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Clinical Appropriateness Guidelines

# Outpatient Rehabilitative and Habilitative Services

## Appropriate Use Criteria: Physical Therapy, Occupational Therapy, and Speech Therapy

**Proprietary**

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History

## Description and Application of the Guidelines

The Carelon Clinical Appropriateness Guidelines (hereinafter “the Carelon Clinical Appropriateness Guidelines” or the “Guidelines”) are designed to assist providers in making the most appropriate treatment decision for a specific clinical condition for an individual. The Guidelines establish objective and evidence-based criteria for medical necessity determinations, where possible, that can be used in support of the following:

- To establish criteria for when services are medically necessary
- To assist the practitioner as an educational tool
- To encourage standardization of medical practice patterns
- To curtail the performance of inappropriate and/or duplicate services
- To address patient safety concerns
- To enhance the quality of health care
- To promote the most efficient and cost-effective use of services

The Carelon guideline development process complies with applicable accreditation and legal standards, including the requirement that the Guidelines be developed with involvement from appropriate providers with current clinical expertise relevant to the Guidelines under review and be based on the most up-to-date clinical principles and best practices. Resources reviewed include widely used treatment guidelines, randomized controlled trials or prospective cohort studies, and large systematic reviews or meta-analyses. Carelon reviews all of its Guidelines at least annually.

Carelon makes its Guidelines publicly available on its website. Copies of the Guidelines are also available upon oral or written request. Additional details, such as summaries of evidence, a list of the sources of evidence, and an explanation of the rationale that supports the adoption of the Guidelines, are included in each guideline document.

Although the Guidelines are publicly available, Carelon considers the Guidelines to be important, proprietary information of Carelon, which cannot be sold, assigned, leased, licensed, reproduced or distributed without the written consent of Carelon.

Carelon applies objective and evidence-based criteria, and takes individual circumstances and the local delivery system into account when determining the medical appropriateness of health care services. The Carelon Guidelines are just guidelines for the provision of specialty health services. These criteria are designed to guide both providers and reviewers to the most appropriate services based on a patient's unique circumstances. In all cases, clinical judgment consistent with the standards of good medical practice should be used when applying the Guidelines. Guideline determinations are made based on the information provided at the time of the request. It is expected that medical necessity decisions may change as new information is provided or based on unique aspects of the patient's condition. The treating clinician has final authority and responsibility for treatment decisions regarding the care of the patient and for justifying and demonstrating the existence of medical necessity for the requested service. The Guidelines are not a substitute for the experience and judgment of a physician or other health care professionals. Any clinician seeking to apply or consult the Guidelines is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment.

The Guidelines do not address coverage, benefit or other plan specific issues. Applicable federal and state coverage mandates take precedence over these clinical guidelines, and in the case of reviews for Medicare Advantage Plans, the Guidelines are only applied where there are not fully established CMS criteria. If requested by a health plan, Carelon will review requests based on health plan medical policy/guidelines in lieu of the Carelon Guidelines. Pharmaceuticals, radiotracers, or medical devices used in any of the diagnostic or therapeutic interventions listed in the Guidelines must be FDA approved or conditionally approved for the intended use. However, use of an FDA approved or conditionally approved product does not constitute medical necessity or guarantee reimbursement by the respective health plan.

The Guidelines may also be used by the health plan or by Carelon for purposes of provider education, or to review the medical necessity of services by any provider who has been notified of the need for medical necessity review, due to billing practices or claims that are not consistent with other providers in terms of frequency or some other manner.

# General Clinical Guideline

## Clinical Appropriateness Framework

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Critical to any finding of clinical appropriateness under the guidelines for a specific diagnostic or therapeutic intervention are the following elements:

- Prior to any intervention, it is essential that the clinician confirm the diagnosis or establish its pretest likelihood based on a complete evaluation of the patient. This includes a history and physical examination and, where applicable, a review of relevant laboratory studies, diagnostic testing, and response to prior therapeutic intervention.
- The anticipated benefit of the recommended intervention is likely to outweigh any potential harms, including from delay or decreased access to services that may result (net benefit).
- Widely used treatment guidelines and/or current clinical literature and/or standards of medical practice should support that the recommended intervention offers the greatest net benefit among competing alternatives.
- There exists a reasonable likelihood that the intervention will change management and/or lead to an improved outcome for the patient.

Providers may be required to submit clinical documentation in support of a request for services. Such documentation must a) accurately reflect the clinical situation at the time of the requested service, and b) sufficiently document the ordering provider's clinical intent.

If these elements are not established with respect to a given request, the determination of appropriateness will most likely require a peer-to-peer conversation to understand the individual and unique facts that would justify a finding of clinical appropriateness. During the peer-to-peer conversation, factors such as patient acuity and setting of service may also be taken into account to the extent permitted by law.

## Simultaneous Ordering of Multiple Diagnostic or Therapeutic Interventions

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Requests for multiple diagnostic or therapeutic interventions at the same time will often require a peer-to-peer conversation to understand the individual circumstances that support the medical necessity of performing all interventions simultaneously. This is based on the fact that appropriateness of additional intervention is often dependent on the outcome of the initial intervention.

Additionally, either of the following may apply:

- Current literature and/or standards of medical practice support that one of the requested diagnostic or therapeutic interventions is more appropriate in the clinical situation presented; or
- One of the diagnostic or therapeutic interventions requested is more likely to improve patient outcomes based on current literature and/or standards of medical practice.

## Repeat Diagnostic Intervention

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In general, repeated testing of the same anatomic location for the same indication should be limited to evaluation following an intervention, or when there is a change in clinical status such that additional testing is required to determine next steps in management. At times, it may be necessary to repeat a test using different techniques or protocols to clarify a finding or result of the original study.

Repeated testing for the same indication using the same or similar technology may be subject to additional review or require peer-to-peer conversation in the following scenarios:

- Repeated diagnostic testing at the same facility due to technical issues
- Repeated diagnostic testing requested at a different facility due to provider preference or quality concerns

- Repeated diagnostic testing of the same anatomic area based on persistent symptoms with no clinical change, treatment, or intervention since the previous study
- Repeated diagnostic testing of the same anatomic area by different providers for the same member over a short period of time

## **Repeat Therapeutic Intervention**

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In general, repeated therapeutic intervention in the same anatomic area is considered appropriate when the prior intervention proved effective or beneficial and the expected duration of relief has lapsed. A repeat intervention requested prior to the expected duration of relief is not appropriate unless it can be confirmed that the prior intervention was never administered. Requests for on-going services may depend on completion of previously authorized services in situations where a patient's response to authorized services is relevant to a determination of clinical appropriateness.

# Rehabilitative and Habilitative Therapies

## Physical Therapy

### Codes

The following code list is not meant to be all-inclusive. Authorization requirements will vary by health plan. Please consult the applicable health plan for guidance on specific procedure codes.

Specific CPT codes for services should be used when available. Nonspecific or not otherwise classified codes may be subject to additional documentation requirements and review.

Convergence therapy (i.e., vision therapy) is most specifically billed under 92065; as such, it is out of scope of this guideline.

### CPT/HCPCS

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0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
20560	Needle insertion(s) without injection(s), 1 or 2 muscle(s)
20561	Needle insertion(s) without injection(s), 3 or more muscle(s)
90901	Biofeedback training by any modality (when done for medically necessary indications)
90912	Biofeedback training for bowel or bladder control, initial 15 minutes
90913	Biofeedback training for bowel or bladder control, additional 15 minutes
94667	Demonstration and/or evaluation of manual maneuvers to chest wall to assist movement of lung secretions
94668	Manual maneuvers to chest wall to assist movement of lung secretions
96001	Three-dimensional, video-taped, computer-based gait analysis during walking
97010	Application of hot or cold packs to 1 or more areas
97012	Application of mechanical traction to 1 or more areas
97014	Application of electrical stimulation to 1 or more areas, unattended by therapist
97016	Application of blood vessel compression or decompression device to 1 or more areas
97018	Application of hot wax bath to 1 or more areas
97022	Application of whirlpool therapy to 1 or more areas
97024	Application of heat wave therapy to 1 or more areas
97026	Application of low energy heat (infrared) to 1 or more areas
97028	Application of ultraviolet light to 1 or more areas
97032	Application of electrical stimulation to 1 or more areas
97033	Application of medication through skin using electrical current, each 15 minutes
97034	Therapeutic hot and cold baths to 1 or more areas, each 15 minutes
97035	Application of ultrasound to 1 or more areas, each 15 minutes
97036	Physical therapy treatment to 1 or more areas, Hubbard tank, each 15 minutes
97039	Unlisted modality (specify type and time if constant attendance)
97110	Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes
97112	Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes
97113	Water pool therapy with therapeutic exercises to 1 or more areas, each 15 minutes
97116	Walking training to 1 or more areas, each 15 minutes

97124	Therapeutic massage to 1 or more areas, each 15 minutes
97139	Unlisted therapeutic procedure (specify)
97140	Manual (physical) therapy techniques to 1 or more regions, each 15 minutes
97150	Therapeutic procedures in a group setting
97161	Evaluation of physical therapy, typically 20 minutes
97162	Evaluation of physical therapy, typically 30 minutes
97163	Evaluation of physical therapy, typically 45 minutes
97164	Re-evaluation of physical therapy, typically 20 minutes
97530	Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes
97533	Sensory technique to enhance processing and adaptation to environmental demands, each 15 minutes
97535	Self-care or home management training, each 15 minutes
97537	Community or work reintegration training, each 15 minutes
97542	Wheelchair management, each 15 minutes
97545	Work hardening or conditioning, first 2 hours
97546	Work hardening or conditioning
97750	Physical performance test or measurement with report, each 15 minutes
97755	Assistive technology assessment to enhance functional performance, each 15 minutes
97760	Training in use of orthotics (supports, braces, or splints) for arms, legs and/or trunk, per 15 minutes
97761	Training in use of prosthesis for arms and/or legs, per 15 minutes
97763	Management and/or training in use of orthotics (supports, braces, or splints) for arms, legs, and/or trunk, per 15 minutes
G0281	Electrical stimulation, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers
G0282	Electrical stimulation, to one or more areas, for wound care
G0283	Electrical Stimulation, to one or more areas, for other than wound care
G0295	Electromagnetic therapy, one or more areas, for wound care
G0329	Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers
S8940	Therapeutic horseback riding, per session
S8948	Treatment with low level laser (phototherapy) each 15 minutes
S8950	Complex lymphedema therapy, each 15 minutes
S8990	Physical or manipulative therapy for maintenance
S9090	Vertebral axial decompression (lumbar traction), per session

**Modifiers**

96	Habilitative Services
97	Needle insertion(s) without injection(s), 1 or 2 muscle(s)

**ICD-10 Diagnosis**

Refer to the ICD-10 CM Manual

## General Information

**Abbreviations**

- Ankle foot orthosis (AFO)
- Congestive heart failure (CHF)

- Heart rate (HR)
- Long-term goals (LTG)
- Lower Extremity Functional Scale (LEFS)
- Range of motion (ROM)

## Background

Physical therapy, also known as physiotherapy, is a skilled, nonsurgical treatment involving education, active exercise as well as passive measures in order to maximize physical mobility and function, and quality of life. Physical therapy is a goal-directed and collaborative approach, most commonly employed when abilities have been impaired due to a medical condition, disease, or injury.

## Details and Scope

The purpose of this guideline is to establish conceptual principles and documentation requirements for the appropriate initial and subsequent use of outpatient physical therapy services for habilitation and rehabilitation, and maintenance programs. This guideline does not provide specific clinical requirements or direction for a given episode of physical therapy. Specific types of physical therapy interventions, for instance hippotherapy or wobble board, may be subject to additional guidelines (please refer to the Adjunctive and Alternative Treatments section of this document). Requirements defined by benefit design (maximum number of physical therapy visits), state and federal regulations supersede this guideline.

For requests that meet the specific criteria set forth in the clinical guidelines, determination of the appropriate number of visits will depend on some or all of the following case details as applicable to the individual clinical circumstances:

- Functional outcome tool and/or severity of impairment
- History of pertinent surgery
- Comorbidities expected to impact treatment
- Progress toward functional goals (or mitigating factors if lack of progress)
- Existence of additional, achievable, functional goals
- Potential for progress
- Revisions to the plan of care

Requesting providers will need to provide information on such factors in order to support their request for more than an evaluation visit. A peer-to-peer conversation may be required to determine appropriateness in certain cases.

Unless specifically stated in the document, these guidelines do not express any opinion about the appropriate scope of practice for the practitioners who deliver these services and should not be put forth as having such an opinion.

## Definitions

- **Acceptable mitigating factors** refers to issues which could realistically contribute to or fully account for the lack of progress/improvement that would otherwise be expected during a course of treatment. These include but are not limited to an intervening fall, injury, illness, surgery, or hospitalization, transportation difficulties, or poor response to the initial treatment plan.
- **Caregiver** refers to someone who regularly looks after or helps with the care of a child or adult (patient) with a disability.
- **Duplicative therapy** refers to treatments by more than one provider (same or different discipline) which are 1) rendered during an overlapping time period, 2) intended to treat the same or similar body parts



(e.g., arm and shoulder), conditions or diagnoses, and 3) have substantively similar goals (e.g., improved functional shoulder range of motion).

- **Functional progress** refers to progress that directly reflects improvement in specific functional tasks such as mobility and self-care activities.
- **Habilitation** refers to services performed to help patients develop skills and functions for daily living that have not yet been acquired at an age-appropriate level <sup>1,2</sup> or keep those skills and functions which are at risk of being permanently lost (not merely fluctuating) due to illness or disease without the habilitative service.
- **Maintenance program** is defined as a program provided to the patient expressly to maintain the patient's current condition or to prevent or slow further deterioration due to a disease or illness. The creation, design and instruction of the program must require the skilled knowledge or judgement of a qualified therapist. A prescribed maintenance program can generally be performed by the patient individually or with the assistance of a caregiver. The provision of such a program would be considered a skilled intervention.
- **Qualified physical therapy provider** refers to a physical therapist or physical therapy assistant or other provider type who is duly licensed or certified, respectively, by his/her state to deliver physical therapy services and who provides such services in accordance with his/her state's PT practice act. State regulations regarding appropriate providers may supersede this guideline.
- **Rehabilitation** focuses on the maximal restoration of physical and psychological function in persons with injuries, pain syndromes, and/or other physical or cognitive impairments.<sup>3</sup>
- **Self-limited** refers to impairments caused by a disease process or surgical intervention that are expected to resolve in the near term solely with resumption of normal activity and/or a non-supervised home exercise program.
- **Skilled services** are those services which require the judgment, knowledge, and skills of a qualified provider. A service is not considered skilled simply because a qualified provider is performing it.

*Note: Illness includes a wide range of conditions. For purposes of clarity, illness includes, but is not limited to, autism spectrum disorder and developmental delay.*

## Clinical Indications

**Initiation of physical therapy for rehabilitative or habilitative services is considered medically necessary when criteria for both A and B are met:**

### A. Initial Physical Therapy Evaluation

Initial physical therapy evaluation is performed by a qualified physical therapy provider documenting ALL of the following:

- The reason for referral, specifically a condition that causes or contributes to one or more impairments in physical function that is not self-limited
- A need for physical therapy to:
  - restore function (rehabilitation), or
  - keep, learn, or improve function that has not yet been acquired at any age-appropriate level, or if clinically indicated, prevent loss of function that is at risk of being lost (habilitation)
- A relevant case history including comorbidities expected to impact treatment, a relevant physical examination, and a review of supporting, available documentation
- Functional impairment on at least 1 relevant, validated, therapist-rated and/or patient-reported outcome measure

- Potential for clinically meaningful progress, the assessment of which must be supported by clinical details documented within the evaluation

**Note:** Potential for clinically meaningful progress *will not apply for habilitation cases in which the appropriate purpose of therapy is to prevent loss of function that is at risk of being lost (habilitation).*

## B. Individualized Physical Therapy Plan of Care

Individualized physical therapy plan requires the skill and training of a qualified physical therapy provider employing interventions and delivery methods that adhere to the Clinical Appropriateness Framework (outlined in the General Clinical Guideline above). There must be a reasonable expectation that the condition being treated is amenable to such intervention and that clinically meaningful, sustained improvement will be achieved.

**Note:** The expectation of clinically meaningful, sustained improvement *will not apply for habilitation cases in which the appropriate purpose of therapy is to prevent loss of function that is at risk of being lost (habilitation).*

This plan must include **ALL** of the following components:

- One or more goals which are:
  - Specific
  - Measurable
  - Likely to be attained in a reasonable amount of time
  - Based on clinically significant improvement in the functional impairment(s) identified on initial evaluation
  - Formulated in collaboration with the patient and/or primary caregiver

**Note:** There may be additional goals which do not meet the above criteria, but at least one goal must meet these criteria in order for medical necessity to be met.

**Note:** For goals for which the need for skilled services could be unclear, it is suggested that the provider clearly document the rationale for skilled intervention to achieve the goal(s).

- Recommended frequency and estimated duration of treatment needed to achieve documented goals
- Patient and/or caregiver education particularly related to the patient's individual goals
- A recommendation for evaluation/examination by a physician or otherwise appropriate provider if there is reasonable suspicion that an undiagnosed condition outside therapist's scope of practice is present or limiting current progression towards goals

### **Examples of appropriate goals:**

- Increase knee ROM to 100 degs to allow safe, independent toilet transfers (to be achieved in 4 weeks)
- Patient to do 8 steps with minimum assist and one handrail (8 weeks)
- Patient will ambulate on level surface without AFO for 50 ft without loss of balance (estimated time 12 weeks)
- Patient will be able to lift 20# with neutral C-spine and 0/10 pain to improve ability to lift feed bags at her ranch (LTG 6 weeks)

### **Examples of inappropriate goals:**

- Increase knee ROM to 100 degrees (acceptable as an additional goal but not as the required functional, time-limited goal)
- Patient to go up/downstairs (to be achieved in 8 weeks)
- Normalize gait
- Patient to lift heavy load without discomfort

- LEFS score of 60

**Proceeding with physical therapy services is considered medically necessary when ALL of the following criteria (A-F) are met:**

**A. Require the skills and training of a qualified physical therapy provider:**

- The skilled intervention(s) must be clearly denoted in the documentation

***Examples of skilled intervention documentation:***

- Skilled passive ROM to shoulder needed to maintain post-op restrictions and due to high risk of dislocation
- Advancing strengthening exercises, requires skilled monitoring of patient's HR response and activity tolerance due to CHF risk

**B. ANY of the following:**

- Therapy has produced clinically meaningful improvement on reassessment of one or more of the therapist-rated or patient centered outcome measures documented on initial evaluation

***Example of clinically meaningful improvement on outcome measure:***

- Statistically significant improvement in outcome tool score with improvement in at least one of the functional parameters of the outcome measure (e.g., walking parameter in the Oswestry Disability Index)

***Examples of non-clinically meaningful improvement on outcome measure:***

- Improvements only in non-specific, non-functional parameters of the functional tool (e.g., pain parameter in the Oswestry Disability Index)
- Statistically insignificant improvement in outcome tool score
- There is little to no demonstrable progress; however, there are acceptable mitigating factors and a treatment plan has been revised accordingly
- There is confirmation of functional status being maintained *in cases in which the appropriate purpose of therapy is to prevent loss of function that is at risk of being lost* (habilitation)
- There is attainment of functional goals established on initial evaluation or otherwise qualitative and sustained functional progress

***Examples of functional progress:***

- Patient able to do three 4-inch steps with step-up pattern and no assistance before fatiguing
- Patient able to get off toilet with minimal assistance using only one-hand push-off
- Patient knee flexion ROM now 60 degrees (*when documented as progress towards specific functional goal such as "Increase knee ROM to 100 degrees for safe toilet transfer." Such progress might then also reasonably be documented as "ROM 60% met" if applied to this same functional goal*)

***Examples of non-functional progress:***

- Stairs ongoing
- Toilet transfers partially met
- Goal 60% met (without clear indication of what parameter 60% reflects and what functional goal it applies to)
- Strength improved to 3/5
- Shoulder ROM increased 20 degrees

**C. There is ongoing patient and/or caregiver education and/or training**

**D. There is at least one unmet functional or caregiver training goal that requires skilled services to achieve**

**Note:** For goals for which the need for skilled services could be unclear, it is suggested that the provider clearly document the rationale for skilled intervention to achieve the remaining goal(s).

**E. There is an expectation that the remaining goal(s) will be met within a reasonable and defined period of time**

**F. Progress is commensurate with the duration of treatment rendered**

**A recommendation for evaluation/examination by a physician or otherwise appropriate provider must be made if there is poor progression toward goals due to new or persistent symptoms**

**Institution of a physical therapy maintenance program may be considered medically necessary in specific circumstances (refer to Definitions section)**

## Exclusions

The following therapies and services are considered **not medically necessary**:

- Maintenance therapies extending beyond the creation, design, and instruction of a therapy program
- Therapies for which the primary purpose is anything other than rehabilitation or habilitation of a functional impairment due to medical illness, disease, condition, or injury. This includes therapies to improve recreational sports performance or general fitness, provide massage, or athletic taping.
- Progress is not commensurate with the duration of treatment provided (e.g., range of motion improved but only a small amount relative to the length of time patient has been in treatment, and without any reasonable mitigating factor/s accounting for it).
- Therapies deemed to be duplicative (see definition above)
- Any and all non-skilled services

***Examples of rehabilitation purpose:***

- Treatment rendered in order to restore ability to do pain-free push off for jumping
- Treatment rendered in order to restore ability to do running gait

***Examples of recreational/sports purpose:***

- Treatment rendered in order to improve endurance to allow for running a longer distance
- Treatment rendered in order to improve muscle endurance to allow playing full 60 minutes of basketball without muscle fatigue or pain
- Treatment rendered to achieve (or restore) ability to jump high enough to dunk a basketball

## References

1. American Academy of Orthopaedic Surgeons (AAOS). American Academy of Orthopaedic Surgeons appropriate use criteria for management of osteochondritis dissecans of the femoral condyle. Rosemont (IL): American Academy of Orthopaedic Surgeons (AAOS); 2015. p. 79.
2. American Academy of Orthopaedic Surgeons. American Academy of Orthopaedic Surgeons clinical practice guideline on management of hip fractures in the elderly. Rosemont (IL): American Academy of Orthopaedic Surgeons (AAOS); 2014. p. 521.

# Adjunctive & Alternative Treatments

## Physical Therapy and Occupational Therapy Adjunctive Treatments

### Codes

The following code list is not meant to be all-inclusive. Authorization requirements will vary by health plan. Please consult the applicable health plan for guidance on specific procedure codes.

Specific CPT codes for services should be used when available. Nonspecific or not otherwise classified codes may be subject to additional documentation requirements and review.

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- 0552T Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
- 20560 Needle insertion(s) without injection(s), 1 or 2 muscle(s)
- 20561 Needle insertion(s) without injection(s), 3 or more muscle(s)
- 90901 Biofeedback training by any modality (when done for medically necessary indications)
- 90912 Biofeedback training for bowel or bladder control, initial 15 minutes
- 90913 Biofeedback training for bowel or bladder control, additional 15 minutes
- 92526 Treatment of swallowing and/or oral feeding function
- 92605 Evaluation and prescription of non-speech-generating and alternative communication device first hour
- 92606 Therapeutic services for use of non-speech-generating device with programming
- 92607 Evaluation of patient with prescription of speech-generating and alternative communication device
- 92608 Evaluation and prescription of speech-generating and alternative communication device
- 92609 Therapeutic services for use of speech-generating device with programming
- 92610 Evaluation of swallowing function
- 92611 Fluoroscopic and video recorded motion evaluation of swallowing function
- 92618 Evaluation and prescription of non-speech-generating and alternative communication device
- 94667 Demonstration and/or evaluation of manual maneuvers to chest wall to assist movement of lung secretions
- 94668 Manual maneuvers to chest wall to assist movement of lung secretions
- 96001 Three-dimensional, video-taped, computer-based gait analysis during walking
- 97010 Application of hot or cold packs to 1 or more areas
- 97012 Application of mechanical traction to 1 or more areas
- 97014 Application of electrical stimulation to 1 or more areas, unattended by therapist
- 97016 Application of blood vessel compression or decompression device to 1 or more areas
- 97018 Application of hot wax bath to 1 or more areas
- 97022 Application of whirlpool therapy to 1 or more areas
- 97024 Application of heat wave therapy to 1 or more areas
- 97026 Application of low energy heat (infrared) to 1 or more areas
- 97028 Application of ultraviolet light to 1 or more areas

- 97032 Application of electrical stimulation to 1 or more areas
- 97033 Application of medication through skin using electrical current, each 15 minutes
- 97034 Therapeutic hot and cold baths to 1 or more areas, each 15 minutes
- 97035 Application of ultrasound to 1 or more areas, each 15 minutes
- 97036 Physical therapy treatment to 1 or more areas, Hubbard tank, each 15 minutes
- 97039 Unlisted modality (specify type and time if constant attendance)
- 97110 Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes
- 97112 Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes
- 97113 Water pool therapy with therapeutic exercises to 1 or more areas, each 15 minutes
- 97116 Walking training to 1 or more areas, each 15 minutes
- 97124 Therapeutic massage to 1 or more areas, each 15 minutes
- 97129 One-on-one therapeutic interventions focused on thought processing and strategies to manage activities
- 97130 each additional 15 minutes (list separately in addition to code for primary procedure)
- 97139 Unlisted therapeutic procedure (specify)
- 97140 Manual (physical) therapy techniques to 1 or more regions, each 15 minutes
- 97150 Therapeutic procedures in a group setting
- 97161 Evaluation of physical therapy, typically 20 minutes
- 97162 Evaluation of physical therapy, typically 30 minutes
- 97163 Evaluation of physical therapy, typically 45 minutes
- 97164 Re-evaluation of physical therapy, typically 20 minutes
- 97165 Evaluation of occupational therapy, typically 30 minutes
- 97166 Evaluation of occupational therapy, typically 45 minutes
- 97167 Evaluation of occupational therapy established plan of care, typically 60 minutes
- 97168 Re-evaluation of occupational therapy established plan of care, typically 30 minutes
- 97530 Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes
- 97533 Sensory technique to enhance processing and adaptation to environmental demands, each 15 minutes
- 97535 Self-care or home management training, each 15 minutes
- 97537 Community or work reintegration training, each 15 minutes
- 97542 Wheelchair management, each 15 minutes
- 97545 Work hardening or conditioning, first 2 hours
- 97546 Work hardening or conditioning
- 97750 Physical performance test or measurement with report, each 15 minutes
- 97755 Assistive technology assessment to enhance functional performance, each 15 minutes
- 97760 Training in use of orthotics (supports, braces, or splints) for arms, legs and/or trunk, per 15 minutes
- 97761 Training in use of prosthesis for arms and/or legs, per 15 minutes
- 97763 Management and/or training in use of orthotics (supports, braces, or splints) for arms, legs, and/or trunk, per 15 minutes
- G0281 Electrical stimulation, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers
- G0282 Electrical stimulation, to one or more areas, for wound care
- G0283 Electrical Stimulation, to one or more areas, for other than wound care
- G0295 Electromagnetic therapy, one or more areas, for wound care
- G0329 Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers
- S8940 Therapeutic horseback riding, per session
- S8948 Treatment with low level laser (phototherapy) each 15 minutes

- S8950 Complex lymphedema therapy, each 15 minutes
- S8990 Physical or manipulative therapy for maintenance
- S9090 Vertebral axial decompression (lumbar traction), per session

### Modifiers

- 96 Habilitative Services
- 97 Needle insertion(s) without injection(s), 1 or 2 muscle(s)

### ICD-10 Diagnosis

Refer to the ICD-10 CM Manual

## General Information

### Background

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Physical therapy and occupational therapy adjunctive treatments are distinct, therapeutic interventions or methods used by therapists to aid in their treatment of patients. Adjunctive treatments are primarily but not exclusively passive measures which are mechanical, electrical, magnetic or thermal in nature. They must be used as a complement to a more comprehensive and active therapy program and may be performed by both qualified providers of occupational and physical therapy depending on the indication. Examples include diathermy, dry needling, and hippotherapy. Performance of all services is subject to state regulations including therapy practice acts and should be rendered in accordance with those.

### Scope

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The purpose of this guideline is to establish appropriate use criteria for specific physical therapy and occupational therapy adjunctive treatments that complement the conceptual principles and documentation requirements established by the parent physical or occupational therapy guidelines.

Clinical indications for the appropriate use of services in these guidelines are intended to be limited to those that would be within the treatment scope of practice for qualified allied health services providers specifically physical and occupational therapists. Medical indications for the appropriate use of physical and occupational therapy adjunctive treatments are out of scope of these guidelines.

Indications and criteria for the appropriate acquisition of durable medical equipment (DME) used in provision of adjunctive therapies is also out of scope.

Therapies deemed to be duplicative (see [definition](#) below) will be considered not medically necessary.

Unless specifically stated in the document, these guidelines do not express any opinion about the appropriate scope of practice for the practitioners who deliver these services and should not be put forth as having such an opinion.

### Definitions

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- **Diathermy** – an electromagnetic modality used to apply superficial heat to injured tissues in order to increase blood flow and reduce swelling. It is typically used to treat muscle spasms, joint stiffness, muscle and joint pain.
- **Dry needling** – a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. Dry needling is a technique used to treat dysfunctions in skeletal muscle, fascia, and connective tissue, and diminish persistent peripheral nociceptive input, and reduce or restore impairments of body structure and function leading to improved activity and participation (source: APTA).

- **Duplicative therapy (PT/OT)** refers to treatments by more than one provider (same or different discipline) which are 1) rendered during an overlapping time period, 2) intended to treat the same or similar body parts (e.g., arm and shoulder), conditions or diagnoses (for PT), and 3) have substantively similar goals (e.g., improved functional shoulder range of motion).
- **Elastic taping** – the application of specialized adhesive tape to specific body parts to lift the skin (microscopically), commonly with the intent of increasing proprioceptive awareness/feedback, reducing swelling and inflammation, improving blood flow, or facilitating lymphatic drainage.
- **Electrical stimulation, unattended** – treatment modality whereby an electrical current is delivered to the body with the use of a stimulator device and electrodes. Unattended refers to the situation in which the provider may be present for and involved in the set-up but whose presence is not required during the administration of the treatment.
- **Fluidotherapy** – the application of superficial, dry heat by circulation of heated air through a container of small, solid particles which then flow around a submerged body part transferring heat by convection
- **Gait analysis, instrumented** – use of dynamic electromyography (EMG), biofeedback, computers, gait labs or other devices to evaluate patients' walking patterns
- **Hippotherapy** – a form of therapy that involves horseback riding under supervised and controlled circumstances, typically for children with neuromotor and/or psychologic disabilities. It is often intended to improve gross motor function, balance, muscle spasticity, and/or cognitive function.
- **Hot/Cold packs** – application of warm/hot or cold packs to a body part for the purposes of conductive treatment of superficial tissues. Heat is commonly used to increase blood flow or mobility. Cold is often used to reduce pain, inflammation and swelling.
- **Iontophoresis** – the use of an electrical gradient to deliver medicine, typically anti-inflammatory agents, into the body via the skin.
- **Lee Silverman Voice Treatment BIG®** – proprietary program of intensive physical and occupational therapy of at least one month duration involving large, full-body exercises to improve functional movement and self-care tasks of people with Parkinson's disease and other neurological conditions. It requires company-certification of providers.
- **Low level laser therapy** – the use of a laser or light to enhance tissue repair and/or reduce inflammation and pain.
- **Mechanical traction for spinal disorders** – instrumented-assisted treatment used to distract the spine and relieve axial pressure from a particular spinal region (primarily cervical and lumbar) in patients with painful spinal-related disorders (e.g., herniated discs, radiculopathy)
- **Motion analysis, instrumented** – use of dynamic electromyography (EMG), biofeedback, computers, motion labs or other devices to evaluate patients' movement patterns
- **Phonophoresis** – the use of ultrasound to deliver medicine, typically anti-inflammatory agents, into the body via the skin.
- **Sensory integration** – technique used to enhance sensory processing and promote adaptive responses to environmental demands (per APTA/Optum coding guide), such as use of weighted vests.
- **Therapeutic magnetic resonance** – the use of pulsed electromagnetic fields (PEMF) at low frequency and low intensity to reduce inflammation and arthritic pain.
- **Ultraviolet phototherapy** – application of ultraviolet light to a patient's skin, primarily for the treatment of skin disorders and wound healing
- **Vasopneumatic compression devices** – devices applied to a joint as a means of delivering cryotherapy to reduce swelling and inflammation after surgery or injury, or applied to a limb for the treatment of lymphedema
- **Whirlpool** – a warm water pool in which the water is continuously moving and into which the patient or a specific body part is submerged.



## Clinical Indications

Physical therapy and occupational therapy adjunctive treatments are considered to be medically necessary when a clinically significant net benefit above and beyond conventional therapies has been determined from currently available evidence. The provision of such adjunctive treatments must also meet the Carelon Guidelines clinical criteria for the rendering of physical or occupational therapy and is limited to the clinical indications noted below, documentation of which must be in the medical record.

### Sensory Integration Therapy

Sensory integration therapy is considered medically necessary for patients diagnosed with autism spectrum disorders (ASD).

Sensory integration therapy is considered **not medically necessary** in all other clinical scenarios (see Exclusions).

### Additional services

Other services covered by CPT codes listed in the coding section which are not better accounted for by a more specific service or indication listed in this guideline may be considered medically necessary when **ALL** of the following criteria are met:

- The anticipated benefit of the recommended intervention outweighs any potential harms that may result such that there is a clinically significant, net benefit.
- Current literature and/or standards of rehabilitative or habilitative practice support that the recommended intervention offers the greatest net benefit among competing alternatives.

*Note: for the purposes of this criterion, "current literature" typically requires a minimum of one well-designed randomized controlled trial that demonstrates clinically significant net benefit relative to or as a supplement to the current standard of care.*

- Based on the clinical evaluation, current literature, and standards of rehabilitative or habilitative practice, there exists a reasonable likelihood that the intervention will directly or indirectly lead to an improved outcome for the patient.

## Exclusions

The following physical therapy and occupational therapy adjunctive treatments are considered **not medically necessary** because a clinically significant net benefit above and beyond conventional therapies could not be determined based on currently available evidence, evidence expressly demonstrated there was not a net benefit, and/or it is a nonskilled service.

- **Diathermy** is considered not medically necessary in all clinical scenarios.
- **Dry needling** is considered not medically necessary in all clinical scenarios.
- **Elastic taping** is considered not medically necessary in all clinical scenarios.
- **Electrical stimulation, unattended** is considered not medically necessary in all clinical scenarios. (nonskilled)
- **Fluidotherapy** is considered not medically necessary in all clinical scenarios
- **Gait analysis, instrumented** is considered not medically necessary in all clinical scenarios.
- **Hippotherapy** is considered not medically necessary in all clinical scenarios.
- **Hot and/or cold pack** is considered not medically necessary in all clinical scenarios. (nonskilled)
- **Iontophoresis** is considered not medically necessary in all clinical scenarios.
- **Lee Silverman Voice Treatment BIG®** is considered not medically necessary in all clinical scenarios.

- **Low level laser** is considered not medically necessary in all clinical scenarios.
- **Mechanical traction for spinal disorders** is considered not medically necessary in all clinical scenarios.
- **Motion analysis, instrumented** is considered not medically necessary in all clinical scenarios.
- **Phonophoresis** is considered not medically necessary in all clinical scenarios.
- **Sensory integration therapy** is considered not medically necessary in all other clinical scenarios (see Indications).
- **Therapeutic magnetic resonance** is considered not medically necessary in all clinical scenarios.
- **Ultraviolet phototherapy** is considered not medically necessary in all clinical scenarios.
- **Vasopneumatic compression device** is considered not medically necessary in all clinical scenarios.
- **Whirlpool** is considered not medically necessary in all clinical scenarios.

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