



EFFECTIVE DATE: 01/01/2014
POLICY LAST UPDATED: 05/05/2015

OVERVIEW

Physical therapy (PT) is the treatment of disease or injury by the use of therapeutic exercise and other interventions that focus on improving posture, locomotion, strength, endurance, balance, coordination, joint mobility, flexibility, a person's ability to go through the functional activities of daily living, and on alleviating pain. Occupational therapy (OT) is a form of rehabilitation therapy involving the treatment of neuromusculoskeletal and psychological dysfunction through the use of specific tasks or goal-directed activities designed to improve the functional performance of an individual. This policy provides an overview of the medical criteria used in the medical review for these services.

MEDICAL CRITERIA

None

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Physical therapy and occupational services are considered medically necessary when performed to meet the functional needs of a patient who suffers from physical impairment due to disease, trauma, congenital anomalies, or prior therapeutic intervention.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Subscriber Agreement for applicable physical and occupation benefits/coverage.

BACKGROUND

Effective January 1, 2014, Qualified Health Plans (QHPs) are required to cover Essential Health Benefits (EHBs), as defined in Section 1302(b) of the Patient Protection and Affordable Care Act.

As groups renew in 2014, most benefit plans will need to include these EHBs (some exceptions may apply to certain large groups; consult your Subscriber Agreement or Benefit Booklet for details).

Physical and occupational services are included in the Rhode Island Benchmark Plan that defines the EHBs for RI QHPs.

Physical therapy is the treatment of disease or injury by the use of therapeutic exercise and other interventions that focus on improving posture, locomotion, strength, endurance, balance, coordination, joint mobility, flexibility, a person's ability to go through the functional activities of daily living, and on alleviating pain.

Treatment may include active and passive modalities using a variety of means and techniques based upon biomechanical and neurophysiological principles.

Occupational therapy is a form of rehabilitation therapy involving the treatment of neuromusculoskeletal and psychological dysfunction through the use of specific tasks or goal-directed activities designed to improve the functional performance of an individual.

Occupational therapy involves cognitive, perceptual, safety, and judgment evaluations and training. These services emphasize useful and purposeful activities to improve neuromusculoskeletal functions and to provide training in activities of daily living (ADL). Activities of daily living include: feeding, dressing, bathing, and other self-care activities. Other occupational therapy services include the design, fabrication, and use of orthoses, and guidance in the selection and use of adapted equipment.

Qualified providers of PT and OT services may include:

- M.D. (medical doctor)
- D.O. (doctor of osteopathy)
- Physical therapist
- Occupational therapist
- Physical or occupational assistants*

*They act at the direction and under the supervision of the treating physical/occupational therapist and in accordance with state laws. They may not provide evaluation services, make clinical judgments or decisions, or take responsibility for the service.

Habilitative services are defined as mean healthcare services that help a person keep, learn, or improve skills and functioning for daily living. A qualified professional provides the healthcare services. Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech therapy, and other services, performed in a variety of inpatient and/or outpatient settings for people with disabilities.

Sessions

A physical therapy session is typically defined as up to 1 hour of PT (treatment and/or evaluation) or up to 3 PT modalities provided on any given day. These sessions may include:

- therapeutic exercise programs, including coordination and resistive exercises, to increase strength and endurance;
- various modalities including, but not limited to, thermotherapy, cryotherapy, hydrotherapy, and electrical stimulation;
- massage, traction, or mobilization techniques; and
- patient and family education in home exercise programs.

An occupational therapy session is typically defined as up to 1 hour of occupational therapy (treatment and/or evaluation) on any given day. These sessions may include services such as:

- basic activities of daily living and self-care training;
- higher level independent living skills instruction;
- functionally oriented upper extremity exercise programs;
- cognitive, perceptual, safety, and judgment evaluations and training;
- upper extremity orthotic and prosthetic programs; and
- training of the patient and family in home exercise programs.

Plan of Care

The documentation in the plan of care for physical and occupations therapy typically includes all of the following:

- specific statements of long- and short-term goals;
- measurable objectives;
- a reasonable estimate of when the goals will be reached; typically an expectation of significant functional improvement within sixty (60) days of the initial therapy visits;
- the specific modalities and exercises to be used in treatment; and
- the frequency and duration of treatment.

The plan of care should be updated as the patient's condition changes.

CODING

BlueCHiP for Medicare and Commercial Products

The following codes are covered:

To ensure correct claim processing, the claim must include one of the following modifiers in addition to the CPT code to distinguish the discipline under which the service is delivered.

GO – Services delivered under an outpatient OT plan of care

GP – Services delivered under an outpatient PT plan of care

Note: providers who file with bill type 032X, 033X, and 034X are exempt from appending the physical, and occupational, when billing with HCPCS codes for physical and occupational services.

97001 Physical therapy evaluation

97002 Physical therapy re-evaluation (covered but not separately reimbursed)

97003 Occupational therapy evaluation

97004 Occupational therapy re-evaluation (covered but not separately reimbursed)

97012 Application of a modality to 1 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

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)
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)
97530 Therapeutic activities, direct (one-on-one) patient contact (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, 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 Work hardening/conditioning; each additional hour (list separately in addition to code for primary procedure)
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(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

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, July 2015

Provider Update, January 2015

Provider Update, February 2014

Provider Update, November 2013

REFERENCES

The Guide to Physical Therapist Practice (2nd Edition), Physical Therapy: 2001; 81: 9-744

Final rule

<http://www.cms.gov/ccio/index.html>

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