



## **PHYSICAL THERAPY Corporate Medical Policy**

**File name:** Physical Therapy

**File code:** UM.REHAB.02

**Origination:** 01/1997 as a component of PT/OT/ST Medical Policy

**Last Review:** 2/2014 (ICD-10 remediation only)

**Next Review:** 07/2014

**Effective Date:** 01/01/2014

### **Document Precedence**

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract language, the member's contract language takes precedence.

## **Medical Policy**

### **Description**

**Physical Therapy (PT)** is therapy that relieves pain of an acute condition, restores function and prevents disability following disease, injury or loss of body part.

### **Policy**

**Physical therapy** 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 and must meet **all** of the following criteria:

- Only include those Physical Therapy Services that require constant attendance of a licensed physical therapist (PT), a medical doctor (M.D.), a doctor of osteopathy (D.O.), chiropractor (D.C.), Athletic Trainer (AT), Podiatrist (DPM), Nurse Practitioner (NP), Advanced Practice Registered Nurse (APRN), or Doctor of Naturopathy (ND).
- 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 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 services due to the complexity and sophistication of the therapy and the physical condition of the patient.
- For ongoing services only when there is clear, measurable progress toward a rehabilitative goal, a less restrictive setting, or other Medically Necessary goal.
- Physical therapy services that include aqua and pool therapy must also meet all of the above criteria. Aqua and pool therapy is considered investigational for all non-musculoskeletal indications (e.g. asthma).

Services not meeting the criteria above are considered **not medically necessary**. In addition, certain types of treatment do not generally require the skills of a qualified provider of PT services and are **not medically necessary**. These types of services may include (list may not be all inclusive):

- Repetitive exercises to improve walking and/or running distance, strength, and endurance assisted services in supporting unstable members;
- Passive range of motion (RPOM) treatment, not related to restoration of a specific loss of function;
- Infrared heat, paraffin baths and contrast baths under any circumstances;
- Preventative and maintenance activities;
- Treatment of behavioral problems;
- Treatment for mental retardation;
- Treatment for developmental delay, except for those conditions outlined in the Autism Spectrum Disorder and Early Childhood Developmental Disorders medical policies as eligible;(please refer to BCBSVT medical policy on Autism Spectrum Disorder, Coverage of Services and /or Early Childhood Developmental Disorders);
- Care when there is no clear, measurable progress toward a rehabilitative goal, a less restrictive setting or other Medically Necessary goal;
- Services beyond those needed to restore ability to perform Activities of Daily Living;
- Care for which there is no therapeutic benefit or likelihood of improvement;
- Care, the duration of which is based upon a predetermined length of time rather than the condition of the patient, the results of treatment, or the individual's medical progress;
- General conditioning program or self-monitored repetitive exercises or exercise equipment to increase strength and endurance;
- Group therapy, group exercise, or physical therapy performed in a group;
- Therapy for a condition when the therapeutic goals of a treatment plan have been achieved and no progress is apparent or expected to occur;
- Any modality not listed in attachment I;
- More than 12 PT sessions for stress incontinence,(diagnosis codes 625.6, 788.30-788.33);
- Therapy services that are regarded as part of custodial care;
- Unattended modalities/services-CPT codes 97010 - 97028 (application of a modality that does not require direct one on one patient contact by provider)

do not meet medical necessity criteria as they do not require constant attendance during application of the modality;

- Inpatient care is considered **not medically necessary** if the hospital admission is solely for the purpose of receiving physical therapy.

In addition, the following services are considered **investigational**:

- Low Level Laser Therapy, is considered **investigational**
- Vertebral axial decompression (i.e. DRS System, DRX 9000, VAX-D Table, Accu-Spina System, Lordex Lumbar Spine System, Internal Disc Decompression (IDD) distraction table) is considered **investigational** (S9090);
- Thermal massage bed, hydro therapy massage, is considered **investigational**;
- Therapeutic Magnetic Resonance (TMR), is considered **investigational**;
- Active Therapeutic movements (ATMs), is considered **investigational**;
- Whole body vibration therapy, wobble chair, is considered **investigational**;
- Whole body advance exercise, is considered **investigational**;
- Oscillating platform therapy, Spineforce, is considered **investigational**;
- Sensory integration therapy (including services under CPT code 97533) is considered **investigational**;
- Gait analysis is considered **investigational**;
- Hands-free ultrasound is considered **investigational**;
- **MEDEK** (Dynamic Method for Kinetic Stimulation) is considered **investigational**;
- Iontophoresis and phonophoresis for drug delivery are considered **investigational**;
- Hippotherapy is considered **investigational**; (see BCBSVT medical policy on Hippotherapy and Recreational Therapy)

## Habilitative Services

Habilitative and rehabilitative services are services provided to achieve normal functions and skills necessary to perform age-appropriate basic activities of daily living, including ambulation, eating, bathing, dressing, speech, and elimination.

Habilitation and rehabilitation services may include respiratory therapy, speech therapy, occupational therapy and physical medicine treatments. Habilitation and rehabilitation services may be performed by those who are qualified to perform such services and do so within the scope of their license. Such services are evaluated based on objective documentation of measureable progress toward functional improvement goals. Measurement methods must be valid, reliable, repeatable, and evidence-based.

Benefits for habilitation and rehabilitation services are available when the services are medically necessary and are covered benefits under the member's contract.

Habilitation is directed at achieving functions and skills that have not developed normally while rehabilitation is directed at restoring functions and skills lost due to disease, injury or other disabling condition.

The following services are not included and therefore not eligible under the scope of habilitation services: custodial care, vocational, recreational and educational services, or services that are considered maintenance in nature.

Additional treatment is not considered medically necessary in the absence of objective documentation of ongoing clinically significant functional improvement being achieved and when there is not a medically reasonable expectation that additional treatment will lead to additional clinically significant functional improvement.

## Administrative and Contractual Guidance

### Benefit Determination Guidance

Only medically necessary PT services are eligible for benefits. To be considered medically necessary the services must meet the guidelines outlined in the Policy section.

Limitations to this benefit apply. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy. Benefits are subject to all terms, limitations and conditions of the subscriber contract.

Refer to the member's summary of benefits and coverage (SBC) or outline of coverage for availability of benefits.

If the member receives benefits through a self-funded (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's plan documents or contact the customer service department.

For New England Health Plan (NEHP) members an approved referral authorization is required.

Federal Employee Program (FEP) members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure.

State or federal mandates (e.g., FEP) may dictate that all devices approved by the U.S. Food and Drug Administration (FDA) (i.e., Iontophoresis devices) may not be considered investigational and thus coverage eligibility of these devices may be assessed only on the basis of their medical necessity.

Coverage requirements differ for members diagnosed with conditions included within the definition of Autism Spectrum Disorder and Early Childhood Developmental Disorders for whom Physical Therapy Services are proposed, in accordance with Act 127 and Vermont Statute 8 V.S.A. § 4088i, respectively.

The plan covers up to 30 outpatient sessions *combined* PT, ST, OT visits per plan year. This maximum applies to sessions provided in the home, an outpatient facility or professional office setting. The maximum number of visits included in covered

benefits may vary for specific contracts or products. Please refer to the appropriate subscriber contract for the applicable benefit maximum.

Modality codes 97032 & 97035 are generally considered to be an adjunct to a variety of therapies and when billed by an allopathic, osteopathic, or chiropractic physician, these services do not count against the defined benefit limit for PT, ST, OT combined.

Modality codes 97032 & 97035 will only count as an individual Chiropractic visit if no other chiropractic services are rendered at the same visit.

When other therapeutic techniques (CPT 97110-97535) are billed by any provider (including a chiropractic physician) these services will apply to the defined benefit limit for PT, ST, and OT combined.

The following services are **contract exclusions** and therefore are not covered:

- Biofeedback or other forms of self-care training.
- Cognitive training or retraining and educational programs, including any program designed principally to improve academic performance, reading or writing skills.
- Acupuncture, acupressure or massage therapy; hypnotherapy, rolfing, homeopathic or naturopathic remedies. Note: This does not apply to member's who have the Acupuncture rider.
- Education, educational evaluation or therapy or treatment of developmental delays, therapeutic boarding schools, services that should be covered as part of an evaluation for or inclusion in a child's individualized education plan (IEP) or other educational program.
- Treatment solely to establish or re-establish the capability to perform occupational, hobby, sport or leisure activities.
- Back school programs, work-hardening programs and work-related illnesses or injuries (or those which you claim to be work-related, until otherwise finally adjudicated), provided such illnesses or injuries are covered by workers' compensation or should be so covered. (This provision does not require an individual, such as a sole proprietor or an owner partner to workers' compensation if he or she does not legally need to be covered.).
- Support therapies, including pastoral counseling, assertiveness training, dream therapy, music or art therapy, recreational therapy, smoking cessation therapy, stress management, wilderness programs, adventure therapy and bright light therapy."
- Physical fitness equipment, braces, and devices intended primarily for use with sports, recreation, or physical activities other than Activities of Daily Living (e.g. knee braces for skiing, running, or hiking); weight loss or exercise programs, health club, or fitness center memberships are not a covered benefit.

Physical therapy services in the Emergency Room apply to the PT, ST, and OT combined defined visit benefit limit.

Physical Therapy services rendered at an inpatient level of care to members in an acute inpatient or rehabilitation facility, or under hospice care, do not apply to the defined benefit limit.

Physical therapists are eligible to provide medically necessary DME, subject to the terms, conditions and limitations of the subscriber's contract and therapist provider contract.

**Duplicate therapy** occurs when a patient receives both physical and occupational therapy on the same date of service and the services are the same. The two therapies should provide different treatments. Each therapy must have its own goals and treatment plan.

If member visits one provider for PT and another provider for OT - counts as 2 visits  
If member visits one provider for PT and another provider for PT - counts as 2 visits  
If member visits same individual provider for both PT and OT during a single visit - counts as one visit

### **Billing and Physician Documentation Information**

Click the links below for attachments, coding tables & instructions.

[Attachment 1- CPT Code List and Policy Instructions](#)

[Attachment 2- Eligible Diagnosis Codes](#)

### Initial 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 that data. An evaluation is needed before implementing any PT treatment.

The plan of care should include:

- Prior functional level, if acquired condition;
- Objective, measurable, and functional descriptions of an individual's deficits using comparable and consistent methods;
- Specific statements of long- and short-term goals;
- Measurable objectives;
- A reasonable estimate of when the goals will be reached and rehabilitation prognosis;
- The specific treatment techniques and/or activities to be used in treatment;
- The frequency and duration of treatment;
- Discharge plan that is initiated at the start of PT treatment;
- All of the above required information will be documented with clear, legible notes that include the date of treatment and signature of the treating provider.

### Progress Reports

Flow sheets are considered a component of the documented record but are not sufficient in or of themselves, unless they document or note the duration of treatment, modality parameters, and total treatment time, settings and if the provider was in constant attendance or not. This information must be included somewhere in the medical record in either the flow sheet, or in the SOAP note, to support both the procedure codes billed and the medical necessity of procedures performed.

It is also required that documentation demonstrates the progression and improvement of exercises performed, treatment parameters for each, treatment times performed and the total treatment time for the daily sessions and whether the therapist was one-on-one with the patient. When patients are performing independently on exercise equipment (e.g. treadmills, bikes) and a provider is not in constant attendance for evaluation and instruction the provider should not be billing therapeutic procedures.

#### Documentation for Constant Attendance Procedures/Modalities

When documentation supports constant attendance therapeutic procedures or modalities (i.e. 97110, 97112) are being performed; time documentation is required. The amounts of time versus the appropriate number of units to bill are as follows:

- If less than 8 minutes use modifier 52 for reduced services
- If 8-22 minutes bill 1 unit
- If 23-37 minutes bill 2 units, etc.

A PHYSICAL THERAPY SESSION IS DEFINED AS UP TO ONE HOUR OF PT (treatment and/or evaluation) or up to three PT modalities provided on any given day. In any case billing for the three modalities cannot exceed one hour per session.

A self-pay agreement must be entered into with the member prior to rendering any services described in this policy when members chose to pay, at their own expense for services that exceed the limitations of coverage (i.e. visits beyond the 30 combined visit limit) or any other excluded or non covered services i.e. wellness/preventative physical therapy; care designed to prepare them for specific occupational, hobbies, sports, leisure & recreational activities, acupuncture or massage therapy (not all inclusive). This self pay agreement must be maintained as part of the member's medical record.

#### **Eligible Providers**

M.D. (medical doctor)

D.O. (doctor of osteopathy)

N.D. (naturopathic physician)

Licensed Physical Therapist

Chiropractor (NOTE: in some jurisdictions, chiropractors must be licensed to perform PT services; not all modality services are within the scope of chiropractic practice)

Podiatrist (limited by licensure requirements)

Occupational Therapist (limited by certification and licensure)

APRN (Advanced Practice Registered Nurse)

Nurse Practitioner

A.T. (athletic trainer)

## Related Policies

Occupational Therapy  
Speech Therapy  
Autism Spectrum Disorder, Coverage of Services  
Early Childhood Developmental Disorders  
Chiropractic Services

## Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

## Legislative Guidelines

V.S.A. § 4088i-Early Childhood Developmental Disorders.  
Vermont Act 127- Autism Spectrum Disorders

## Policy Implementation/Update information

|  |  |
|--|--|
| Update 4/2005, 9/2004, 7/2003, 12/2002 | Codes changes. Included TVHP, updated attachments. This policy replaces PT/OT policy signed by F. Balco 01/08/1998, effective 01/1997, memo from B. Miglarese dated 03/29/1991 and memo from pricing and coding dated 5/19/1997. ICD-9 2003. |
| 10/2005                                | PT, ST, OT policies combined into one and updated  |
| 10/2006                                | Updated with CPT and diagnoses codes added and minor wording changes   |
| 10/2007                                | Updated format and minor changes made to match current certificate language. Reviewed by CAC 01/2008.  |
| 10/2008                                | Reviewed by CAC 01/2009  |
| 05/2009                                | ST component removed to separate policy  |
| 11/2010                                | OT component removed to separate policy, updated, diagnosis codes deleted, additional exclusions added (Iontophoresis, phonophoresis, hippotherapy)  |
| 12/2010                                | External review by two Vermont physical therapy providers.   |
| 8/2011                                 | Updated policy extracted to revised format, grammatical corrections made to allow policy language to fit new format. Autism Mandate language added.  |
| 10/13/2011                             | Medical/Clinical Coder Reviewed and approved SAF   |
| 05/15/2012                             | Removed after six months of initiation language.   |
| 9/2012                                 | Updated policy to reflect ECDD mandate. Minor format changes and some code changes. Added “audit information” and “legislative guidelines” section. Medical/Clinical Coder RLJ.  |
| 11/2013                                | Added Habilitative language to policy as mandated by Section 1302 of the Affordable Care Act. ICD changes necessary to reflect changes to Autism and ECDD policies. RLJ  |
| 02/2014                                | ICD-10 remediation only. The <i>disallowed diagnosis</i> column under ICD-9 column was removed. Only allowed diagnoses are listed. RLJ   |

## Scientific Background and Reference Resources

A search of literature was completed through the MEDLINE database for the period from January 1980 through November 2010. The search strategy focused on references containing the following Medical Subject Headings:

- Physical Therapy (including review or meta-analysis or practical clinical trial or guidelines) as indexed in the Abridged Index Medicus
- Physical Therapy and Iontophoresis
- Rehabilitation (massage or effleurage or pétrissage or tapotement).

Research was limited to English-language journals on humans.

Approved by BCBSVT Medical Directors

Date Approved

Spencer Borden MD  
Chair, Medical Policy Committee

Robert Wheeler MD  
Chief Medical Officer

### Attachment I CPT Code List and Policy Instructions

| Code Type  | Number        | Brief Description  | Policy Instructions  |
|--|---------------|--|--|
| <b>The following codes will be considered as medically necessary when applicable criteria have been met.</b> |               |  |  |
| CPT  | 95992         | Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day             |  |
| CPT  | 97001 - 97002 | Initial PT evaluation & re-evaluation  | Physical medicine and rehabilitation modalities ( <b>constant attendance</b> ).<br><br>For this code range, services are measure in 15 minute time units. Units are required in addition to the code for billing with one unit |
| CPT  | 97032         | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes |  |
| CPT  | 97035         | Application of a modality to 1 or more areas; Ultrasound, each 15 minutes                      |  |

|     |       |   |                      |
|-----|-------|---|----------------------|
| CPT | 97036 | Application of a modality to 1 or more areas; Hubbard Tank, each 15 minutes   | equaling 15 minutes. |
| CPT | 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility   |                      |
| CPT | 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 |                      |
| CPT | 97113 | Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises   |                      |
| CPT | 97116 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)  |                      |
| CPT | 97140 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes  |                      |
| CPT | 97530 | Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes  |                      |
| CPT | 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                            |                      |

|       |       |   |  |
|-------|-------|---|--|
| CPT   | 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 |  |
| CPT   | 97542 | Wheelchair management (eg, assessment, fitting, training), each 15 minutes  |  |
| CPT   | 97750 | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes   |  |
| CPT   | 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                           |  |
| CPT   | 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  |  |
| CPT   | 97761 | Prosthetic training, upper and/or lower extremity(s), each 15 minutes   |  |
| CPT   | 97762 | Checkout for orthotic/prosthetic use, established patient, each 15 minutes  |  |
| HCPCS | G0151 | Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes   |  |

|  |  |   |   |
|--|--|---|---|
| HCPCS  | S8950  | complex lymphedema therapy, each 15 minutes                                   |   |
| HCPCS  | S9131  | Physical therapy; in the home, per diem                                       |   |
| REV  | 0420<br>0421<br>0422<br>0424<br>0429<br>0977 | Physical therapy Revenue codes  |   |
| <b>The following codes will be denied as Not Medically Necessary</b> |  |   |   |
| CPT  | 97005<br>97006                               | Athletic training re-evaluation   |   |
| CPT  | 97034  | Application of a modality to 1 or more areas; contrast baths, each 15 minutes |   |
| CPT  | 97039  | Unlisted modality (specify type and time if constant attendance)              |   |
| CPT  | 97139  | Unlisted therapeutic procedure (specify)                                      |   |
| CPT  | 97150  | Therapeutic procedure, group  |   |
| CPT  | 97799  | Unlisted physical medicine/rehabilitation service or procedure                |   |
| CPT  | 97010  | Hot and/or cold packs   | The following codes represent modalities which do not require the constant attendance of a trained physical therapist, and therefore are NOT medically necessary as defined in this policy. |
| CPT  | 97012  | Traction; mechanical  |   |
| CPT  | 97014  | Electrical stimulation (unattended)   |   |
| CPT  | 97016  | Vasopneumatic devices   |   |
| CPT  | 97018  | Paraffin bath   |   |
| CPT  | 97022  | Whirlpool   |   |
| CPT  | 97024  | Diathermy (eg, microwave)   |   |
| CPT  | 97026  | Infrared  |   |
| CPT  | 97028  | Ultraviolet   |   |
| HCPCS  | G0281-<br>G0283                              | Electrical stimulation (unattended)   |   |

|   |             |  |   |
|---|-------------|--|---|
| HCPCS   | S8990       | Physical or manipulative therapy performed for maintenance rather than restoration |   |
| <b>The following codes will be denied as Investigational</b>                                |             |  |   |
| CPT   | 96000-96004 | Motion analysis  |   |
| CPT   | 97033       | Iontophoresis  |   |
| CPT   | 97533       | Sensory integrative techniques   |   |
| HCPCS   | S8940       | Equestrian / hippotherapy, per session   |   |
| HCPCS   | S9090       | Vertebral axial decompression  |   |
| <b>The following codes are considered contract exclusions and therefore are NOT covered</b> |             |  |   |
| CPT   | 90901       | Biofeedback training by any modality   |   |
| CPT   | 90911       | Biofeedback training, perineal muscles   |   |
| CPT   | 97124       | Therapeutic procedure, massage   |   |
| CPT   | 97537       | Community/ work integration  |   |
| CPT   | 97810-97814 | Acupuncture Range  | These services may be eligible if the member's group has purchased the Acupuncture rider. |
| CPT   | 97545-97546 | Work hardening/conditioning  |   |
| Type of Service   |             | Medical  |   |
| Place of Service  |             | Inpatient, SNF, Outpatient Physician's office, Physical Therapist's office, home.  |   |

**Attachment II**

[Click HERE for Applicable ICD \(diagnosis\) code lists](#)