

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 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.

PRIOR AUTHORIZATION

Prior Authorization is recommended for Commercial Products only.

POLICY STATEMENT

Commercial Products

Up to 10 physical and 10 Occupational therapy services including evaluations per year are covered without recommended prior authorization when rendered in the outpatient setting. Preauthorization recommended for all BCBSRI commercial products for all visits beyond 10.

Services rendered in the home as part of a homecare program and excluded from this policy.

Additional physical/occupational therapy visits may be authorize if the medical criteria listed is met, and when there is reasonable medical expectation of significant functional improvement within sixty (60) days of the initial therapy visits.

If the additional visits are for a new condition which warrants an evaluation, the evaluation can be completed without plan approval and needs to be noted when the documentation for continued services are is submitted for review.

Approval for continued services is based on medical necessity of services. Many plans have limits on PT and OT services and it is the responsibility of the provider to validate the availability of benefits. For these plans, services rendered after limits have been reached, are member liability.

Providers are reminded to ask patients whether they have received therapy services from any other provider. If a member has received any number of therapy services from another physical therapy provider, the therapy visits that have already occurred will be applied to the 10 visit maximum.

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

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

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 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 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 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;
- the 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 and should be recertified by a physician at least every 30 days.

COVERAGE

Benefits vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable surgery services and services not medically necessary coverage

CODING

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

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

RELATED POLICIES

None

PUBLISHED

Provider Update Jan 2014

REFERENCES

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

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

