

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	PHYSICAL THERAPY (PT)
Policy Number	8.01.12
Category	Therapy/Rehabilitation
Effective Date	11/19/99
Revised Date	07/19/01, 08/22/02, 01/22/04, 04/28/05, 04/27/06, 02/22/07, 04/24/08, 04/23/09, 06/24/10, 06/24/11, 08/23/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16, 08/25/17, 08/23/18, 10/24/19
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

- I. Based upon our criteria and review of the peer-reviewed literature, acute, restorative or habilitative land or water (hydro, aquatic) based physical therapy (PT) services have been medically proven to be effective and therefore, **medically appropriate** when performed to meet the needs of an *adult* patient who suffers from a medically determinable functional physical impairment due to disease, trauma, congenital anomalies or prior therapeutic intervention as determined by standardized assessment.

In determining the medical appropriateness of PT services consideration will be given to the degree/severity of limitation/deficit the impairment imposes on the individual and whether the deficit(s) are expected to improve over a short period of time (generally up to two months) with treatment. In order for ongoing treatment to continue to be considered medically necessary significant improvement, as determined with reference to standardized assessment(s) completed during evaluation and repeated on follow-up session(s) must be demonstrated in objective measures.

- II. Based upon our criteria and review of the peer-reviewed literature, active, restorative or habilitative land or water based physical therapy has been medically proven to be effective and is **medically appropriate** for *children* suffering from a medically determinable severe or significant impairment, as determined by standardized assessments, resulting from disease, trauma, congenital anomaly or previous therapeutic processes.

A medically determinable severe delay or disorder in a child is identified by a functional impairment/deficit that adversely affects the child's performance or a significant delay or disorder in one or more functional areas, as compared to accepted milestones for child development, which adversely affects the child's ability to learn.

Significant delays or disorders in children, are defined as:

- A 33% delay in one functional area or a 25% delay in each of two areas; or
- If appropriate standardized instruments are individually administered in the evaluation process, a score of at least 2.0 standard deviations below the mean in one functional area or score of at least 1.5 standard deviations below the mean in each of two functional areas.

- III. Based upon our criteria and review of the peer-reviewed literature, non-skilled services that do not generally require the skills of a qualified provider of PT services are **not medically necessary**. These services may include:
- Passive range of motion (PROM) treatment which is not related to restoration of a specific loss of function;
 - Any of the following treatments when given alone or to a patient who presents with no complications: hot packs; infrared heat; whirlpool baths; paraffin baths; Hubbard tank; cold packs; ice packs, contrast baths, aquatic exercises, TENS;
 - Services which maintain function by using routine, repetitive procedures, exercise, conditioning or gym programs (land or water based) for stable chronic conditions (greater than 3 months since initial onset) such as fibromyalgia, or chronic pain syndrome (chronic low back pain);

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- D. Vasopneumatic compression when used alone without the need for skilled monitoring of potential adverse signs and symptoms.
- IV. Based upon our criteria and review of the peer-reviewed literature, the following services have not been medically proven effective and are considered **not medically necessary**:
- A. Gait analysis;
 - B. Hippotherapy, Equine Movement Therapy, Horseback riding;
 - C. Isokinetic testing, with an isokinetic dynamometer (e.g. Biodex, Cybex II, Omnikinetic, Lido Active) in the assessment of muscle strength;
 - D. Physical therapy programs solely for sports and/or recreational purposes (e.g., conditioning, strength training, aquatic exercise programs such as water aerobics and water walking).
- V. Based upon our criteria and review of the peer-reviewed literature, work-related or workers compensation programs (e.g., work-evaluation, work reconditioning, work hardening programs, sheltered work programs, vocational training) are **not medically necessary** as these programs are for conditioning primarily for return to work and not treatment of a medical condition.

When PT services are needed to treat a medical or surgical condition in order for a patient to return to work services are covered by the New York State Vocational and Educational Services for Individuals with Disabilities (VESID) Program.

- VI. Maintenance programs are programs that consist of activities that preserve the patient's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved or when no additional functional progress is apparent or expected to occur. Maintenance programs are **not medically necessary**.
- VII. Based upon our criteria and review of the peer-reviewed literature, dry needling has not been medically proven to be effective and is considered **investigational** for all indications, including but not limited to, myofascial pain.

Refer to Corporate Medical Policy # 1.01.38 regarding Negative Pressure Wound Therapy (Vacuum Assisted Closure)

Refer to Corporate Medical Policy #2.01.13 regarding Computerized Motion Diagnostic Imaging (CMDI)/Gait Analysis.

Refer to Corporate Medical Policy # 8.01.17 regarding Occupational Therapy (OT).

Refer to Corporate Medical Policy # 8.01.19 regarding Cognitive Rehabilitation.

Refer to Corporate Medical Policy # 10.01.02 regarding Chiropractic Care.

Refer to Corporate Medical Policy # 10.01.09 regarding Early Intervention Services.

Refer to Corporate Medical Policy # 11.01.03 regarding Experimental or Investigational Services.

POLICY GUIDELINES

- I. Physical therapy must meet all of the following criteria:
- A. meet the functional needs of a patient who suffers from a functional physical impairment due to disease, trauma, congenital anomalies or prior therapeutic intervention;
 - B. 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;
 - C. provide specific, effective, and reasonable treatment for the patients diagnosis and physical condition;
 - D. 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); and
 - E. 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.
- II. Physical therapy office records must contain a written plan of care; which should include:
- A. Diagnosis including severity level of diagnosis;
 - B. Specific statements of measureable long and short-term function based goals;

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- C. Measurable objectives based on standardized outcome measures defined in evaluation and during follow-up sessions;
 - D. A reasonable estimate of when the goals will be reached;
 - E. The specific treatment techniques and/or activities to be used in treatment (skilled intervention);
 - F. The frequency and duration of treatment; and
 - G. Prior Level of Function(PLOF), prior treatment and Current Level of Function(CLOF).
- III. New York State law restricts the practice of physical therapy to licensed physical therapists or certified physical therapist assistants. Individuals who are not licensed or certified may not provide physical therapy services. Athletic trainers are not licensed or otherwise authorized under New York State to practice physical therapy.
- IV. Certain contracts only cover short-term PT services for a limited number of visits per condition, per lifetime, or per contract year. These limits generally apply to all therapies combined (physical therapy, speech therapy and occupational therapy). These visit limits do not apply when PT is for the treatment of a Mental Disorder (including Autism Spectrum Disorder). Mental Disorder is defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.
- V. Coverage is not available for services provided by school districts, as stipulated in the child's (pre-school ages 3-5 years and school-aged 5-21 years) Individualized Education Program (IEP) as they are considered free care or a government program.
- A. When applicable, an IEP should be completed through the school district before a request for coverage is submitted to the Health Plan.
 - B. If a child is home schooled an assessment by the school district should be completed prior to submitting a request to the Health Plan for coverage. Requests for services for home schooled children outside New York State will be reviewed on an individual basis in accordance with state regulations for the state in which the child lives.
 - C. Physical therapy services denied by the school district, including summer services, and not covered in a child's IEP will be reviewed by the Health Plan for medical necessity in accordance with member's contract.
 - D. Interim summer programs are provided by school districts for children whose handicapping conditions are severe enough to exhibit the need for a structured learning environment of 12 months duration in order to maintain developmental levels. For preschool children, summer instruction must be available for those whose disabilities are severe enough to exhibit the need for a structured learning environment of 12 months duration to prevent substantial regression.
- VII. Benefits for habilitative services are contract dependent. Please refer to the member's subscriber contract for specific benefit information.
- VIII. Baseline objective measurement(s) is/are essential to determine clinical effectiveness of all physical therapy interventions. Clinical assessment of the patient's strength, prior to the initiation of PT, is essential to determining the therapeutic effectiveness of PT. Assessment data is obtained through a variety of standardized tests (e.g., measurement, functional performance, and manual or isokinetic muscle evaluation). Physical impairments range in severity from mild to severe and are classified according to their level of severity. A mild impairment is less than 1 standard deviation from normal, a moderate impairment is 1–2 standard deviations from normal, and a severe impairment is more than 2 standard deviations from normal. Severe impairments are appropriate for PT three times per week, moderate impairments are appropriate for PT two times per week, and mild impairments are appropriate for PT one time per week.
- IX. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION

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, the ability to perform the functional activities of daily living and the relief of pain. PT is a short-term therapy for which significant, measurable improvements are the expected result.

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Treatment may include active and passive modalities using a variety of means and techniques based upon biomechanical and neuropsychological principles. Treatments provided as part of a physical therapy session may include:

- I. Therapeutic exercise programs, including coordination and resistive exercises to increase strength and endurance;
- II. Thermotherapy;
- III. Cryotherapy;
- IV. Hydrotherapy/aquatic therapy - water-based interventions usually performed in a pool; and/or
- V. Massage, traction, or manual therapies.

Pursuant to New York State law, effective November 1, 2012, each contract providing physician services, medical, major medical, or similar comprehensive-type coverage must provide coverage for the screening, diagnosis, and treatment of Autism Spectrum Disorders when prescribed or ordered by a licensed physician or a licensed psychologist for medically necessary services. Treatment includes services provided by a licensed or certified speech therapist, occupational therapist, physical therapist, and social worker when the policy generally provides such coverage. Therapeutic treatment must include care that is deemed habilitative or non-restorative.

As of January 1, 2014, the Patient Protection and Affordable Care Act (PPACA) requires all health insurers to provide essential health benefits in the individual and small group markets, including habilitative services. According to the Patient Protection and Affordable Care Act, habilitative services are health care services that help a person keep, learn or improve skills and functioning for daily living and include the management of limitations and disabilities, including services or programs that help maintain or prevent deterioration in physical, cognitive, or behavioral function.

RATIONALE

Hippotherapy - A search of literature published in the past 5 years addressing hippotherapy for cerebral palsy (CP) and autism was completed. Three very small studies that included 7-17 patients were identified addressing CP; but none are large enough to permit scientific conclusions regarding hippotherapy for patients with CP. No studies were identified that address autism.

Isokinetic Testing - Several isokinetic dynamometers have received FDA approval. Published literature suggests that due to the large variations in testing methods isokinetic dynamometry has not been medically proven to improve net health outcomes or be more effective than established methods of assessment of muscle strength. The effectiveness of isokinetic dynamometry has not been demonstrated outside the investigational setting.

Dry Needling - Dry needling refers to a procedure whereby a fine needle is inserted into the trigger point to induce a twitch response and relieve the pain. Research suggests that dry needling may improve pain control and reduce muscle tension in neck and/or shoulder pain, plantar heel pain, temporomandibular myofascial pain, and other conditions. However, further high quality research is needed to confirm findings for specific conditions and to relate improvements in pain and muscle quality to long-term health outcomes.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/appropriate = (NMN).*
- ****** Note: Reimbursement mechanisms vary by Health Plan Region. Services may be reimbursed on a per modality or a global reimbursement basis. ******

CPT Codes

Code	Description
20560 (E/I)	Needle insertion(s) without injection(s); 1 OR 2 muscle(s) (effective 1/1/2020)
20561 (E/I)	Needle insertion(s) without injection(s); 3 or more muscle(s) (effective 1/1/2020)
97010	Application of a modality to one or more areas; hot or cold packs

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Code	Description
97012	traction, mechanical
97014	electrical stimulation, unattended
97016	vasopneumatic devices (NMN when used without skilled monitoring)
97018	paraffin bath
97022	whirlpool
97024	diathermy (eg, microwave)
97026	infrared
97028	ultraviolet
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033	iontophoresis, each 15 minutes
97034	contrast baths, each 15 minutes
97035	ultrasound, each 15 minutes
97036	Hubbard tank, each 15 minutes
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	neuromuscular reeducation and movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and/or standing activities
97113	aquatic therapy with therapeutic exercises
97116	gait training (includes stair climbing)
97124	massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes Note: Considered NMN when used for isokinetic testing or vibromyography.
97161	Physical therapy evaluation: low complexity
97162	Physical therapy evaluation: moderate complexity
97163	Physical therapy evaluation: high complexity
97164	Re-evaluation of physical therapy established plan of care

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Code	Description
S8940 (NMN)	Equestrian/hippotherapy, per session
S8990 (NMN)	Physical or manipulative therapy performed for maintenance rather than restoration
S9131	Physical therapy; in the home, per diem

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Modifiers

Code	Description
96	Habilitative services
97	Rehabilitative services

ICD10 Codes

Code	Description
	Several

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*Key Article

KEY WORDS

Aquatic therapy, Biodex, Cybex, Dry Needling, Gait analysis, Hippotherapy, Hydrotherapy, Isokinetic dynamometry, Isokinetic testing, Myowave, Physical therapy, PT, Vibromyography (VMG).

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) and a supplemental article addressing Outpatient Physical and Occupational Therapy Services. Please refer to the following websites for Medicare Members:

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33631&ver=38&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Entire+State&Keyword=occupational+therapy&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAABA BAAAA&>

There is currently a Local Coverage Determination (LCD) for Pain Management addressing Dry Needling. Please refer to the following websites for Medicare Members: <https://www.cms.gov/medicare-coverage-database/details/lcd->

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<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33622&ver=21&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD&PolicyType=Both&s=41&KeyWord=dry+needling&KeyWordLookup=Doc&KeyWordSearchType=Exact&kq=true&bc=IAAAACAAAA&>

There is currently a Local Coverage Determination (LCD) for Peripheral Nerve Blocks addressing Dry Needling. Please refer to the following websites for Medicare Members: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36850&ver=19&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD&PolicyType=Both&s=41&KeyWord=dry+needling&KeyWordLookup=Doc&KeyWordSearchType=Exact&kq=true&bc=IAAAACAAAA&>