



EFFECTIVE DATE: 1/1/2014
POLICY LAST UPDATED: 1/1/2014

OVERVIEW

Physical therapy (PT) is the treatment of disease or injury by the use of therapeutic exercise and other interventions that focuses 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

This policy is applicable to Commercial Products only. Services rendered in the home as part of a homecare program or as part of an Early Intervention Program are excluded from this policy.

Please be sure and check the member benefits as this policy is applicable as groups renew coverage in 2014

PRIOR AUTHORIZATION

Prior Authorization for Commercial Products - **effective immediately, prior authorization is temporarily suspended for BCBSRI Commercial members who exceed 10 physical therapy and 10 occupational therapy visits per benefit year.** .

POLICY STATEMENT

Commercial Products

Each year, up to 10 PT and up to 10 OT visits are covered, without recommended prior authorization when rendered in the outpatient setting. So a member could have 10 PT visits and 10 OT visits in a year before prior authorization is needed.

If the member needs services beyond the initial 10 PT and 10 OT visits, approval is based on the medical necessity of services. Continued visits are considered medically necessary when the medical criteria are met.

Evaluations

Evaluations and re-evaluations are excluded from the prior authorization process and the visit limits

Benefit limits

Some plans have benefit limits on PT and OT visits, and the member is responsible for services rendered after their benefit limits have been reached.

Providers are reminded to ask members whether they have received therapy services from any other provider. If a member has received any number of PT or OT visits from another provider, those visits will be applied to 10 visits covered without prior authorization.

MEDICAL CRITERIA

Documentation submitted for Physical therapy and Occupational services beyond 10 visits must meet all of the following criteria:

- meet the functional needs of a patient who suffers from physical impairment due to disease, trauma, congenital anomalies, or prior therapeutic intervention;
- achieve a specific diagnosis-related goal for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time;
- provide specific, effective, and reasonable treatment for the patient's diagnosis and physical condition;
- be delivered by a qualified provider of physical therapy/Occupational services. A qualified provider is one who is licensed where required and performs within the scope of licensure;
- require the judgment, knowledge, and skills of a qualified provider of physical therapy/Occupational services due to the complexity and sophistication of the therapy and the physical condition of the patient

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 (PT) is the treatment of disease or injury by the use of therapeutic exercise and other interventions that focus on goals such as 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 (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.

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 health care services that help a person keep, learn, or improve skills and functioning for daily living. A qualified professional provides the health care 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 expectation of significant functional improvement within sixty (60) days of the initial therapy visits.
- specific modalities and exercises to be used in treatment; and
- frequency and duration of treatment.

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

COVERAGE

Benefits vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable Physical Occupational Therapy services coverage.

CODING

The following codes are covered when the medical criteria are met.

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 types 032X, 033X, and 034X are exempt from appending the physical, and occupational, when billing with HCPCS codes for physical and occupational services.

97001 97002 97003 97004 97012 97014 97016 97018

97022 97024 97026 97028 97032 97033 97034 97035

97036 97039 97110 97112 97113 97116 97124 97139

97140 97150 97530 97532 97533 97535 97537 97542

97545 97546 97750 97755 97760 97761 97762 97799

Note: PT and OT reevaluations (97002 and 97004) are covered but not separately reimbursed services.

RELATED POLICIES

None

PUBLISHED

Provider Update Feb 2014

Provider Update Nov 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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