MetroPlus Health

Policy and Procedure

Title: Outpatient Physical and Occupational Therapy	Division: Medical Management Department: Utilization Management
Approval Date: 9/24/2021	LOB: Medicaid, Medicare, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, Market Plus, Essential, HARP
Effective Date: 9/24/2021	Policy Number: UM-MP325
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1. **POLICY DESCRIPTION:** This policy outlines the medical necessity and coverage requirements for outpatient physical and occupational therapy.

2. **RESPONSIBLE PARTIES:** Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

3. **DEFINITIONS:**
   A. Physical Therapy: The treatment of disease, injury, or deformity by physical methods such as massage, heat treatment, and exercise rather than by drugs or surgery.
   B. Occupational Therapy: A form of therapy for those recuperating from physical or mental illness that encourages rehabilitation through the performance of activities required by daily life.

4. **POLICY:**

   A. Medical Necessity

   1. Physical therapy is considered medically necessary for the treatment of muscle weakness, limitations in the range of motion, neuromuscular conditions, musculoskeletal conditions, lymphedema, or for training of members in specific techniques and exercises for their own continued use at home (Home Exercise Program or HEP).
      a. The member must exhibit signs and symptoms of a functional or physical impairment that is causing an inability to perform basic activities of daily living (ADLs) such as functional mobility, feeding, dressing, bathing, toileting, or instrumental activities of daily living (IADLs) such as making a bed, or usual daily activities.
   2. Occupational therapy is considered medically necessary to learn or re-learn daily living skills or compensatory techniques to improve the level of independence in ADLs, or to provide task-oriented therapeutic activities designed to significantly improve, develop, or restore physical functions lost or impaired as result of a disease or injury.
   3. The therapy must be ordered by a physician in accordance with the Guidelines for Physical Therapy Practice in New York State.
   4. The treatment must require the judgment, knowledge, and skills of a licensed/registered therapist.
   5. The therapy must be targeted and effective in the treatment of the member's diagnosed impairment or condition.
   6. The therapy must be expected to produce clinically significant and measurable improvement in the member's level of functioning within a reasonable and predictable amount of time or must

be part of a plan of care to prevent significant functional regression in members with chronic or progressive conditions.

7. The therapy must not be duplicative of another therapy being provided concurrently.
8. The requested services are not being provided by a different rehabilitative provider, either outpatient or by the member's school district (speech, occupational, or physical therapy being received by the member).

B. Medical Necessity Not Met. Coverage for outpatient physical or occupational therapy will be considered *not* medically necessary when any of the following occur:

1. Treatment goals and objectives have been met.
2. Functional abilities have become comparable to those of others of the same chronological age and gender and further gains can be made with a home exercise program.
3. The desired level of function that has been agreed to by the member and therapist has been achieved and continued therapy can be managed with a home exercise program.
4. The member's condition is neither regressing nor improving.
5. The skill of a licensed/registered therapist is no longer required.
6. The member exhibits behavior that interferes with improvement or participation in treatment.
7. The member, family, or designated guardian chooses not to participate in therapy.
8. The member is unable to tolerate therapy because of a serious medical, psychological, or other condition.
9. The therapy is duplicative to the same treatment from two different rehabilitative providers, either outpatient or by the member's school district (speech, occupational, or physical therapy being received by the member).
    - If required services are provided by another public agency, including the members school district (IEP/IFSP) or objectives primarily for the enhancement of educational purposes when services are provided through the members school district (IEP/IFSP).

C. Authorization Requirements

1. The first set of visits at the beginning of the member's benefit year do not require prior authorization from MetroPlus and may be provided to the member based on a physician's order.
    a. 10 visits for Medicaid, HARP, and HIV SNP
    b. 10 visits for Medicare
2. Requests for visits beyond the first set of visits require prior authorization and justification of medical necessity.

3. Each certification period will be for 8 weeks.
4. Treatment of a new diagnosis must be submitted as a new request with a new initial evaluation.
5. Requests for visits to treat the same diagnosis after a partial or complete denial will not be accepted until all appeals are exhausted or after the 60-day appeal timeframe has expired.

D. Required Documentation for Initial Requests

1. A statement of the member's medical history including relevant review of systems, onset date of the illness, injury or exacerbation, and any prior therapy treatment completed.
2. Documented Initial evaluation and most current progress notes.
3. A description of the member's current living situation including home environment (number of steps, safety concerns, etc.) and support system (lives alone, lives with others, etc.)
4. Identification of any durable medical equipment or assistive devices needed for the condition.
5. Identification of any relevant medications the member is taking.
6. A description of the member's functional impairment including its impact on their health, safety, and/or independence.
7. A comparison of the prior level of function (PLOF) to the current level of function (CLOF).
    a. If this information is only available as part of the initial evaluation, the initial evaluation should also be submitted for review.
8. A clear diagnosis that is consistent with the medical documentation.
9. A reasonable prognosis, including the member's potential for meaningful and significant progress and the estimated timeline for achievement.
10. Baseline objective measurements including a description of the member's current deficits and their severity level.
    a. Pain on a 0-10 pain scale
    b. Active range of motion in degrees or percentage level
    c. Manual Muscle Testing grade 0-5 or zero to normal
    d. Functional deficits and functional outcome measures and scores if applicable
11. Short and long-term therapeutic goals and objectives that are specific to the member's diagnosed condition or functional/physical impairment.
    a. The goals must be functional, measurable, attainable and time based.
    b. The goals must relate to member-specific functional skills.
12. Treatment frequency, duration, and requested number of visits for an 8-week treatment span.
13. Documentation from the members school district or Early Intervention Program (IEP/IFSP) if receiving any services (speech, occupational, or physical therapy).

E. Required Documentation for Additional Requests

1. Progress notes or re-evaluations that demonstrate the member is making functional progress to support the medical necessity for additional services.
2. Documented re-affirmation of the diagnosis and any additional testing that has been performed to confirm the diagnosis.
3. The number of therapy visits previously approved, and the number of visits completed.
4. Description of the member's current deficits and their severity level.
    a. Pain on a 0-10 pain scale
    b. Active range of motion in degrees or percentage level
    c. Manual Muscle Testing grade 0-5 or zero to normal
    d. Functional deficits and functional outcome measures and scores if applicable
5. All progress towards the goals in objective, measurable terms using consistent and comparable methods.
6. Documentation of the home exercise given to the member and their compliance with the home exercise program.
7. A brief prognosis with clearly established discharge criteria.
8. An updated individualized plan of care.

LIMITATIONS/ EXCLUSIONS:

A. Benefit Limits

1. Medicaid, HARP, HIV SNP, Essential 3 Plan, Essential 4 Plan, and Medicare Enrollees:
    a. Benefit year is one calendar year.
    b. No visit limit for PT or OT.
2. MetroPlus Gold, Qualified Health Plan, Essential 1 Plan and Essential 2 Plan Enrollees:
    a. Benefit year is one plan year.
    b. Visit limit is 60 visits per year combined PT, OT, ST per condition.
3. MetroPlus Gold Care I, MetroPlus Gold Care II Enrollees:
    a. Benefit year is one rolling calendar year.
    b. Visit limit is 90 visits per year combined PT, OT, ST.
4. Child Health Plus Enrollees:
    a. Benefit year is one plan year.
    b. Visit limit is 40 visits per year combined PT, OT.
    c. No visit limit for ST.
5. Medicare- no benefit limit.

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5. APPLICABLE PROCEDURE CODES:

CPT	Description
97012	Application of a modality to 1 or more areas; traction, mechanical
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97016	Application of a modality to 1 or more areas; vasopneumatic devices
97018	Application of a modality to 1 or more areas; paraffin bath
97022	Application of a modality to 1 or more areas; whirlpool
97024	Application of a modality to 1 or more areas; diathermy (e.g., microwave)
97026	Application of a modality to 1 or more areas; infrared
97028	Application of a modality to 1 or more areas; ultraviolet
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
97039	Unlisted modality (specify type and time if constant attendance)
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
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
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97139	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)

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, typically 60 minutes
97168	Re-evaluation of occupational therapy, typically 30 minutes
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
97535	Self-care/home management training (e.g., 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, each 15 minutes
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes
97755	Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes

97799	Unlisted physical medicine/rehabilitation service or procedure

6. REFERENCES:

CMS Local Coverage Article: Billing and Coding: Outpatient Physical and Occupational Therapy Services (A56566).

CMS Local Coverage Determination (LCD): Outpatient Physical and Occupational Therapy Services (L33631).

Guidelines for Physical Therapy Practice in New York State, Office of the Professions, New York State Education Department dated August 1, 2010.

Medicare Claims Processing Manual Chapter 5- Part B Outpatient Rehabilitation and CORF/OPT Services, Section 20 HCPCS Coding Requirements.

New York State Medicaid Program Rehabilitation Services Policy Guidelines Version 2021-1.

REVISION LOG:

REVISIONS	DATE
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Annual Review	10/3/2022
Annual Review	10/31/2023

Approved:	Date:	Approved:	Date:
Glendon Henry Digitally signed by Glendon Henry Date: 2023.11.14 07:28:20 -05'00'		Sanjiv Shah MD Digitally signed by Sanjiv Shah MD Date: 2023.11.15 07:51:17 -05'00'	
Glendon Henry, MD **Senior Medical Director**		**Sanjiv Shah, MD** **Chief Medical Officer**	

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Medical Guideline Disclaimer:

Property of Metro Plus Health Plan. All rights reserved. The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, MetroPlus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and website links are accurate at time of publication. MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.