*¹⁴
- *Physical Therapist Management of Glenohumeral Joint Osteoarthritis Clinical Practice Guideline*¹⁵
- *Physical Therapist Management of Parkinson Disease*¹⁶
- *Physical Therapist Management of Total Knee Arthroplasty*¹⁷
- *Standards of Practice for Physical Therapy*¹¹

North American Spine Society (NASS)

- *Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Low Back Pain*⁹

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Clinical Guideline Revision History/Information

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