01-97000-01

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Subject: Physical Therapy (PT) and Occupational Therapy (OT)

DESCRIPTION:

Physical therapy (PT) is a prescribed program of treatment consisting of specific therapeutic exercises and other interventions designed to restore or improve posture, ambulation, strength, endurance, balance, coordination, joint mobility, flexibility and ability to perform functional activities of daily living, and on alleviating pain. Treatment involves the use of the therapeutic properties of exercise, heat, cold, electricity, ultraviolet, and/or massage.

Occupational therapy (OT) is a prescribed program of treatment consisting of specific therapeutic and goal-directed activities to restore or improve skills needed to perform activities of daily living. Individual programs are designed to restore or improve the ability to conduct basic activities such as dressing, eating, personal hygiene, and mobility/transfers. OT is generally focused on therapeutic activities intended to restore or improve function to the shoulder, elbow, wrist or hand.

Therapeutic intervention may be passive or active. Passive intervention is defined as motion imparted to the body by another person or outside force, such as a joint being moved without using the muscles that ordinarily control the joint. Active intervention is defined as motion imparted to the body through voluntary participant contraction and relaxation of the controlling muscles. Passive interventions are often used during the acute phase of treatment, when the focus is on reducing pain and swelling. Active interventions are usually begun as pain and swelling subsides, when the focus is on restoring range of motion and function.

POSITION STATEMENT:

NOTE: The following services are covered according to the member's/subscriber's contract benefits. Member's/subscriber's contract benefits may have limitations, exclusion, or criteria applicable to physical and occupational therapy services (see **PROGRAM EXCEPTIONS**).

***NOTE:** For coverage of physical and occupational therapy for **Autism Spectrum Disorders**, please refer to **MCG 01-97000-08, Treatment of Autism Spectrum disorders**.

Physical or occupational therapy evaluation, re-evaluation, procedures, techniques, interventions and modalities **meet the definition of medical necessity** when **ALL** the conditions below are met:

- The level of complexity or the member's condition requires that the services be performed by or under the direct supervision of a qualified physical or occupational therapist, **AND**
- The services meet accepted standards of practice, **AND**
- The services are specific and effective treatment for the member's condition, **AND**
- The services are rendered in accordance with a written treatment plan, **AND**
- For continued therapy, the plan of care should be updated as the member's condition changes

Prior to the initiation of physical or occupational therapy, a comprehensive evaluation of the member's physical and functional potential is required. The initial physical or occupational therapy evaluation should be performed by a qualified provider of physical or occupational therapy services, and should include:

- Specific statements regarding history and diagnosis, **AND**
- Specific short-term and long-term goals with measurable objectives, **AND**
- The specific techniques and/or exercises to be used in the treatment, **AND**
- The frequency and duration of the treatment

Physical and occupational therapy services **meet the definition of medical necessity** when performed to improve or restore physical functions in members who have a functional deficit that is associated with:

- An illness or condition [e.g., cerebrovascular accident (stroke)]
- An exacerbation of a chronic illness or condition
- An injury or trauma
- A surgical procedure
- A congenital defect

Massage therapy (97124) and manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, and manual traction) **(97140)** performed by a licensed massage therapist, **meets the definition of medical necessity** when the following criteria are met:

- Documentation is provided indicating 97124 **OR** 97140 are specifically prescribed by the attending physician as medically necessary, **AND**
- The attending physician's prescription specifies the number of treatments

See **BILLING/CODING INFORMATION SECTION** for the list of diagnoses **NOT** covered for Massage therapy (CPT code 97124).

NOTE: Massage therapy services are subject to the contract limitations applied to all other physical therapy services.

Aquatic therapy **meets the definition of medical necessity** when all criteria for physical or occupational therapy above are met, and the aquatic therapy does not duplicate therapy provided on land.

Manual lymph drainage (97140 or S8950), also known as complex decongestive physiotherapy **OR** complex lymphedema therapy, is a method for treating lymphedema by way of massage, exercise, and compression bandaging several times a day, usually for 4 – 6 weeks, in an effort to redirect lymph fluid back into circulation and reduce swelling in the affected extremity.

Manual lymph drainage therapy **meets the definition of medical necessity** when the individual can be instructed in continuing the therapy at home or when there is a caregiver who can assist in continuing home therapy. Initiation of therapy should be limited to one course or program per lifetime.

Physical performance tests and measurements (97750), (e.g., musculoskeletal, functional capacity) **meet the definition of medical necessity** when rendered for the purpose of evaluating an individual's physical performance, determining function of one or more body areas or measuring any aspect of physical performance including functional capacity evaluations.

Comprehensive computer-based motion analysis by video-taping and 3-D kinematics (gait analysis), (96000, 96001, 96002, 96003, 96004) is the quantitative laboratory assessment of human walking, and includes videotaped observation of walking, as well as measurements of joint angles, step length, stride length, cadence, and cycle time. EMG, assessed during walking, measures timing and intensity of muscle contractions, allowing determination of whether a certain muscle's activity is normal, out of phase, continuous, or clonic. A dedicated facility-based motion analysis laboratory uses a computer-based analysis of videotaping and 3D kinematics, tracking retroreflective markers along the body.

Comprehensive motion analysis (gait analysis) services **meet the definition of medical necessity** for the preoperative or postoperative evaluation of musculoskeletal function upon gait in individuals diagnosed with cerebral palsy.

The use of computer-based motion analysis by video-taping and 3-D kinematics (gait analysis) for all other indications **does not meet the definition of medical necessity**.

Work hardening programs (97545, 97546) are physical conditioning programs for injured workers who are out of work, or who are working at less than full capacity. These programs gradually progressive, work-related activities performed with proper body mechanics. The goal is physical and psychological reconditioning in order to facilitate return to full employment.

Work hardening programs **do not meet the definition of medical necessity**.

The following physical therapy services **do not meet the definition of medical necessity:**

- **Non-skilled services:** treatments that do not require the skills of a qualified provider, such as passive range of motion exercise which is not related to development, restoration or improvement of a specific function.

- **Duplicate therapy:** if member receives both physical and occupational therapy, the therapies should provide different treatments and not duplicate the same treatment. They must also have separate treatment plans and goals.
- **Maintenance programs:** activities that preserve the individual'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.

The following services are considered **experimental or investigational** due to the lack of scientific evidence of effects on health outcomes:

- **Electrodynography**, which is a computerized diagnostic procedure that quantitatively measures and times weight bearing forces exerted in the feet and legs; may be associated with gait analysis (motion analysis)
- **Skeletal analysis systems** (e.g., Metrecom Skeletal Analysis System to measure angular positions of bony structures)
- **Dry Hydrotherapy**, performed unattended on a table or chair that contains an electrically powered massager device with rotating hydro-jets and the pressure of the water against the barrier provides the massage (also known as hydromassage, aquamassage, and water massage).
- **Unattended vibromassage therapy**, performed unattended on a table or chair that uses low frequency vibrations to stimulate body cells into therapeutic states of relaxation and healing.
- **Augmented Soft-tissue Mobilization (ASTM),** a non-invasive mobilization technique that uses hand-held tools (bone, stone, metal) along with a lubricant on the skin to scrape and mobilize fibrotic (scar) tissue resulting from chronic musculoskeletal disorders.
- **Kinesio taping**, a method of taping which uses a fabric tape that is air permeable and water resistant and applies a constant pulling force to the skin over which it is applied; often used immediately following injury and during the rehabilitation process.
- **Dynamic Method of Kinetic Stimulation [(MEDEK therapy or Cuevas Medek Exercises (CME)]),** a mode of physical therapy used to develop gross motor skills in infants and children with movement disorders due to neurological dysfunction; it uses the principle of anti-gravity extension.
- **Interactive metronome program,** a therapy designed to improve concentration, focus and coordination, in which participants wear headphones and hear a fixed, repeating reference beat. They respond by pressing a hand or foot sensor to try to match the beat, while receiving visual and auditory feedback.
- **Hands-free ultrasound (low frequency sound, or infrasound)**, an ultrasound unit that allows the clinician to choose the mode of ultrasound delivery, using either a hand-held (manual) transducer or a hands-free device that pulses the ultrasound beam through the transducer.
- **Equestrian therapy (S8940)**, also known as horseback riding or hippotherapy, is an exercise thought to offer a person with a disability a means of physical activity that aids in improving balance, posture, coordination, the development of a positive attitude and a sense of accomplishment. It is often proposed for the treatment of autism spectrum disorders, multiple sclerosis, and cerebral palsy.
- **Hivamat therapy (deep oscillation therapy)**, utilizes an intermittent electrostatic field via a Hivamat machine; the theory is that electrostatic waves create a kneading effect deep within the damaged tissues (deeper than manual methods), restoring flexibility and blood supply to the affected area, and allowing previously untreatable injuries to be manipulated with a minimum of physical pressure.

- **Infrared light therapy** (97026), a superficial heat believed to increase circulation. It may be applied to one or more localized areas, and is sometimes proposed for treatment of musculoskeletal conditions.

BILLING/CODING INFORMATION:

CPT Coding:

97010	Application of a modality to 1 or more areas; hot or cold packs
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 (eg, microwave)
97026	Application of a modality to 1 or more areas; infrared (**Investigational**)
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
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)
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact

	the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical

	and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), 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	Work hardening/conditioning; initial 2 hours (**Non-covered**)
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure) (**Non-covered**)
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
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

HCPCS Coding:

G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than

	wound care, as part of a therapy plan of care
S8940	Equestrian/hippotherapy, per session (**Investigational**)
S8950	Complex lymphedema therapy, each 15 minutes

ICD-10 Diagnosis Codes NOT Covered for Massage therapy (CPT Codes 97124):

C50.011 – C50.929	Malignant neoplasm breast
C71.0 – C71.9	Malignant neoplasm of brain
E08.628	Diabetes mellitus due to underlying condition with other skin complications
E09.628	Drug or chemical induced diabetes mellitus with other skin complications
F41.0 – F41.9	Anxiety and panic disorders
G20	Parkinson's disease
G21.0 – G21.9	Secondary parkinsonism
G43.901 – G43.919	Migraine, unspecified
G44.001 – G44.89	Headache
G89.21 – G89.29	Chronic pain
G89.0 – G89.4	Chronic pain syndrome
G93.3	Postviral fatigue syndrome
L44.8 – L44.9	Papulosquamous disorder
L45	Papulosquamous disorders in diseases classified elsewhere
L90.5	Scar conditions and fibrosis of skin
L92.1	Necrobiosis lipoidica, not elsewhere classified
L92.3	Foreign body granuloma of the skin and subcutaneous tissue
L94.2	Calcinosis cutis
L94.4	Gottron's papules
L98.8 – L98.9	Other specified and unspecified disorders of the skin and subcutaneous tissue
L99	Other disorders of skin and subcutaneous tissue in diseases classified elsewhere
M05.00 – M05.9	Rheumatoid arthritis
M06.00 – M06.9	Rheumatoid arthritis without rheumatoid factor
M08.00 – M08.99	Juvenile rheumatoid arthritis
M12.00 – M12.9	Chronic postrheumatic arthropathy
M15.0 – M15.9	Polyosteoarthritis
M16.0 – M16.9	Unilateral primary osteoarthritis
M17.0 – M17.9	Bilateral primary osteoarthritis, knee
M18.0 – M18.9	Unilateral primary osteoarthritis of first carpometacarpal joint
M19.0 – M19.93	Osteoarthritis
M32.0 – M32.9	Systemic lupus erythematosus with organ or system involvement
M33.00 – M33.99	Dermatopolymyositis
M34.0 – M34.9	Systemic sclerosis [scleroderma]
M35.00 – M35.09	Sicca syndrome
M35.1 – M35.9	Systemic involvement of connective tissue
M36.0, M36.8	Dermato(poly)myositis in neoplastic disease
M41.40 – M41.57	Neuromuscular scoliosis
M43.8X1 – M43.9	Other specified deforming dorsopathies
M46.40 – M46.49	Discitis

M48.01 – M48.03	Spinal stenosis, occipito-atlanto-axial region; cervical region; cervicothoracic region
M50.00 – M50.93	Cervical disc disorder with myelopathy
M51.34 – M51.37	Other thoracic, thoracolumbar and lumbosacral intervertebral disc degeneration
M51.9	Unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder
M54.10	Radiculopathy, site unspecified
M54.18	Radiculopathy, sacral and sacrococcygeal region
M54.30 – M54.42	Lumbago and sciatica
M60.80 – M60.9	Myositis
M79.0	Rheumatism
M79.2	Neuralgia and neuritis
M79.7	Fibromyalgia
M96.1	Postlaminectomy syndrome
M99.20 – M99.71	Stenosis of neural canal
N20.1 – N20.9	Calculus of ureter
N22	Calculus of urinary tract in diseases classified elsewhere
R07.82 – R07.89	Intercostal and other chest pain
R20.0 – R20.9	Disturbances of skin sensation
R52	Pain, unspecified
R53.0 – R53.1	Malaise and fatigue
R53.81 – R53.83	Other malaise and fatigue
Z33.1	Pregnant state, incidental

Procedure codes 97039 and 97139 may be used to report an unlisted modality. Medical documentation is required for medical review for 97039 and 97139. The following information may be required documentation to support medical necessity: physician history and physical, physician treatment plan, physical therapy treatment plan, plan of treatment, description of the procedure, and the time, effort, and equipment necessary to provide the service.

REIMBURSEMENT INFORMATION:

***NOTE:** Refer to member's/subscriber's contract benefits. Member's/subscriber's contract benefits may have limitations, exclusion, or criteria applicable to physical therapy services (see program exceptions). Services may be subject to medical review of documentation (e.g., physician history and physical, physician progress notes, plan of treatment (narrative), physical therapy treatment plan, plan of treatment, progress note and attainment of goals, reason to continue and justification) for determination of medical necessity. The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, plan of treatment (narrative), physical therapy treatment plan, plan of treatment, progress note and attainment of goals, reason to continue and justification.

****NOTE**: Physical therapy (PT) and occupational therapy (OT) evaluation codes should not be included in the member contract outpatient therapy limit or the PT/OT modalities per day limit.

LOINC Codes:

DOCUMENTATION TABLE	LOINC CODES	LOINC TIME FRAME MODIFIER CODE	LOINC TIME FRAME MODIFIER CODES NARRATIVE

Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy initial assessment	18735-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy progress note	11508-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan, Plan of treatment	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage Products:

The following National Coverage Determinations (NCD) were reviewed on the last guideline reviewed date: Diathermy Treatment (150.5), Fluidized Therapy Dry Heat for Certain Musculoskeletal Disorders (150.8), and Treatment of Motor Function Disorders with Electric Nerve Stimulation (160.2), located at cms.gov.

The following Local Coverage Determinations (LCDs) were reviewed on the last guideline reviewed date: Therapy and Rehabilitation Services (L33413), located at \cms.gov.

Coverage mandated by Florida statute: refer to member's/subscriber's contract benefits.

627.6686, Florida Statutes, Coverage for individuals with autism spectrum disorder required; exception.

641.31098, Florida Statutes, Coverage for individuals with developmental disabilities.

"Eligible individual" means an individual under 18 years of age or an individual 18 years of age or older who is in high school who has been diagnosed as having a developmental disability at 8 years of age or younger.

"Health insurance plan" means a group health insurance policy or group health benefit plan offered by an insurer which includes the state group insurance program provided under s. 110.123. The term does not

include any health insurance plan offered in the individual market, any health insurance plan that is individually underwritten, or any health insurance plan provided to a small employer.

A health insurance plan issued or renewed on or after April 1, 2009, shall provide coverage to an eligible individual for:

Treatment of autism spectrum disorder and down syndrome through speech therapy, occupational therapy, physical therapy, and applied behavior analysis.

393.063, Florida Statutes, Developmental Disabilities.

"Developmental disability" means a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely."

486.021, Florida Statutes, Physical Therapy Practice, section 11(a): A physical therapist may implement a plan of treatment developed by the physical therapist for a patient or provided for a patient by a practitioner of record or by an advanced registered nurse practitioner licensed under s. 464.012. The physical therapist shall refer the patient to or consult with a practitioner of record if the patient's condition is found to be outside the scope of physical therapy. If physical therapy treatment for a patient is required beyond 30 days for a condition not previously assessed by a practitioner of record, the physical therapist shall have a practitioner of record review and sign the plan. The requirement that a physical therapist have a practitioner of record review and sign a plan of treatment does not apply when a patient has been physically examined by a physician licensed in another state, the patient has been diagnosed by the physician as having a condition for which physical therapy is required, and the physical therapist is treating the condition. For purposes of this paragraph a health care practitioner licensed under chapter 458 (Medical Doctors and Physician Assistants), chapter 459 (Osteopathic Physicians), chapter 460 (Chiropractors), chapter 461 (Podiatrists), chapter 466 (Dentistry) and engaged in active practice is eligible to serve as a practitioner of record.

DEFINITIONS:

Aquatic therapy: therapeutic physical therapy exercises which takes place in or on water, most likely in a swimming pool. This involves the therapist doing manipulation, mobilization or manual stretching and strengthening in the water instead of on land. This type of therapy is often prescribed following intra-articular and ligament reconstruction in the knee, as well as for walking reeducation, strengthening leg muscles, enhancing joint range of motion, and rheumatic disease.

Condition: a disease, illness, ailment, injury, or pregnancy.

Habilitative services: health care services that are short-term and help a person to acquire or attain an age-appropriate bodily function necessary to participate in activities of daily living.

Rehabilitative services: health care services rendered for the purpose of restoring function lost due to illness, injury or surgical procedures.

RELATED GUIDELINES:

Cognitive Rehabilitation, 01-97000-04
Diagnosis and Treatment of Temporomandibular Joint Disorder, 02-20000-12

Home Health Care, 01-99500-01
Infrared Energy Therapy and Low Level Laser Therapy, 09-E0000-44
Non-Covered Services, 09-A0000-00
Pelvic Floor Stimulation as a Treatment of Incontinence, 01-97000-06
Treatment of Autism Spectrum Disorders, 01-97000-08
Treatment of Hyperhidrosis, 01-94010-08

OTHER:

None applicable.

REFERENCES:

1. AHRQ Effective Health Care Program. Comparative Effectiveness Review Number 77: Physical Therapy Interventions for Knee Pain Secondary to Osteoarthritis. November 2012.
2. AHRQ National Guideline Clearinghouse: Expert Commentary. Shekelle P. Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society. What's New? What's Different? February 11, 2008.
3. AHRQ National Guideline Clearinghouse. Guideline Summary NGC-7272. Hip pain and mobility deficits - hip osteoarthritis: clinical practice guidelines linked to the International Classification of Functioning, Disability, and Health from the Orthopaedic Section of the American Physical Therapy Association. Ther 2009 Apr;39(4):A1-25.
4. AHRQ National Guideline Clearinghouse. Guideline Summary NGC-7273. Neck pain: clinical practice guidelines linked to the International Classification of Functioning, Disability, and Health from the Orthopaedic Section of the American Physical Therapy Association. Orthop Sports Phys Ther 2008 Sep;38(9):A1-34.
5. AHRQ National Guideline Clearinghouse. Guideline Summary NGC-8369. Knee pain and mobility impairments: meniscal and articular cartilage lesions. J Orthop Sports Phys Ther 2010 Jun;40 (6):A1-A35.
6. AHRQ National Guideline Clearinghouse. Guideline Summary NGC-8521. Best evidence statement (BESt). Aquatic physical therapy combined with land-based physical therapy to improve functional independence. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2011 Jan 4. 6 p.
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8. AHRQ National Guideline Clearinghouse. Guideline Summary NGC-9484. Spasticity in children and young people with non-progressive brain disorders: management of spasticity and co-existing motor disorders and their early musculoskeletal complications. July 2012.
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11. American Physical Therapy Association: Code of Ethics for the Physical Therapist. June 2009.
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14. American Physical Therapy Association: Physical Therapy Model Benefit Plan Design. December 2011.
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18. AquaMED Dry Hydrotherapy website. What is Dry Hydrotherapy?
19. Armand S, Decoulon G, Bonnefoy-Mazure A. Gait analysis in children with cerebral palsy. EFORT Open Rev. 2016;1(12):448–460. Published 2016 Dec 22. doi:10.1302/2058-5241.1.000052.
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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 02/27/20.

GUIDELINE UPDATE INFORMATION:

07/15/99	Medical Coverage Guideline developed.
04/01/02	HCPCS coding update; S8945 added.
01/01/03	HCPCS coding update; E0761 added.
02/15/03	Review of guideline; no change in coverage statement.
04/01/03	HCPCS coding update; S8945 deleted.
04/15/03	Revision of guideline; G0283 added.
08/15/03	Revision of guideline consisting of addition of information on infrared and low level laser, addition of G0281 and addition of cross-reference for diathermy and ultrasound for wound healing.
01/01/04	Annual HCPCS coding update.
03/15/04	Review and revision of guideline; consisting of updated references and addition of cross-references for pelvic floor stimulation, TMJ dysfunction and electrical stimulation for wound healing.
07/01/04	2nd quarter HCPCS update; consisting of the addition of S8948.
03/15/05	Review and revision of guideline; consisting of updated references.
01/01/06	Annual HCPCS coding update consisting of the deletion of 97020, 97505 and 97520.
03/15/06	Review and revision of guideline consisting of updated references.
06/15/06	Revision of guideline consisting of the addition of investigational statements for DRS therapy and dry hydrotherapy.
10/15/07	Review and revision of guideline consisting of updated references and reformatted guideline.
09/15/08	Scheduled review; no change in position statement. Update references. Update related guidelines.
04/01/09	Unscheduled review; update position statement and reimbursement section. Add program exception for Florida Statute 627.6686 and Medicare program exception for Comprehensive Motion Analysis (Gait Analysis).
09/15/09	Update exception section for treatment of autism.
04/15/10	Annual review; no change in position statement. Updated description for physical tests and measurements CPT code 97750. References updated.
04/15/11	Revision; added ICD-9 & ICD-10 diagnosis codes related to massage therapy.
07/15/11	Revision; formatting changes.
08/15/11	Revision; added a statement to the Position Statement that the treatment plan must be recertified by the physician at least every 60 days.

07/15/12	Scheduled review. Revised MCG title, description section and position statement. Updated references.
07/15/13	Scheduled review. Added coverage statement for Interactive Metronome Program (E/I). Revised ICD9 and ICD10 coding sections. Updated Medicare Advantage program exception. Updated references.
04/15/14	Revised ICD9 and ICD10 coding for massage therapy.
08/15/14	Scheduled review. Revised position statement and definitions section. Updated references.
10/01/15	Revision; updated ICD10 coding section.
11/01/15	Revision: ICD-9 Codes deleted.
07/15/16	Revision: Updated Program Exceptions section and references.
09/15/16	Revision: updated Positon Statement section and Definitions section.
09/15/17	Revision: deleted “physician directed” in reference to a treatment plan. Revised Program Exceptions section.
01/01/18	Revision: updated Reimbursement Information section.
10/01/18	ICD10 coding update: deleted M79.1.
03/15/20	Scheduled review. Revised position statement. Added CPT and HCPCS coding. Revised program exceptions and related guidelines. Updated references.
03/15/21	Revision: added definition for “eligible individual” and “health insurance plan” as described in Florida statutes 627.6686 and 641.31098. Added definition of “developmental disability” as described in Florida statute 393.063.