

Subject: Physical Therapy
Guideline #: CG-REHAB-04
Status: Reviewed

Current Effective Date: 10/22/2008
Last Review Date: 08/28/2008

Description

Physical therapy (PT) is a form of rehabilitation with an established theoretical and scientific base and widespread clinical applications in the restoration, maintenance, and promotion of optimal physical function.

Physical therapists diagnose and manage movement dysfunction and enhance physical and functional abilities. Physical therapy services restore, maintain, and promote not only optimal physical functioning but also optimal wellness and fitness and optimal quality of life as it relates to movement and health. These services prevent the onset, symptoms, and progression of impairments, functional limitations, and disabilities that may result from diseases, disorders, conditions, or injuries.

The terms “physical therapy” and “physiotherapy” are synonymous.

Note: Please see BEH.00004 Treatment of Autism, Asperger’s Syndrome, Rett Syndrome, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder Not Otherwise Specified (NOS) for additional information.

Clinical Indications

Medically Necessary:

Physical therapy (PT) services are considered **medically necessary** when the following criteria are met:

1. The therapy is aimed at preventing disability or improving, adapting or restoring functions which have been impaired or permanently lost as a result of ***illness, injury, loss of a body part, or congenital abnormality***; **and**
2. The therapy is for conditions that require the unique knowledge, skills, and judgment of a physical therapist for ***education and training*** that is part of an active skilled plan of treatment; **and**
3. There is an expectation that the therapy will result in a practical improvement in the level of functioning within a reasonable and predictable period of time; **and**
 - An individual’s function could ***not*** reasonably be expected to improve as the patient gradually resumes normal activities; **and**
 - An individual’s expected restoration potential would be significant in relation to the extent and duration of the therapy service required to achieve such potential; **and**
 - The therapy documentation objectively verifies progressive functional improvement over specific time frames; **and**
4. The services are delivered by a qualified provider of physical therapy services. A qualified provider is one who is licensed where required and performs within the scope of licensure; **and**
5. The services require the judgment, knowledge, and skills of a qualified provider of physical therapy services due to the complexity and sophistication of the therapy and the medical condition of the patient.

Federal and State law, as well as contract language including definitions and specific coverage provisions/exclusions, and Coverage Guidelines take precedence over Clinical UM Guidelines and must be considered first in determining eligibility for coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Clinical UM Guidelines, which address medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Clinical UM Guidelines periodically.

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Documentation

Evaluation

A comprehensive evaluation is essential to determine if PT services are medically necessary, gather baseline data, establish a treatment plan, and develop goals based on the data. The initial evaluation is usually completed in a single session. An evaluation is needed before implementing any PT treatment. Evaluation begins with the administration of appropriate and relevant assessments using standardized assessments and tools. The evaluation must include:

- Prior functional level, if acquired condition;
- Specific standardized and non-standardized tests, assessments, and tools;
- Analytic interpretation and synthesis of all data, including a summary of the baseline findings in written report(s);
- Objective, measurable, and functional descriptions of an individual's deficits using comparable and consistent methods;
- Summary of clinical reasoning and consideration of contextual factors with recommendations;
- Plan of care with specific treatment techniques and/or activities to be used in treatment sessions that should be updated as the individual's condition changes;
- Frequency and duration of treatment plan;
- Functional, measurable, and time-framed long-term and short-term goals based on appropriate and relevant evaluation data;
- Rehabilitation prognosis;
- Discharge plan that is initiated at the start of PT treatment.

Treatment Sessions

A physical therapy session can vary from fifteen minutes to four hours per day; however, treatment sessions lasting more than one hour per day are rare in outpatient settings. Treatment sessions for more than one hour per day may be medically appropriate for inpatient acute settings, day treatment programs, and select outpatient conditions, but must be supported in the treatment plan and based on an individual's medical condition. A physical therapy session may include:

- Evaluation;
- Therapeutic exercise, including neuromuscular reeducation, coordination, and balance;
- Functional training in self-care and home management;
- Functional training in and modification of environments (home, work, school, or community), including biomechanics and ergonomics;
- Manual therapy techniques, including soft tissue mobilization, joint mobilization, and manual lymphatic drainage;
- Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, and orthotic devices;
- Training in the use of prosthetic devices;
- Airway clearance techniques;
- Integumentary repair and protection techniques
- Electrotherapeutic modalities;
- Physical agents and mechanical modalities;
- Functional community mobility;
- Training of the patient, caregivers, and family/parents in home exercise and activity programs;
- Skilled reassessment of the individual's problems, plan, and goals as part of the treatment session;

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- Coordination, communication, and documentation;
- Reevaluations, if there is a significant change in the individual's condition.

Documentation of treatment sessions must include:

- Date of treatment;
- Specific treatment(s) provided that match the procedure codes billed;
- Total treatment time;
- The individual's response to treatment;
- Skilled ongoing reassessment of the individual's progress toward the goals;
- Any progress toward the goals in objective, measurable terms using consistent and comparable methods;
- Any problems or changes to the plan of care;
- Name and credentials of the treating clinician.

Progress Reports

In order to reflect that continued PT services are medically necessary, intermittent progress reports must demonstrate that the patient is making functional progress. Progress reports should include at a minimum:

- Start of care date;
- Time period covered by the report;
- Medical and therapy treatment diagnoses;
- Statement of the individual's functional level at the beginning of the progress report period;
- Statement of the individual's current status as compared to evaluation baseline data and the prior progress report, including objective measures of the individual's function that relate to the treatment goals;
- Changes in prognosis and why;
- Changes in plan of care and why;
- Changes in goals and why;
- Consultations with other professionals or coordination of services, if applicable;
- Signature and title of qualified professional responsible for the therapy services.

Reevaluation

A reevaluation is indicated when there are new clinical findings, a rapid change in patient status, or failure to respond to physical therapy interventions. There are several routine reassessments that are not considered reevaluations. These include ongoing reassessments that are part of each skilled treatment session, progress reports, and discharge summaries.

Reevaluation is a more comprehensive assessment that includes all the components of the initial evaluation, such as:

- Data collection with *objective* measurements taken based on appropriate and relevant assessment tests and tools using comparable and consistent methods;
- Making a judgment as to whether skilled care is still warranted;
- Organizing the composite of current problem areas and deciding a priority/focus of treatment;
- Identifying the appropriate intervention(s) for new or ongoing goal achievement;
- Modification of intervention(s);
- Revision in plan of care if needed;
- Correlation to meaningful change in function; and
- Deciphering effectiveness of intervention(s).

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Providers of PT Services

The services are delivered by a qualified provider of physical therapy services who has passed the National Physical Therapy Examination (NPTE), obtained State licensure, and performs within the scope of licensure as regulated by the Federal and State governments. Physical therapy assistants 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, athletic trainers, 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 patient, treatment area, equipment, or supplies; assisting a qualified therapist or assistant; and transporting patients. They may not provide any direct patient treatments, modalities, or procedures.

Not Medically Necessary:

Physical therapy (PT) services are considered **not medically necessary** if any of the following is determined:

1. The therapy is **not** aimed at preventing disability or improving, adapting or restoring functions, which have been impaired or permanently lost as a result of **illness, injury, loss of a body part, or congenital abnormality**.
2. The therapy is for conditions for which therapy would be considered routine **educational, training, conditioning, or fitness**. This includes treatments or activities that require only routine supervision.
3. The expectation does not exist that the therapy will result in a practical improvement in the level of functioning within a reasonable and predictable period of time.
 - If function could reasonably be expected to improve as the patient gradually resumes normal activities, then the therapy is considered **not medically necessary**.
 - If an individual's expected restoration potential would be insignificant in relation to the extent and duration of the therapy service required to achieve such potential, the therapy would be considered **not medically necessary**.
 - The therapy documentation fails to objectively verify functional progress over a reasonable period of time.
4. The physical modalities are not preparatory to other skilled treatment procedures.
5. Treatments that do not generally require the skills of a qualified provider of PT services are considered **not medically necessary**. Examples include palliative massages, palliative Jacuzzi /whirlpools, hot or cold packs in the absence of complicating factors, general range of motion or exercise programs, maintenance therapy, repetitive gait or other activities that an individual can self-practice independently or with a caregiver, swimming and routine water aerobics programs, general fitness and training, and general public education/instruction sessions.
6. Routine reevaluations not meeting the above criteria.
7. Treatments that are not supported in peer-reviewed literature.

Duplicate Therapy

Duplicate therapy is considered **not medically necessary**. When patients receive physical, occupational, and/or speech therapy, the therapists should provide different treatments that reflect each therapy discipline's unique perspective on the individual's impairments and functional deficits and not duplicate the same treatment. They must also have separate evaluations, treatment plans, and goals.

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Maintenance Program

Maintenance programs are considered **not medically necessary**. A maintenance program consists of treatments and/or activities that preserve the patient’s present level range, 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. In certain circumstances, the specialized knowledge and judgment of a qualified therapist maybe required to establish a maintenance program, however, the repetitive PT services to maintain a level would be considered **not medically necessary**.

Place of Service/Duration

- Place of Service:**
- Inpatient
 - Outpatient
 - Physician’s office
 - Physical therapist’s office
 - Home

Duration: If the criteria listed above are met with supportive documentation, allow physical therapy visits each year subject to the members maximum allowable visits per year, or per episode of care, under the member’s benefit certificate.

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

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT

- 90901 Biofeedback training by any modality
- 94667 Chest wall manipulation, initial demonstration and/or evaluation
- 94668 Chest wall manipulation, subsequent
- 97001 Physical therapy evaluation
- 97002 Physical therapy re-evaluation
- 97010-97028 Application of a modality to one or more areas (supervised) (includes codes 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028)
- 97032-97036 Application of a modality to one or more areas (constant attendance) (includes codes 97032, 97033, 97034, 97035, 97036)
- 97039 Unlisted modality
- 97110-97139 Therapeutic procedure, one or more areas (includes codes 97110, 97112, 97113, 97116, 97124, 97139)
- 97140 Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
- 97150 Therapeutic procedure(s), group (2 or more individuals)

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- 97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
- 97532 Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes
- 97535 Self care/home management training (eg, 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 by provider, each 15 minutes
- 97537 Community/work reintegration training (eg, 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 by provider, each 15 minutes
- 97542 Wheelchair management (eg, assessment, fitting, training), each 15 minutes
- 97545-97546 Work hardening/conditioning
- 97597-97598 Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session
- 97602 Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
- 97750 Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
- 97755 Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes
- 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
- 97761 Prosthetic training, upper and/or lower extremity(s), each 15 minutes
- 97762 Checkout for orthotic/prosthetic use, established patient, each 15 minutes
- 97799 Unlisted physical medicine/rehabilitation service or procedure

HCPCS

- G0151 Services of a physical therapist in home health setting, each 15 minutes
- G0281 Electrical stimulation (unattended), to one or more areas, for ulcers
- G0283 Electrical stimulation (unattended, to one or more areas for indications other than wound care)
- S8950 Complex lymphedema therapy
- S9117 Back school, per visit
- S9131 Physical therapy, in the home, per diem

Revenue Code

- 0420-0429 Physical therapy

ICD-9 Diagnosis

All diagnoses

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References

Government Agency, Medical Society, and Other Authoritative Publications:

1. American Physical Therapy Association. APTA Guide for Professional Conduct. American Physical Therapy Association. Updated January 2004. Available at: http://www.apta.org/AM/Template.cfm?Section=Ethics_and_Legal_Issues1&CONTENTID=14342&TEMPLATE=/CM/ContentDisplay.cfm. Accessed on June 9, 2008.
2. American Physical Therapy Association. APTA Standards of Ethical Conduct for the Physical Therapist Assistant. Available at: http://www.apta.org/AM/Template.cfm?Section=Ethics_and_Legal_Issues1&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=23729. Accessed on June 9, 2008.
3. American Physical Therapy Association. Code of Ethics. American Available at: Physical Therapy Association. http://www.apta.org/AM/Template.cfm?Section=Ethics_and_Legal_Issues1&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=21760. Accessed on June 9, 2008.
4. American Physical Therapy Association. Diagnosis by Physical Therapists. Available at: <http://www.apta.org/AM/Template.cfm?Section=Search&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=25671>. Accessed on June 9, 2008.
5. American Physical Therapy Association. Direction And Supervision Of The Physical Therapist Assistant. American Physical Therapy Association. Available at: http://www.apta.org/AM/Template.cfm?Section=Policies_and_Bylaws&CONTENTID=25672&TEMPLATE=/CM/ContentDisplay.cfm. Accessed on June 9, 2008.
6. American Physical Therapy Association. Exclusive Use of Physical Agents/Modalities. Available at: <http://www.apta.org/AM/Template.cfm?Section=Search&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=25448>. Accessed on June 9, 2008.
7. American Physical Therapy Association. Guide to Physical Therapist Practice. 2nd Edition revised. American Physical Therapy Association. January 2003. Originally published as: Guide to Physical Therapist Practice. Phys Ther. 2001; 81: 9-744.
8. American Physical Therapy Association. Guidelines for Physical Therapy Documentation. Available at: <http://www.apta.org/AM/Template.cfm?Section=Home&TEMPLATE=/CM/HTMLDisplay.cfm&CONTENTID=31688>. Accessed on June 9, 2008.
9. American Physical Therapy Association. Physical Therapy and the Older Adult. Available at: <http://www.geriaticspt.org/clients/PTadult.cfm>. Accessed on June 9, 2008.
10. American Physical Therapy Association. Provision of Physical Therapy Interventions and Related Tasks. Available at: http://www.apta.org/AM/Template.cfm?Section=Policies_and_Bylaws&CONTENTID=25472&TEMPLATE=/CM/ContentDisplay.cfm. Accessed on June 9, 2008.
11. American Physical Therapy Association. Reimbursement for Physical Therapy Services. Available at: <http://www.apta.org/AM/Template.cfm?Section=Search&CONTENTID=25365&TEMPLATE=/CM/ContentDisplay.cfm>. Accessed on June 9, 2008.
12. American Physical Therapy Association. Standards Of Practice For Physical Therapy. Available at: http://www.apta.org/AM/Template.cfm?Section=Policies_and_Bylaws&CONTENTID=25517&TEMPLATE=/CM/ContentDisplay.cfm. Accessed on June 9, 2008.
13. Centers for Medicare & Medicaid Services. Home Healthy Agency Manual. Pub. 11. Chapter 2, Section 205.2 Coverage of Services Which Establish Home Health Eligibility. Skilled Therapy Services. Last updated September 8, 2005. Available at: <http://www.cms.hhs.gov/Manuals/PBM/list.asp>. Accessed on June 9, 2008.

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14. Centers for Medicare & Medicaid Services. Hospital Manual. Pub. 10. Chapter2, Section 210.8. Physical Therapy Furnished by the Hospital or by Others Under Arrangements With the Hospital and Under its Supervision . Last updated September 8, 2005. Available at: <http://www.cms.hhs.gov/Manuals/PBM/list.asp>. Accessed on June 9, 2008.
15. Centers for Medicare & Medicaid Services. Outpatient Physical Therapy Comprehensive Outpatient Rehabilitation Facility And Community Mental Health Center Manual. Pub. 9. Chapter 2, Coverage of Services. Last updated September 8, 2005. Available at: <http://www.cms.hhs.gov/Manuals/PBM/list.asp>. Accessed on June 9, 2008.
16. Centers for Medicare and Medicaid Services (CMS). Pub. 100-02, Chapter 15, Sections 220. Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance and Section 230. Practice of Physical Therapy, Occupational Therapy, and Speech-Language Pathology. December 22, 2006. Available at: <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>. Accessed on June 9, 2008.
17. Centers for Medicare and Medicaid Services. National Coverage Determination for Institutional and Home Care Patient Education Programs. NCD#170.1. Effective date not posted. Available at: http://www.cms.hhs.gov/mcd/index_list.asp?list_type=ncd. Accessed on June 9, 2008.
18. NIH Consensus Statement. Rehabilitation of persons with traumatic brain injury. 1998 Oct 26-28; 16(1): 1-41. Available at: http://www.nichd.nih.gov/publications/pubs/TBI_1999/default.cfm. Accessed on June 9, 2008.
19. Sneed RC, May WL, Stencil C. Physicians’ reliance on specialists, therapists, and vendors when prescribing therapies and durable medical equipment for children with special health care needs. Pediatrics. 2001; 107(6):1283-1290.
20. United Government Services. Physical Therapy, Occupational Therapy and Speech-Language Pathology Outpatient Services Educational Update. Original Release: March 2002 1st Revision: May 2002 2nd Revision: November 2003; 3rd Revision: March 2005. Available at: http://www.ugsmedicare.com/provider_education/manuals/documents/Mar2005_Therapy_Guide.pdf. Accessed on June 9, 2008.

Web Sites for Additional Information

1. American Physical Therapy Association. Access To, Admission To, And Patient/Client Rights Within Physical Therapy Services. Available at: http://www.apta.org/AM/Template.cfm?Section=Search&TEMPLATE=/CM/ContentDisplay.cfm&CONTENT_ID=25436. Accessed on June 9, 2008.

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History

Status	Date	Action
Reviewed	08/28/2008	Medical Policy & Technology Assessment Committee (MPTAC) review. References updated.
Reviewed	08/23/2007	MPTAC review. References and coding section updated.
Revised	09/14/2006	MPTAC review. Minor revision to Not Medically Necessary statement.

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Revised 12/01/2005 References updated.
 MPTAC review. Revision based on Pre-merger Anthem and Pre-merger WellPoint Harmonization.

Pre-Merger Organizations	Last Review Date	Document Number	Title
Anthem Midwest	08/06/2004	RA-008 (Midwest Medical Review & UM criteria)	Physical Therapy / Occupational Therapy For NASCO, Prestandardized Medicare Supplement Plans, Group Blue Retiree Products, And FEP
WellPoint Health Networks, Inc.	04/28/2005	10.01.08	Physical Therapy

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