



# **Cohere Medical Policy - Physical and Occupational Therapy (PT/OT)**

*Clinical Guidelines for Medical Necessity Review*

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## Guideline Information:

**Specialty Area:** Diseases & Disorders of the Musculoskeletal System

**Guideline Name:** Cohere Medical Policy – Physical and Occupational Therapy (PT/OT)

**Literature review current through:** 9/18/2024

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**Type:** ☒ Adult (18+ yo) | ☒ Pediatric (0-17 yo)

## **Table of Contents**

<b>Important Notices</b>	<b>2</b>
Table of Contents	3
<b>Medical Necessity Criteria</b>	<b>4</b>
Service: Physical and Occupational Therapy	4
Recommended Clinical Approach	4
Medical Necessity Criteria	4
Indications	4
Non-Indications	8
Level of Care Criteria	8
Procedure Codes (CPT/HCPCS)	9
<b>Medical Evidence</b>	<b>14</b>
<b>References</b>	<b>15</b>
<b>Clinical Guideline Revision History/Information</b>	<b>18</b>

# Medical Necessity Criteria

**Service: Physical and Occupational Therapy**

## 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 PT Assistant must be under the plan of care of a Physical Therapist with appropriate oversight as defined by the local jurisdiction. Care delivered by a certified OT Assistant must be under the plan of care (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.

## Medical Necessity Criteria

### Indications

→ **Physical therapy (PT) and occupational therapy (OT)** are considered appropriate if **ALL** of the following are **TRUE**<sup>1-15</sup>:

- ◆ Therapy services are provided or supervised by a qualified physical or occupational therapist; **AND**
- ◆ The number of visits requested is appropriate for the diagnosis;  
**AND**
- ◆ **ANY** of the following is **TRUE**:
  - The therapy is outpatient; **OR**
  - The therapy is inpatient due to **ALL** of the following:
    - Treatment is required from a multidisciplinary team to include **TWO** of the following:
      - ◆ Physical therapy; **OR**

- ◆ Occupational therapy; **OR**
- ◆ Speech therapy; **AND**
- **ANY** of the following medical complications:
  - ◆ Occurring immediately following amputation; **OR**
  - ◆ Major multiple trauma; **OR**
  - ◆ Post-acute stroke; **OR**
  - ◆ Severe burn injury; **AND**
- Documentation in the medical record must include **ALL** of the following:
  - ◆ Clinical rationale for rehabilitation in an inpatient facility; **AND**
  - ◆ Relevant medical history to this inpatient stay, rehabilitation potential, prior level of function; **AND**
  - ◆ Plan of care must include current functional status with specific and measurable goals, and the progress towards those goals; **AND**
- ◆ **ANY** of the following:
  - Initial PT and/or OT treatment are considered appropriate if **ANY** of the following is **TRUE**:
    - The patient 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 patient exhibits signs and symptoms of physical deterioration or impairment in **ANY** of the following areas:
      - ◆ Sensory and/or motor ability (e.g., 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, or sensory integrity); **OR**
  - ◆ Skin and circulation (e.g., integumentary integrity or circulation); **OR**
- Continued PT and/or OT treatment are considered appropriate if **ALL** of the following are **TRUE**:
  - Intermittent progress notes should demonstrate that the patient is making functional progress related to the treatment goals and that they are expected to continue to improve to reflect that continued services are medically necessary – progress reports must include **ALL** of the following:
    - ◆ Start of care date, date of treatment, and time period covered by the report; **AND**
    - ◆ The patient's function at the beginning of the progress report period; **AND**
    - ◆ The patient's current status as compared to evaluation baseline data and the prior progress reports, including objective measures of patient performance in functional terms that relate to the treatment goals; **AND**
    - ◆ All progress toward the goals in objective, measurable terms using consistent and comparable methods; **AND**
    - ◆ If the patient is not making progress expected, describe any changes in prognosis, plan of care (POC), and goals and why; **AND**
    - ◆ Consultations with other professionals or coordination of services, if applicable; **OR**
- Re-evaluation for occupational therapy and/or physical therapy treatment is considered appropriate if **ALL** of the following are **TRUE**:
  - Re-evaluations for patients who are already receiving therapy and develop a new condition or significant change in functional status that was not anticipated and requires additional evaluation; **AND**
  - 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 patient's condition or impairment; **AND**

- The therapy re-evaluation report should include **ALL** of the following:
  - ◆ Date of last therapy evaluation or re-evaluation; **AND**
  - ◆ Number of therapy visits authorized, and number of therapy visits attended; **AND**
  - ◆ Adherence to home program; **AND**
  - ◆ Description of the patient's current deficits and their severity level documented using objective data; **AND**
  - ◆ Objective demonstration of the patient's progress toward 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 should be used to measure the patient's progress toward goals; **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 or revised, individualized POC must include updated measurable, functional and time-based goals, including **ALL** of the following:
    - The updated POC 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 of why the goal(s) needed to be modified or discontinued; **AND**

- The notation of the percentage accuracy towards the patient's goals must be in combination with the other indications.

## Non-Indications

→ **Physical therapy (PT) and occupational therapy (OT) evaluation and treatment services** are not considered appropriate if **ANY** of the following is **TRUE**<sup>1-15</sup>:

- ◆ Unattended electrical stimulation when used for peripheral neuropathy; **OR**
- ◆ Work hardening and conditioning; **OR**
- ◆ Maintenance therapy, including services that 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 patient, patient'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 (e.g., 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 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, 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 PT or OT services or continuing therapy.

## Level of Care Criteria

Inpatient or Outpatient



### **Procedure Codes (CPT/HCPCS)**

<b>CPT/HCPCS Code</b>	<b>Code Description/Definition</b>
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

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, Jebsen-Taylor Hand Function Test, Coin Rotation Task, Action Research Arm Test, and Soda Pop Test). Hand function was self-reported (e.g., Manual Ability Measure, Dexterity Questionnaire, and Duruoz Hand Index). 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.<sup>16</sup>

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.<sup>17</sup>

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.<sup>18</sup>

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# Clinical Guideline Revision History/Information

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Version 4	9/19/2024	Annual review and indications restructure.