

BENEFIT COVERAGE POLICY

Title: BCP-06 Outpatient Rehabilitation/Habilitation Services:
Physical and Occupational Therapy

Effective Date: 01/01/2020



Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

Health Plan covers outpatient physical therapy (PT) and occupational therapy (OT) as medically necessary when referred by a physician or other qualified health care provider. Therapy is covered under the medical benefit for identification, assessment and treatment to significantly improve physical function that is lost or impaired as a result of disease, injury or surgical procedure when the criteria below are met. Services require prior approval after the initial evaluation visit for all plans. PT and OT rehabilitation/habilitation services, after the initial evaluation visit, require authorization in advance of the health service being provided.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Please refer to the member's benefit plan coverage guidelines for outpatient rehabilitation/habilitation therapy services: physical and occupational. Benefit plans may include a maximum allowable benefit, either in duration of treatment or in number of visits. When the maximum allowable benefit is exhausted, coverage may no longer be provided even if medical necessity criteria are met.

This policy may be used in conjunction with MCG CareWebQI[®] Ambulatory Care guidelines, Rehabilitation, Physical or Occupational Therapy Services. MCG Guidelines are available upon request.

Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

2.0 Clinical Determination Guidelines:

A. Conditions for Coverage and Payment:

1. Initial request after evaluation must include copies of the physician order, and the initial evaluation with the home exercise plan.

2. Continued visit requests must include assessment of progress toward goals and the Plan of Care (POC).
 3. A physician signed POC is required for all visits after the initial physician order has expired.
 4. Services are started within 60 calendar days of the date of referral.
 5. A re-evaluation is done every 30 calendar days by each therapy discipline.
 6. Services provided outside of the POC or without a physician order are considered not medically necessary and can be denied for payment.
- B. Extension of therapy services is approved when A1- 6 above and ALL of the following are documented:
1. Pre-morbid functional status has not been achieved.
 2. Measurable progress is being made toward goals.
 3. Patient is actively participating in treatment sessions.
 4. Patient demonstrates potential to achieve pre-morbid level of function.
- C. The following treatments/programs are not covered as they are considered to be nonmedical, educational or training in nature and/or not medically necessary. In addition, these treatments/programs may be specifically excluded under many benefit plans (list is not all-inclusive):
1. Gait analysis.
 2. Back school.
 3. Group physical therapy (is not one-on-one, individualized to the specific person's needs).
 4. Services for the purpose of enhancing athletic performance or for recreation (e.g., conditioning, strength training, aquatic exercise programs such as water aerobics and water walking).
 5. Hippotherapy, Equine Movement Therapy, Horseback riding.
 6. Sensory integration therapy for anything other than treatment for a diagnosis of Autism Spectrum Disorders.
 7. Vocational rehabilitation programs and any program with the primary goal of returning an individual to work.
 8. Work conditioning or work hardening programs.
 9. Maintenance therapy (see Terms Associated below).
 10. Services provided by school districts, as stipulated in a child's Individualized Education Program (IEP).
- D. The following are considered experimental/ investigational or unproven:

1. Isokinetic testing, with an isokinetic dynamometer (e.g., Biodex, Cybex II, Omnikinetic, Lido Active) in the assessment of muscle strength.
2. Vibromyography (e.g., Myowave) to measure muscle effort and detect imbalance.

3.0 Coding:

Prior Approval Legend: Y = All Lines of Business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO L0000264; 4 = ASO L0001269 Non-Union & Union; 5 = ASO L0001631; 6 = ASO L2011; 7 = ASO L0001269 Union Only.

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Reference
90901	Biofeedback training by any modality	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
90911 Code deleted 1/1/20	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	Y	Benefits and Coverage; Rehabilitation/ Habilitation Services – Outpatient Therapy
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	Y	Benefits and Coverage; Rehabilitation/ Habilitation Services – Outpatient Therapy
97010	Application of a modality to one or more areas; hot or cold packs	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97012	Application of a modality to one or more areas; traction, mechanical (not covered when billed by a chiropractor)	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97016	Application of a modality to one or more areas; vasopneumatic devices	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97018	Application of a modality to one or more areas; paraffin bath	Y	Benefits and Coverage, Rehabilitation/Habilitation

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Reference
			Services - Outpatient Therapy
97022	Application of a modality to one or more areas; whirlpool	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97028	Application of a modality to one or more areas; ultraviolet	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes (one-on-one patient contact)	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97033	Application of a modality to one or more areas; iontophoresis, each 15 minutes (one-on-one patient contact)	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97034	Application of a modality to one or more areas; contrast baths, each 15 minutes (one-on-one patient contact)	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97035	Application of a modality to one or more areas; ultrasound, each 15 minutes (one-on-one patient contact)	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97036	Application of a modality to one or more areas; Hubbard tank, each 15 minutes (one-on-one patient contact)	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97039	Unlisted modality (specify type and time if constant attendance) (when not specified as a procedure that is considered investigational and not medically necessary)	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
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	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)	Y	Benefits and Coverage, Rehabilitation/Habilitation

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Reference
			Services - Outpatient Therapy
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Y	Benefits and Coverage; Rehabilitation/ Habilitation Services – Outpatient Therapy
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, 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)	Y	Benefits and Coverage; Rehabilitation/ Habilitation Services – Outpatient Therapy
97139	Unlisted therapeutic procedure (specify) (when not specified as a procedure, may be considered investigational and medically necessary)	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97161	Physical therapy evaluation; low complexity, requiring these components: <ul style="list-style-type: none"> • 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 limitation, 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.	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97162	Physical therapy evaluation; moderate complexity, requiring these components:	Y	Benefits and Coverage, Rehabilitation/Habilitation

COVERED CODES

Code	Description	Prior Approval	Benefit Plan Reference
	<ul style="list-style-type: none"> • A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; • An examination of body system(s) using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitation, 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. <p>Typically, 30 minutes are spent face-to-face with the patient and/or family.</p>		Services - Outpatient Therapy
97163	<p>Physical therapy evaluation; high complexity, requiring these components:</p> <ul style="list-style-type: none"> • A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; • An examination of body system(s) using standardized tests and measures in addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitation, 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. <p>Typically, 45 minutes are spent face-to-face with the patient and/or family.</p>	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97164	<p>Re-evaluation of physical therapy established plan of care, requiring these components:</p> <ul style="list-style-type: none"> • 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 function outcome. <p>Typically, 20 minutes are spent face-to-face with the patient and/or family.</p>	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97165	Occupational therapy evaluation, low complexity, requiring these components:	Y	Benefits and Coverage, Rehabilitation/Habilitation

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Reference
	<ul style="list-style-type: none"> • 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 (i.e., relating to physical, cognitive, or psychosocial skills), that result in activity limitation 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 present with no comorbidities that affect occupational performance, Modification of tasks or assistance (e.g., 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 		Services - Outpatient Therapy
97166	<p>Occupational therapy evaluation, moderate complexity, requiring these components:</p> <ul style="list-style-type: none"> • 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 (i.e., relating to physical, cognitive, or psychosocial skills), that result in activity limitation 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 (e.g., physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. <p>Typically, 45 minutes are spent face-to-face with the patient and/or family</p>	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97167	Occupational therapy evaluation, high	Y	Benefits and Coverage,

COVERED CODES

Code	Description	Prior Approval	Benefit Plan Reference
	<p>complexity, requiring these components:</p> <ul style="list-style-type: none"> • An occupational profile and medical and therapy history, which includes an expanded 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 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills), that result in activity limitation and/or participation restrictions; and • Clinical decision making of high analytic complexity, which includes an analysis of the occupational profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient may present with comorbidities that affect occupational performance. Significant modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. <p>Typically, 60 minutes are spent face-to-face with the patient and/or family</p>		Rehabilitation/Habilitation Services - Outpatient Therapy
97168	<p>Re-evaluation of occupational therapy established plan of care, requiring these components:</p> <ul style="list-style-type: none"> • 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 re-evaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. <p>Typically, 30 minutes are spent face-to-face with the patient and/or family</p>	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97530	<p>Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes</p>	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97535	<p>Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures,</p>	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Reference
	and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes		Therapy
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
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	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
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.	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
97799	Unlisted physical medicine/rehabilitation service or procedure [when not specified as a procedure that is considered investigational and not medically necessary]	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
G0129	Occupational therapy, in the home, per diem	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
G0157	Services performed by a qualified physical therapist assistant in the home or hospice setting, each 15 minutes	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Reference
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	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minutes	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
G0515 Code deleted 1/1/20	Development of cognitive skills to improve attention, memory, problem-solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
S8950	Complex lymphedema therapy	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
S9131	Physical therapy, in the home, per diem	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy
S9476	Vestibular rehabilitation program non-physician provider; per diem	Y	Benefits and Coverage, Rehabilitation/Habilitation Services - Outpatient Therapy

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
97024	Application of a modality to one or more areas, diathermy (e.g., microwave)	Experimental/unproven; Not Medically Necessary
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	Specific exclusion
97026	Application of a modality to one or more areas; infrared	Experimental/unproven; Not Medically Necessary
97150	Therapeutic procedure(s), group (2 or more individuals)	Training in nature/Not Medically Necessary
97169	Athletic training evaluation, low complexity...	Specific exclusion
97170	Athletic training evaluation, moderate complexity...	Specific exclusion
97171	Athletic training evaluation, high complexity ...	Specific exclusion
97172	Re-evaluation of athletic training established plan of care requiring these components	Specific exclusion
97533	Sensory integrative techniques to enhance sensory	Experimental,

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
	processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	investigational, unproven
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	Training in nature/ Not Medically Necessary
97545	Work hardening/conditioning/conditioning; initial two hours	Specific exclusion
97546	Work hardening/conditioning; each additional hour	Specific exclusion
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses	Experimental, investigational, unproven
G0329	Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, and diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	Experimental, investigational, unproven
G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes (Note retroactive effective date to 1/1/2020)	Not medically necessary
G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes (Note retroactive effective date to 1/1/2020)	Not medically necessary
S8940	Equestrian/hippotherapy, per session	Recreational therapy, Specific Exclusion
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	Experimental, investigational, unproven
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Not medically necessary
S9090	Vertebral axial decompression, per session	Experimental, investigational, unproven
S9117	Back school, per visit	Educational or training

4.0 Unique Configuration/Prior Approval/Coverage Details:

Massage therapy is specifically excluded under most benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms and conditions of coverage.

The availability of rehabilitative and/or habilitative benefits for these services, state and federal mandates, and regulatory requirements should be verified prior to application of criteria listed above. Only Metal Plans cover habilitative services for other than covered autism treatment.

Benefit plans may include a maximum allowable therapy benefit, either in duration of treatment or in number of visits. When the maximum allowable benefit is exhausted, coverage may no longer be provided even if the medical necessity criteria described above are met.

5.0 Terms & Definitions:

Activities of Daily Living (ADLs) - Self-care activities such as transfers, toileting, grooming and hygiene, dressing, bathing, and eating.

Daily Treatment Notes - Documentation of every therapy visit to include:

- a. Date of treatment.
- b. Patient attendance for appointments.
- c. Treatment or skilled interventions provided.
- d. Total treatment time.
- e. Observations made during treatment session including:
 - i. Response to treatment.
 - ii. Ongoing skilled reassessment of individual progress toward goals.
 - iii. Any problems or changes to the POC.
- f. Name and credentials of the treating clinician.

Documentation is required for every treatment day and every therapy service.

Standard outpatient treatment sessions can vary from fifteen minutes to an hour per day. (Treatment sessions lasting more than one hour per day may be medically appropriate for acute inpatient settings.)

Discharge Summary - Documentation of every therapy visit to include:

- a. Date of treatment.
- b. Patient attendance for appointments.
- c. Treatment or skilled interventions provided.
- d. Total treatment time.
- e. Observations made during treatment session including:
 - i. Response to treatment.
 - ii. Ongoing skilled reassessment of individual progress toward goals.
 - iii. Any problems or changes to the POC.
- f. Name and credentials of the treating clinician.

Documentation is required for every treatment day and every therapy service.

Standard outpatient treatment sessions can vary from fifteen minutes to an hour per day. (Treatment sessions lasting more than one hour per day may be medically appropriate for acute inpatient settings.)

Evaluation and Re-evaluation - A comprehensive evaluation is essential to determine if therapy services are medically necessary to gather baseline data, establish a treatment plan, and develop goals based on the data. The initial evaluation usually is completed in a single visit and is needed before implementing any therapy treatment. The evaluation must include:

- a. Medical diagnosis – should be specific and as relevant to the problem to be treated as possible.
- b. Impairment or dysfunction to be treated.
- c. Subjective observation.
- d. Objective observation (e.g., identified impairments and severity or complexity).
- e. Assessment (includes rehab potential, long-term and short-term goals, and discharge plan).
- f. Re-evaluation is done at least every 30 days.

Plan of care should be updated as the individual's condition changes or at least every 90 calendar days

Functional Capacity Evaluation (FCE) -Evaluation of an individual's capacity to perform work activities related to his or her participation in employment. The process compares the individual's health status, body functions, and structures to the demands of the job and work environment. Also called, Functional Capacity Assessment (FCA), Physical Capacity Assessment or Evaluation (PCA or PCE) or Work Capacity Assessment or Evaluation) WCA or WCE).

Functional Status - An individual's ability to perform normal daily activities required to meet basic needs, fulfill usual roles, and maintain health and well-being.

Habilitative Services - Health care services that help a person keep, learn or improve skills and functioning for daily living (e.g., therapy for a child who isn't walking or talking at the expected age). The Affordable Care Act (ACA) requires coverage for essential health benefits, including coverage for Habilitative Services in individual and small group products. These services may include PT, OT, ST and other services for people with disabilities in a variety of inpatient and/or outpatient settings. Includes Applied Behavioral Analysis (ABA) for the treatment of Autism Spectrum Disorder as required by the State of Michigan.

Instrumental Activities of Daily Living (IADLs) - Activities related to independent living and include preparing meals, managing money, shopping, doing housework and using a phone. IADLs do not involve personal care activities.

Maintenance Therapy - Services intended to preserve an individual's present level of range of motion, strength, coordination, balance, pain, activity, function, etc. and prevent regression of the same parameters. Maintenance begins when the therapeutic goals of a treatment plan have been achieved, or when no additional functional progress is apparent or expected to occur.

Occupational Therapy - The use of purposeful activity or interventions designed to achieve functional outcomes, which promote health or prevent injury or disability. OT may be appropriate for treatment of changes in fine motor abilities, decreased strength or range of motion in small muscle groups, presence of pain, difficulty with ADLs, and circulatory problems (e.g., edema). Related OT services include fabrication and/or selection and training in the use of orthoses, custom therapeutic garments, upper extremity prosthetics and adaptive equipment/ assistive technology. Techniques or equipment may be adapted to improve function in ADL self-care (e.g., bathing, dressing, toileting, grooming, feeding), written communication, and community re-entry.

Physical Therapy - Treatment consists of a prescribed program to relieve symptoms, improve function and prevent further disability for individuals disabled by acute or chronic disease or injury. PT services include various forms of heat and cold, electrical stimulation, therapeutic exercises and joint mobilization, ambulation training and training in functional activities. Techniques or equipment may be adapted to improve function in ADL self-care (e.g., bathing, transfers and gait training, self-maintenance, skin management, and toileting.) Related PT services including assessing and training in the use of mobility equipment (e.g., wheelchairs, walkers, crutches, canes) transfer equipment, lower extremity orthotics and prosthetics,

Plan of Care (POC) - POC is based on the evaluation/re-evaluation, which includes details of treatment, estimated time frame for treatment, and anticipated results. At minimum, the POC is to include:

- a. Medical diagnosis.
- b. Specific long and short-term treatment goals.
- c. Measurable objectives.
- d. Type of services or interventions.
- e. For a child, the treatment plan includes active participation/involvement of a parent or guardian.

- f. Amount (number of times per day the therapist provides treatment; if not specified, it is assumed one treatment session per day).
- g. Frequency (number of times per week; do not use ranges).
- h. Duration (number of weeks or treatment sessions; do not use ranges).
- i. Discharge plan.
- j. Dated signature of referring physician within 30 calendar days (A physician signed POC is then considered a Certification or Re-certification).

When a patient is receiving multiple therapy services (PT, OT, ST), there must be a POC for each discipline. Each therapist must independently establish what impairment or dysfunction is being treated and goals for therapy treatment.

Recertification is required if additional therapy is medically necessary beyond the specified frequency and duration or at least every 90 calendar days of treatment.

Prescription (Script), Order or Referral - Written by a Medical Doctor (MD), Doctor of Osteopathy (DO), Podiatrist (DPM), Dentist (DDS), Physician Assistant (PA), or a Nurse Practitioner (NP) on behalf of a physician. A chiropractor cannot order physical therapy in the state of Michigan.

- a. Signed scripts must specify a diagnosis, "Eval and Treat" or a frequency and duration.
- b. For scripts that are written for a future start of care date related to post-op treatment, treatment to start within 60 days of the start of care date specified.

Scripts are valid for the frequency and/or duration specified OR up to 90 days.

Progress Report (Note) - At minimum, must be completed every tenth visit (dates of service) or less and include:

- a. Start of care date and time period covered by the report
- b. Diagnoses for which therapy is being provided.
- c. Evaluation of progress (or lack thereof) toward each goal.
- d. Changes in prognosis and why.
- e. Changes in goals and why.
- f. Terminate services; if necessary (see Discharge Note below).
- g. Signature and title of qualified clinician responsible for therapy services.

Providers of PT Services - The services are delivered by a qualified provider of physical therapy services acting within the scope of their license as regulated by the Federal and State governments. In addition to licensure, physical therapists must have passed the National Physical Therapy Examination (NPTE). Physical therapy assistants (PTA) may provide services under the direction and supervision of a physical therapist. Benefits for services provided by these practitioners are dependent upon the member's contract language.

Aides, exercise physiologists, life skills trainers, and rehabilitation technicians do not meet the definition of a qualified practitioner regardless of the level of supervision. Aides and other nonqualified personnel as listed above are limited to non-skilled services such as preparing the individual, treatment area, equipment, or supplies; assisting a qualified therapist or assistant; and transporting individuals. They may not provide any direct treatments, modalities, or procedures.

Rehabilitation - Treatment designed to facilitate the process of recovery from injury, illness, or disease to normal or near-normal functional capabilities

Work Conditioning/Hardening - A physical therapy program that addresses the physical issues of flexibility, strength, endurance, coordination and work-related function for a successful return to work.

Work conditioning:

- May precede work hardening.
- Involves a single discipline.
- From 2-4 hours per day.
- Focuses on strengthening and endurance, work-related activities, ergonomics training, safe body mechanics and education for maintaining appropriate and safe postures.

Work hardening:

- Multidisciplinary.
- From 4-8 hours per day.

Focus on work simulation using a job description, vocational counseling, behavioral and psychological management, ergonomics and safe body training, and education for maintaining appropriate and safe postures.

6.0 References, Citations & Resources:

1. American Physical Therapy Association, Guidelines: Physical Therapy Documentation of Patient/Client Management, December 14, 2009. Available at: https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Practice/DocumentationPatientClientMgmt.pdf.
2. MCG™ Ambulatory Care 24th Edition, Ambulatory Care, Rehabilitation, Physical or Occupational Therapy Services, 02/05/2020.
3. State of Michigan Department of Licensing and Regulatory Affairs Office of Financial and Insurance Regulation: Essential Health Benefits: Habilitative Services, January 7, 2013. Available at: https://www.michigan.gov/documents/lara/1.7.13_Order_No_13-003-M_EHB_Habilitative_Services_407955_7.pdf.
4. WebPT, Medicare Part B Documentation Requirements for Physical and Occupational Therapy, July 9, 2014. Available at: <https://www.webpt.com/blog/post/medicare-part-b-documentation-requirements-physical-and-occupational-therapy>.

7.0 Associated Documents:

Standard Operating Procedure (SOP) – MMS-01 – Rehabilitative Services Review; MMS-02 Entering a Service Review for Outpatient Services in Facets; MMS-03 Algorithm for Benefit Determinations; MM-03 Benefit Determinations.

Desk Level Procedure (DLP) – COB Codes Not Covered by Medicare 2009; SRHH OP Rehab Home Health Review 102815.

Sample Letter – MML-01 PT-OT Functional Status Achieved-Denial; MML-02 PT-OT No Functional Improvement.

Form – MMF-01 Outpatient Rehabilitation Documentation Form; MMF-02 Outpatient Rehabilitation Request Form.

8.0 Revision History:

Original Effective Date: 08/01/16

Next Revision Date: 04/01/2021

Revision History	Reason for Revision
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Revision History	Reason for Revision
06/01/15	Annual review; added CPT/HCPCS code descriptions, deleted non-covered and deleted codes
July 2016	Policy recreated to support changes in UM review process
January 2017	New codes added effective 1/1/17, adjusted code coverage based on Gap Analysis and additional research. Approved by QIMRM 6/14/17.
April 2018	Annual review for BCC 3/18 and QIMRM 6/18. References updated.
October 2018	Policy updates - therapy SOC changed from 30 to 60 days from date of script. Clarification of massage therapy.
2/20	Annual review; new codes added, old codes deleted.