

<b>BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN</b>	<b>MANUAL:</b> MEDICAL POLICY
	<b>REFERENCE NO.:</b> MPO-490-0039
<b>EFFECTIVE DATE</b> October 1, 2014	<b>SUBJECT:</b> Outpatient Therapies

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**Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy**

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

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**I. DESCRIPTION:**

Therapy is the treatment of a disease.

Occupational Therapy is the treatment of a physically disabled person by means of constructive activities designed and adapted to promote the restoration of the person's ability to satisfactorily accomplish the ordinary tasks of daily living and those required by the person's particular occupational role.

Physical Therapy is the treatment by physical means, hydrotherapy, heat, or similar modalities, physical agents, bio-mechanical and neuro-psychological principles, and devices to relieve pain, restore maximum function, and prevent disability following disease, injury or loss of body part.

Respiratory Therapy is the treatment for breathing diseases.

Speech Therapy is the treatment for the correction of a speech impairment resulting from disease, surgery, injury, anomalies or previous therapeutic processes.

Cognitive rehabilitation is a therapeutic approach designed to improve cognitive functioning after central nervous system insult. It includes an assembly of therapy methods that retrain or alleviate problems caused by deficits in attention, visual processing, language, memory, reasoning, problem solving, and executive functions.

Habilitative Therapy is the treatment that promotes the restoration, maintenance or improvement in the level of function following disease, illness or injury. Also included are therapies to achieve functions or skills never acquired due to congenital and developmental anomalies.

## II. BENEFIT POLICY STATEMENT:

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

## III. MEDICAL POLICY STATEMENT:

**Coverage is subject to the terms, conditions, and limitations of the member's contract.**

- A. BCNEPA will provide coverage for outpatient physical therapy, occupational therapy, or speech pathology services that are reasonable and necessary to treat an illness or an injury, and that meet all of the following conditions:
1. The services must relate directly and specifically to an active written plan of treatment established by either the Physician or qualified Therapist, and must be reasonable and necessary in treating the Member's illness or injury.
  2. The services must reflect accepted standards of medical practice and be considered safe and effective in treating the Member's condition.
  3. The services must be of such a level of complexity and sophistication, or the condition of the Member must be such that the services required can only be safely and effectively performed by a qualified therapist.
  4. There must be expectation that the Member's condition will improve significantly in a reasonable (and generally predictable) period of time, based on the assessment made by the Physician. A consultation may be needed with the therapist regarding the Member's anticipated goals and restoration potential. Or, the services may be changed to **establish** a safe and effective maintenance program as required in connection with a specific disease state. **Once a maintenance therapy program is established, benefits will no longer be covered.**
  5. The type, amount, frequency, and duration of services must be reasonable.
- B. BCNEPA will provide coverage for aquatic therapy only if performed on an individual basis.
- C. BCNEPA will not provide coverage for maintenance therapy program.
- D. BCNEPA will provide coverage for cognitive rehabilitation when medically necessary.

1. Cognitive rehabilitation (as a distinct and definable component of the rehabilitation process) may be considered medically necessary in the rehabilitation of patients with traumatic brain injury.
  - a) For services to be considered medically necessary, they must meet the following conditions:
    - 1) The services must be provided by a qualified licensed professional;
    - 2) The services must be prescribed by the attending physician as part of the written care plan;
    - 3) There must be a potential for improvement (based on pre-injury function); and
    - 4) Patients must be able to actively participate in the program.
  - b) Ongoing services are considered necessary only when there is demonstrated continued objective improvement in function.
2. Cognitive rehabilitation (as a distinct and definable component of the rehabilitation process) is considered investigational for all other applications, including, but not limited to stroke, post-encephalitic or post-encephalopathy patients, autism spectrum disorders, seizure disorders, and the aging population, including Alzheimer's patients.

E. BCNEPA will provide coverage for occupational therapy when medical necessary.

1. Occupational therapy may be considered medically necessary when the Member's condition requires services meeting the conditions in above policy statement A, and at least one of the following:
  - a) Basic activities of daily living and self-care training;
  - b) Higher level independent living skills instruction;
  - c) Functionally oriented upper extremity exercise programs;
  - d) Cognitive, perceptual, safety, and judgement evaluations and training;
  - e) Upper extremity orthotic and prosthetic programs.
2. Occupational therapy services not meeting the above criteria are considered not medically necessary.

#### IV. DEFINITIONS:

Maintenance Therapy: a program that consists of activities to preserve the patient's present level of function and prevent regression of that function or no further functional progress is apparent or expected to occur. Maintenance begins when the therapeutic goals of a treatment plan have been achieved.

Rehabilitation Therapies: shall be considered medically necessary only when provided to achieve a specific diagnosis-related goal as indicated on the treatment plan and when performed to treat the needs of a patient who suffers from physical impairment due to disease, trauma, congenital anomalies, or prior therapeutic intervention.

Therapy Services: services or supplies used for the treatment of an illness or injury to promote the recovery of a Member. Therapy Services are covered to the extent specified in the Contracts.

Modality: any physical agent (thermal, mechanical, electrical energy) applied to produce therapeutic changes to biologic tissue.

Session: up to one hour of therapy (treatment and/or evaluation) on any given day.

Habilitative Service: services or treatment that allows a patient to acquire or reacquire a functional skill that should be present but is absent due to sickness or injury.

**CODING:**

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The five character codes included in the **Blue Cross of Northeastern Pennsylvania's Medical Policy** are obtained from Current Procedural Terminology (CPT\*), copyright 2013 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures.

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- **The identification of a code in this section does not denote coverage or separate reimbursement.**
  - Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.
  - The following list of codes may not be all-inclusive, and are subject to change at any time.
  - Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.
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**PROCEDURE CODES**

92507	95832	97024	97113	97542
92508	95833	97026	97116	97602
92521	95834	97028	97124	97750
92522	95851	97032	97139	97760
92523	95852	97033	97140	97761
92524	97001	97034	97150	97762
92555	97003	97035	97530	S9056
92556	97012	97036	97532	V5362
92610	97016	97039	97533	V5363
92611	97018	97110	97535	V5364
95831	97022	97112	97537	

**ICD-9 DIAGNOSIS CODES**

V57.22	315.2	315.9	F81.0	F89
307.0	315.31	783.40	F81.81	F98.5
315.00	315.32	F80.0	F81.89	H93.25
315.01	315.39	F80.1	F81.9	R48.0
315.02	315.5	F80.2	F82	R62.50
315.09	315.8	F80.89	F88	R62.59

**REVENUE CODES**

410	421	429	433	442
412	422	430	434	443
419	423	431	440	444
420	424	432	441	

**SOURCES:**

BlueCare HMO Contract 2014.

Blue Cross and Blue Shield Association Medical Policy Reference Manual, "Cognitive Rehabilitation" (8.03.10), Section: Therapy, Issue: 3: 2014: 1-14.

Medicare Medical Policy Bulletin "Physical Medicine and Rehabilitation Services" (Y-1Q), Effective Date: 3/1/03: 1-59.

**APPROVALS:**

Approved by Vice President, Clinical Operations & Chief Medical Officer:



Signature: \_\_\_\_\_  
(Nina M. Taggart, MA, MD, MBA)

Date of Approval: September 17, 2014

**HISTORY:**

Medical Policy #PO-438-0017 was revised, placed into new format and assigned a new number and name (#BMPO-428-0039)

Original Development Date: 02/20/97

Revision Dates: 05/29/98, 02/05/99, 08/02/99, 12/28/99, 08/01/00, 06/15/01

Benefit/Medical Policy #BMPO-428-0039 was revised, placed into new format and assigned a new number #MPO-490-0039 effective May 1, 2003

Revision Dates: 09/01/03, 02/01/04, 01/01/06

Benefit/Medical Policy MPO-490-0039 was placed into new format with an enhanced disclaimer May 15, 2006

Revision Dates: 05/01/08, 07/01/08, 09/01/08, 12/01/08, 02/01/09, 11/01/09, 12/01/09, 02/01/10, 07/01/10, 08/01/10, 10/01/10, 06/01/11, 01/01/12, 05/01/12, 02/01/13, 03/01/13, 06/01/13, 12/01/13, 01/01/14, 06/01/14, 09/01/14, 10/01/14

Policy developed by: Medical Policy Department