

Subject: Rehabilitative and Habilitative Services: Physical Medicine/Physical Therapy

Guideline #: CG-REHAB-04

Status: Revised

Publish Date: 04/01/2020

Last Review Date:
02/20/2020

Description

This document addresses selected rehabilitative and habilitative services.

Note: Although these skilled services are commonly referred to as physical therapy, the services addressed in this document may be delivered by a physical therapist or other health care professional such as a physiatrist, general physician, or chiropractor.

Rehabilitative services are intended to improve, adapt or restore functions which have been impaired or permanently lost as a result of illness, injury, loss of a body part, or congenital abnormality involving goals an individual can reach in a reasonable period of time. Benefits will end when treatment is no longer medically necessary and the individual stops progressing toward those goals.

Habilitative services are intended to maintain, develop or improve skills needed to perform activities of daily living (ADLs) or instrumental activities of daily living (IADLs) (see definitions) which have not (but normally would have) developed or which are at risk of being lost as a result of illness, injury, loss of a body part, or congenital abnormality. An example is therapy for a child who is not walking at the expected age.

The terms “physical therapy” and “physiotherapy” are synonymous.

Note: The availability of rehabilitative and/or habilitative benefits for these services, state and federal mandates, and regulatory requirements should be verified prior to application of criteria listed below. Benefit plans may include a maximum allowable physical therapy benefit, either in duration of treatment or in number of visits. When the maximum allowable benefit is exhausted, coverage will no longer be provided even if the medical necessity criteria described below are met.

Note: Please see the following related documents for additional information:

- [CG-REHAB-05 Rehabilitative and Habilitative Services: Occupational Therapy](#)
- [CG-MED-75 Medical and Other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome](#)

Clinical Indications

Rehabilitative Services

Medically Necessary:

Rehabilitative physical therapy (PT) services are considered **medically necessary** when **ALL** the following criteria are met:

- A. The therapy is aimed at improving, adapting or restoring functions which have been impaired or permanently lost as a result of **illness, injury, loss of a body part, or congenital abnormality; and**
- B. The therapy is for conditions that require the unique knowledge, skills, and judgment of a physical therapist for **education and training** that is part of an active skilled plan of treatment; **and**
- C. There is an expectation that the therapy will result in a practical improvement in the level of functioning within a reasonable and predictable period of time; **and**
 1. An individual's function could **not** reasonably be expected to improve as the individual gradually resumes normal activities; **and**
 2. An individual's expected restoration potential would be significant in relation to the extent and duration of the therapy service required to achieve such potential; **and**

- 3. The therapy documentation objectively verifies progressive functional improvement over specific time frames; **and**
- D. The services are delivered by a provider of physical therapy services; **and**
- E. The services require the judgment, knowledge, and skills of a provider of physical therapy services due to the complexity and sophistication of the therapy and the medical condition of the individual.

Not Medically Necessary:

Maintenance (see definitions) therapy is considered **not medically necessary** as a rehabilitative service.

Rehabilitative PT services are considered **not medically necessary** if **any** of the following is determined:

- A. The therapy is **not** aimed at improving, adapting or restoring functions, which have been impaired or permanently lost as a result of **illness, injury, loss of a body part, or congenital abnormality**.
- B. The therapy is for conditions for which therapy would be considered routine **educational, training, conditioning, or fitness**. This includes treatments or activities that require only routine supervision.
- C. The expectation does not exist that the therapy will result in a practical improvement in the level of functioning within a reasonable and predictable period of time.
 - 1. If function could reasonably be expected to improve as the individual gradually resumes normal activities, then the therapy is considered **not medically necessary**.
 - 2. If an individual's expected restoration potential would be insignificant in relation to the extent and duration of the therapy service required to achieve such potential, the therapy would be considered **not medically necessary**.
 - 3. The therapy documentation fails to objectively verify functional progress over a reasonable period of time.
- D. The physical modalities are not preparatory to other skilled treatment procedures.
- E. Treatments that do not generally require the skills of a provider of PT services are considered **not medically necessary**. Examples include palliative massages, palliative Jacuzzi /whirlpools, hot or cold packs in the absence of complicating factors, general range of motion or exercise programs, maintenance therapy, repetitive gait or other activities that an individual can self-practice independently or with a caregiver, swimming and routine water aerobics programs, general fitness and training, and general public education/instruction sessions.
- F. Routine reevaluations not meeting the above criteria.
- G. Treatments that are not supported in peer-reviewed literature.

Duplicate rehabilitative therapy is considered **not medically necessary**. When individuals receive physical, occupational, or speech therapy, the therapists should provide different treatments that reflect each therapy discipline's unique perspective on the individual's impairments and functional deficits and not duplicate the same treatment. They must also have separate evaluations, treatment plans, and goals.

Habilitative Services

Medically Necessary:

Habilitative PT services are considered **medically necessary** when **ALL** the following criteria are met:

- A. The therapy is intended to maintain or develop skills needed to perform ADLs or IADLs which, as a result of **illness (including developmental delay), injury, loss of a body part, or congenital abnormality, either**:
 - 1. have not (but normally would have) developed; **or**
 - 2. are at risk of being lost; **and**
- B. The services are evidence-based and require the judgment, knowledge, and skills of a provider of physical therapy services due to the complexity of the therapy and the medical condition of the individual; **and**
- C. There is the expectation that the therapy will assist development of normal function or maintain a normal level of function; **and**
- D. There is a written treatment plan documenting the short- and long-term goal(s) of treatment, frequency and duration of treatment (including an estimate of when the goals will be met), and what quantitative measures will be used to assess objectively the level of functioning; **and**
- E. An individual would either not be expected to develop the function or would be expected to permanently lose the function (not merely experience fluctuation in the function) without the habilitative service; if the undeveloped or impaired function is not the result of a loss of body part or injury, a physician experienced in the evaluation and management of the undeveloped or impaired function has confirmed that the function would either not be expected to develop or would be permanently lost without the habilitative service and concurs that the written treatment plan is likely to result in meaningful development of the function or prevention of loss of the function; **and**
- F. The therapy documentation objectively verifies that, at a minimum, functional status is developed or maintained; **and**

G. The services are delivered by a provider of physical therapy services.

Not Medically Necessary:

Habilitative PT services are considered **not medically necessary** if **any** of the following is determined:

- A. The therapy is not aimed at developing or maintaining functions, which would normally develop.
- B. The therapy is aimed at a function which would be permanently lost as a result of illness, injury, loss of a body part, or congenital abnormality whether or not therapy was provided.
- C. The therapy is for conditions for which therapy would be considered routine educational, training, conditioning, or fitness. This includes treatments or activities that require only routine supervision.
- D. The expectation does not exist that the therapy will result in developing or maintaining the expected level of functioning within a reasonable and predictable period of time.
- E. The therapy documentation fails to objectively verify functional status is, at a minimum, maintained.
- F. The physical modalities are not preparatory to other skilled treatment procedures.
- G. Treatments that do not generally require the skills of a provider of PT services, such as, palliative massages, palliative Jacuzzi /whirlpools, hot or cold packs in the absence of complicating factors, repetitive gait or other activities that an individual can self-practice independently or with a caregiver, swimming and routine water aerobics programs, general fitness and training, and general public education/instruction sessions.
- H. Routine reevaluations not meeting the above criteria.
- I. Treatments that are not supported in peer-reviewed literature.

Duplicate habilitative therapy is considered **not medically necessary**. When individuals receive physical, occupational, or speech therapy, the therapists should provide different treatments that reflect each therapy discipline's unique perspective on the individual's impairments and functional deficits and not duplicate the same treatment. They must also have separate evaluations, treatment plans, and goals.

Other Treatment Modalities for Physical Therapy Services

Not Medically Necessary:

Physical therapy services are considered **not medically necessary** when the above criteria are not met, including but not limited to:

- A. Elastic therapeutic tape/taping (for example, Kinesio™ Tape);
- B. Massage therapy when provided in the absence of covered physical therapy services;
- C. Services for the purpose of enhancing athletic performance or for recreation;
- D. Treatments that are not supported in peer-reviewed literature.

Documentation

Evaluation

A comprehensive evaluation is essential to determine if PT services are medically necessary, gather baseline data, establish a treatment plan, and develop goals based on the data. The initial evaluation is usually completed in a single session. An evaluation is needed before implementing any PT treatment. Evaluation begins with the administration of appropriate and relevant assessments using standardized assessments and tools. The evaluation must include:

- Prior functional level, if acquired condition;
- Specific standardized and non-standardized tests, assessments, and tools;
- Analytic interpretation and synthesis of all data, including a summary of the baseline findings in written report(s);
- Objective, measurable, and functional descriptions of an individual's deficits using comparable and consistent methods;
- Summary of clinical reasoning and consideration of contextual factors with recommendations;
- Plan of care with specific treatment techniques or activities to be used in treatment sessions that should be updated as the individual's condition changes;
- Frequency and duration of treatment plan;
- Functional, measurable, and time-framed long-term and short-term goals based on appropriate and relevant evaluation data;
- Rehabilitation or habilitation prognosis;
- Discharge plan that is initiated at the start of PT treatment.

Treatment Sessions

A physical therapy session can vary from fifteen minutes to four hours per day; however, treatment sessions lasting more than one hour per day are rare in outpatient settings. Treatment sessions for more than one hour per day may be

medically appropriate for inpatient acute settings, day treatment programs, and select outpatient situations, but must be supported in the treatment plan and based on an individual's medical condition. A physical therapy session may include:

- Evaluation;
- Therapeutic exercise, including neuromuscular reeducation, coordination, and balance;
- Functional training in self-care and home management;
- Functional training in and modification of environments (home, work, school, or community), including biomechanics and ergonomics;
- Manual therapy techniques, including soft tissue mobilization, joint mobilization, and manual lymphatic drainage;
- Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, and orthotic devices;
- Training in the use of prosthetic devices;
- Airway clearance techniques;
- Integumentary repair and protection techniques;
- Electrotherapeutic modalities;
- Physical agents and mechanical modalities;
- Functional community mobility;
- Training of the individual, caregivers, and family/parents in home exercise and activity programs;
- Skilled reassessment of the individual's problems, plan, and goals as part of the treatment session;
- Coordination, communication, and documentation;
- Reevaluations, if there is a significant change in the individual's condition.

Documentation of treatment sessions must include:

- Date of treatment;
- Specific treatment(s) provided that match the procedure codes billed;
- Total treatment time;
- The individual's response to treatment;
- Skilled ongoing reassessment of the individual's progress toward the goals;
- Any progress toward the goals in objective, measurable terms using consistent and comparable methods;
- Any problems or changes to the plan of care;
- Name and credentials of the treating clinician.

Progress Reports

In order to reflect that continued PT services are medically necessary, intermittent progress reports must demonstrate that the individual is making functional progress. Progress reports should include at a minimum:

- Start of care date;
- Time period covered by the report;
- Medical and therapy treatment diagnoses;
- Statement of the individual's functional level at the beginning of the progress report period;
- Statement of the individual's current status as compared to evaluation baseline data and the prior progress report, including objective measures of the individual's function that relate to the treatment goals;
- Changes in prognosis and why;
- Changes in plan of care and why;
- Changes in goals and why;
- Consultations with other professionals or coordination of services, if applicable;
- Signature and title of professional responsible for the therapy services.

Reevaluation

A reevaluation is indicated when there are new clinical findings, a rapid change in the individual's status, or failure to respond to physical therapy interventions. There are several routine reassessments that are not considered reevaluations. These include ongoing reassessments that are part of each skilled treatment session, progress reports, and discharge summaries.

Reevaluation is a more comprehensive assessment that includes all the components of the initial evaluation, such as:

- Data collection with *objective* measurements taken based on appropriate and relevant assessment tests and tools using comparable and consistent methods;
- Making a judgment as to whether skilled care is still warranted;
- Organizing the composite of current problem areas and deciding a priority/focus of treatment;
- Identifying the appropriate intervention(s) for new or ongoing goal achievement;
- Modification of intervention(s);

- Revision in plan of care if needed;
- Correlation to meaningful change in function; and
- Deciphering effectiveness of intervention(s).

Providers of PT Services

The services are delivered by a provider of physical therapy services as regulated by the Federal and State governments.

Note: Physical therapy assistants may provide services under the direction and supervision of a physical therapist. Benefits for services provided by these practitioners are dependent upon the member's contract language.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT

90901	Biofeedback training by any modality [when done for medically necessary indications]
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function, initial demonstration and/or evaluation
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent
97010-97028	Application of a modality to one or more areas (supervised) [includes codes 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028]
97032-97036	Application of a modality to one or more areas (constant attendance) [includes codes 97032, 97033, 97034, 97035, 97036]
97039	Unlisted modality [when not specified as a procedure that is considered investigational and not medically necessary]
97110-97124	Therapeutic procedure, one or more areas [includes codes 97110, 97112, 97113, 97116, 97124]
97139	Unlisted therapeutic procedure (specify)
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)
97161-97163	Physical therapy evaluation [includes codes 97161, 97162, 97163]
97164	Re-evaluation of physical therapy established plan of care
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97169-97172	Athletic training evaluation [includes codes 97169, 97170, 97171, 97172] Note: Athletic training is considered not medically necessary for enhancing athletic performance or for recreation.
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 (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
97537	Community/work reintegration training (eg, 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 (eg, assessment, fitting, training), each 15 minutes
97545-97546	Work hardening/conditioning
97597-97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudates, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function,

optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes

- G7760 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
- G7761 Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetics(s) encounter, each 15 minutes
- G7763 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
- G7799 Unlisted physical medicine/rehabilitation service or procedure [when not specified as a procedure that is considered investigational and not medically necessary]

HCPCS

- G0151 Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
- G0157 Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
- G0159 Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
- G0281 Electrical stimulation, (unattended), to one or more areas, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
- G0282 Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281
- G0283 Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
- G0295 Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses
- G0329 Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, and diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care
- G2168 Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes
- S8950 Complex lymphedema therapy
- S8990 Physical or manipulative therapy performed for maintenance rather than restoration
- S9117 Back school, per visit
- S9131 Physical therapy, in the home, per diem

Note: The following CPT informational modifiers may be used with the above procedure codes:

- 96 Habilitative Services
- 97 Rehabilitative Services

ICD-10 Diagnosis

All diagnoses

Discussion/General Information

Physical therapy may be used for either rehabilitation services or habilitation services as described above. Other uses of physical therapy services not supported by peer reviewed literature, including but are not limited to, services for the purpose of enhancing athletic performance or for recreation and elastic therapeutic tape/taping.

Elastic therapeutic tape/taping (also known as Kinesio tape/taping) is an air permeable and water resistant tape capable of stretching up to 140% of its original length. The tape is designed to provide a constant pulling force over the area applied. Elastic taping has been studied as a therapy for acute whiplash injury, knee pain, low back pain, treatment and prevention of sports injuries, and enhancement of functional motor skills. (Added, 2016; Campolo, 2013; Gonzalez-Iglesias, 2009; Halseth, 2004; Williams, 2012; Yasukawa, 2006). Currently there is insufficient evidence to support the use of Kinesio taping over other treatment approaches to reduce pain or disability. Further study is needed before clinical effectiveness and benefit can be established.

The American College of Occupational and Environmental Medicine (ACOEM) practice guideline on evaluation and management of common health problems and functional recovery in workers (Hegmann, 2007) found insufficient evidence to support the use of “taping or Kinesio taping for acute, subacute, or chronic LBP, radicular pain syndromes or other back-related conditions.”

Definitions

Activities of daily living (ADLs): Self-care activities such as transfers, toileting, grooming and hygiene, dressing, bathing, and eating.

Developmental delay: A condition that occurs when a child is not developing or achieving skills by the expected time frame. Developmental delay can occur in one or many areas -for example, thinking (cognitive), gross or fine motor, language or social skills (American Academy of Pediatrics, 2006).

Instrumental activities of daily living (IADLs): Activities related to independent living and include preparing meals, managing money, shopping, doing housework and using a telephone; IADLs do not involve personal care activities.

Maintenance treatments: Services intended to preserve the individual's present level range, strength, coordination, balance, pain, activity, function, etc. and prevent regression of the same parameters. 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.

References

Peer Reviewed Publications:

1. Added MA, Costa LO, de Freitas DG, et al. Kinesio taping does not provide additional benefits in patients 3 with chronic low back pain who receive exercise and manual therapy: a randomized controlled trial. *J Orthop Sports Phys Ther.* 2016; 46(7):506-513.
2. Fu TC, Wong AM, Pei YC, et al. Effect of Kinesio taping on muscle strength in athletes-a pilot study. *J Sci Med Sport.* 2008;11(2):198-201.
3. González-Iglesias J, Fernández-de-Las-Peñas C, Cleland JA, et al. Short-term effects of cervical kinesio taping on pain and cervical range of motion in patients with acute whiplash injury: A randomized clinical trial. *J Orthop Sports Phys Ther.* 2009; 39(7):515-521.
4. Kalichman L, Vered E, Volchek L. Relieving symptoms of meralgia paresthetica using Kinesio taping: a pilot study. *Arch Phys Med Rehabil.* 2010;91(7):1137-1139.
5. Thelen MD, Dauber JA, Stoneman PD. The clinical efficacy of kinesio tape for shoulder pain: a randomized, double-blinded, clinical trial. *J Orthop Sports Phys Ther.* 2008; 38(7):389-395.
6. Williams S, Whatman C, Hume PA, Sheerin K. Kinesio taping in treatment and prevention of sports injuries: a meta-analysis of the evidence for its effectiveness. *Sports Med.* 2012; 42(2):153-164.
7. Yasukawa A, Patel P, Sisung C. Pilot study: Investigating the effects of Kinesio Taping in an acute pediatric rehabilitation setting. *Am J Occup Ther.* 2006; 60(1):104-110.

Government Agency, Medical Society, and Other Authoritative Publications:

1. American Academy of Pediatrics. Council on Children with Disabilities; Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee; Medical Home Initiatives for Children with Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics.* 2006; 118(1):405-420.
2. American Physical Therapy Association. Access to, admission to, and patient/client rights within physical therapy services. Last updated August 30, 2018. Available at: <http://www.apta.org/Policies/Practice/>. Accessed on December 2, 2019.
3. American Physical Therapy Association. APTA Guide for professional conduct. American Physical Therapy Association. Updated September 9, 2013. Available at: <http://www.apta.org/Ethics/Core/>. Accessed on December 2, 2019.
4. American Physical Therapy Association. APTA Guide for conduct of the physical therapist assistant. Last updated September 9, 2013. Available at: <http://www.apta.org/Ethics/Core/>. Accessed on December 2, 2019.
5. American Physical Therapy Association. Code of Ethics for the Physical Therapist. Available at: <http://www.apta.org/Ethics/Core/>. Accessed on December 2, 2019.
6. American Physical Therapy Association. Direction and supervision of the physical therapist assistant. American Physical Therapy Association. Last updated August 30, 2018. Available at: <http://www.apta.org/Policies/Practice/>. Accessed on December 2, 2019.

7. American Physical Therapy Association. Guide to physical therapist practice. 2nd Edition revised. American Physical Therapy Association. January 2003. Originally published as: Guide to Physical Therapist Practice. Phys Ther. 2001; 81:9-744.
8. American Physical Therapy Association. Guidelines for physical therapy documentation of patient/client management. Last updated May 19, 2014. Available at: <http://www.apta.org/search.aspx?q=guidelines+for+physical+therapy+documentation>. Accessed on December 2, 2019.
9. American Physical Therapy Association. Physical therapy for older adult. Last updated August 7, 2012. Available at: <http://www.apta.org/Policies/Practice/>. Accessed on December 2, 2019.
10. American Physical Therapy Association. Provision of physical therapy interventions and related tasks. Last updated August 7, 2012. Available at: <http://www.apta.org/Policies/Practice/>. Accessed on December 2, 2019.
11. American Physical Therapy Association. Standards of practice for physical therapy. Last updated September 20, 2019. Available at: <http://www.apta.org/Policies/Practice/>. Accessed on December 2, 2019.
12. Centers for Disease Control and Prevention. Developmental monitoring and screening for health professionals. February 6, 2019. Available at: <http://www.cdc.gov/ncbddd/childdevelopment/screening-hcp.html>. Accessed on December 2, 2019.
13. Centers for Disease Control and Prevention. Developmental screening tools. Developmental screening and assessment instruments with an emphasis on social and emotional development for young children ages birth through five. May 2008. Available at: <http://www.nectac.org/~pdfs/pubs/screening.pdf>. Accessed on December 2, 2019.
14. Centers for Medicare & Medicaid Services (CMS). Pub. 100-02, Chapter 15, Sections 220. Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance and Section 230. Practice of Physical Therapy, Occupational Therapy, and Speech-Language Pathology. January 25, 2019. Available at: <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>. Accessed on December 2, 2019.
15. Centers for Medicare & Medicaid Services. Manuals. Available at: <http://www.cms.hhs.gov/Manuals/PBM/list.asp>. Accessed on December 2, 2019.
 - Home Health Agency Manual. Pub. 11. Chapter 2, Section 205.2 Coverage of Services Which Establish Home Health Eligibility. Skilled Therapy Services. Last updated December 05, 2015.
 - Hospital Manual. Pub. 10. Chapter 2, Section 210.8. Physical Therapy Furnished by the Hospital or by Others Under Arrangements With the Hospital and Under its Supervision. Last updated September 8, 2005.
 - Outpatient Physical Therapy Comprehensive Outpatient Rehabilitation Facility and Community Mental Health Center Manual. Pub. 9. Chapter 2, Coverage of Services. Last updated September 8, 2005.
16. Centers for Medicare & Medicaid Services. National Coverage Determination for Institutional and Home Care Patient Education Programs. NCD#170.1. Effective date not posted. Available at: http://www.cms.hhs.gov/mcd/index_list.asp?list_type=ncd. Accessed on December 2, 2019.
17. Hegmann KT, ed. Low back disorders. In: Glass LS, editor(s). Occupational medicine practice guidelines: Evaluation and management of common health problems and functional recovery in workers. 2nd ed. Elk Grove Village, IL: American College of Occupational and Environmental Medicine (ACOEM); 2007.
18. Miller EL, Murray L, Richards L, et al. Comprehensive overview of nursing and interdisciplinary rehabilitation care of the stroke patient: a scientific statement from the American Heart Association. Stroke. 2010; 41(10):2402-2448.
19. NIH Consensus Statement. Rehabilitation of persons with traumatic brain injury. 1998 Oct 26-28; 16(1):1-41. Available at: http://www.nichd.nih.gov/publications/pubs/TBI_1999/Pages/NIH_Consensus_Statement.aspx. Accessed on December 2, 2019.
20. Sneed RC, May WL, Stencil C. Physicians' reliance on specialists, therapists, and vendors when prescribing therapies and durable medical equipment for children with special health care needs. Pediatrics. 2001; 107(6):1283-1290.

Index

Physical Therapy
 Physiotherapy
 PT (Physical Therapy)

History

Status	Date	Action
	04/01/2020	Updated Coding section with 04/01/2020 HCPCS changes; added G2168.
Revised	02/20/2020	Medical Policy & Technology Assessment Committee (MPTAC) review. Revised title to "Rehabilitative and Habilitative Services: Physical Medicine/Physical Therapy".

		Clarified provider of physical therapy services in clinical indications section removing reference to "licensed" provider. Updated Description, References and Websites sections.
Reviewed	08/22/2019	MPTAC review. Updated References and Websites sections. Updated Coding section; removed 97127 and G0515 (not applicable).
Revised	09/13/2018	MPTAC review. Clarified provider of physical therapy services in clinical indications section. Updated Description, Definition and Reference sections.
Revised	03/22/2018	MPTAC review. Reformatted NMN criteria. Added NMN statement to address other uses for physical therapy services. Added Discussion/General Information section. Updated References sections. Updated coding section to add CPT codes 97169, 97170, 97171, and 97172.
Reviewed	01/25/2018 12/27/2017	MPTAC review. Updated References section. The document header wording updated from "Current Effective Date" to "Publish Date." Updated Coding section with 01/01/2018 CPT and HCPCS changes; added 97127, 97763, G0515 and modifiers 96, 97; revised descriptors for 97760, 97761; removed 97532, 97762 and modifier SZ deleted 12/31/2017.
Revised	02/02/2017	MPTAC review. Clarified MN and NMN habilitative therapy criteria. Reformatted clinical indication section. Updated Definitions and Reference sections.
	01/01/2017	Updated Coding section with 01/01/2017 CPT changes; removed codes 97001, 97002 deleted 12/31/2016.
Reviewed	05/05/2016	MPTAC review. Updated Reference section. Removed ICD-9 codes from Coding section.
Reviewed	05/07/2015	MPTAC review. Updated Coding, Description and References.
Revised	05/15/2014	MPTAC review. Reformatted medically necessary criteria for rehabilitative therapy. Revised medically necessary criteria to address habilitative therapy. Clarified not medically necessary criteria addressing rehabilitative therapy, maintenance therapy, and duplicate therapy. Revised not medically necessary criteria to address habilitative therapy. Updated Description, Definitions, References and Websites. Updated coding section with HCPCS modifier '-SZ' effective 07/01/2014.
Reviewed	02/13/2014	MPTAC review. Updated Websites and Coding.
Reviewed	02/14/2013	MPTAC review. Updated Websites.
Reviewed	08/09/2012	MPTAC review. Updated Websites and references.
	01/01/2012	Updated Coding section to add code S8990; removed revenue codes 0420-0429.
Reviewed	08/18/2011	MPTAC review. Updated websites and references.
	01/01/2011	Updated Coding section with 01/01/2011 CPT and HCPCS changes.
Revised	08/19/2010	MPTAC review. Clarified language in Providers of Physical Therapy (PT) Services section stating that physical therapists are required to have licensure and have passed the National Physical Therapy Exam (NPTE) and that other qualified providers of PT are required to act within the scope of their licenses. Websites and references updated.
	01/01/2010	Updated Coding section with 01/01/2010 HCPCS changes.
Reviewed	08/27/2009	MPTAC review. Remove Place of Service/Duration section. References and coding updated.
Reviewed	08/28/2008	MPTAC review. References updated.
Reviewed	08/23/2007	MPTAC review. References and Coding section updated.
Revised	09/14/2006	MPTAC review. Minor revision to Not Medically Necessary statement. References updated.
Revised	12/01/2005	MPTAC review. Revision based on Pre-merger Anthem and Pre-merger WellPoint Harmonization.

Pre-Merger Organizations	Last Review Date	Document Number	Title
Anthem Midwest	08/06/2004	RA-008 (Midwest Medical Review & UM criteria)	Physical Therapy / Occupational Therapy For NASCO, Prestandardized Medicare Supplement Plans, Group Blue Retiree Products, And FEP
WellPoint Health Networks, Inc.	04/28/2005	10.01.08	Physical Therapy

Federal and State law, as well as contract language, and Medical Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Medical Policy & Technology Assessment Committee are available for general adoption by plans or lines of business for consistent

review of the medical necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to adopt a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only - American Medical Association