



**OUTPATIENT REHABILITATION THERAPY SERVICES
(PHYSICAL THERAPY, OCCUPATIONAL THERAPY,
AND SPEECH-LANGUAGE PATHOLOGY SERVICES)
HS-010**



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

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WellCare Health Insurance of Arizona, Inc.*

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WellCare Prescription Insurance, Inc.

**Outpatient Rehabilitation
Therapy Services
(Physical Therapy,
Occupational Therapy, and
Speech-Language
Pathology Therapy)**

Policy Number: HS-010

Original Effective Date: 3/13/2008

**Revised Date(s): 6/18/2009; 6/25/2010;
6/16/2011; 7/7/2011; 8/11/2011; 9/2/2011**

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.



BACKGROUND

Description of Rehabilitative Therapy. The concept of rehabilitative therapy includes recovery or improvement in function and, when possible, restoration to a previous level of health and well-being. Therefore, evaluation, re-evaluation and assessment documented in the Progress Report should describe objective measurements which, when compared, show improvements in function, or decrease in severity, or rationalization for an optimistic outlook to justify continued treatment.

Covered therapy services shall be rehabilitative therapy services unless they meet the criteria for maintenance therapy requiring the skills of a therapist described below.

Rehabilitative therapy services are skilled procedures that may include but are not limited to:

- Evaluations; reevaluations
- Establishment of treatment goals specific to the patient's disability or dysfunction and designed to specifically address each problem identified in the evaluation;
- Design of a plan of care addressing the patient's disorder, including establishment of procedures to obtain goals, determining the frequency and intensity of treatment;
- Continued assessment and analysis during implementation of the services at regular intervals;
- Instruction leading to establishment of compensatory skills;
- Selection of devices to replace or augment a function (e.g., for use as an alternative communication system and short-term training on use of the device or system); and
- Patient and family training to augment rehabilitative treatment or establish a maintenance program. Education of staff and family should be ongoing through treatment and instructions may have to be modified intermittently if the patient's status changes.

Skilled Therapy. Rehabilitative therapy occurs when the skills of a therapist, are necessary to safely and effectively furnish a recognized therapy service whose goal is improvement of an impairment or functional limitation. Skilled therapy may be needed, and improvement in a patient's condition may occur, even where a chronic or terminal condition exists. For example, a terminally ill patient may begin to exhibit self-care, mobility, and/or safety dependence requiring skilled therapy services. The fact that full or partial recovery is not possible does not necessarily mean that skilled therapy is not needed to improve the patient's condition. In the case of a progressive degenerative disease, for example, service may be intermittently necessary to determine the need for assistive equipment and establish a program to maximize function. The deciding factors are always whether the services are considered reasonable, effective treatments for the patient's condition and require the skills of a therapist, or whether they can be safely and effectively carried out by non-skilled personnel without the supervision of qualified professionals.

Potential for Improvement Due to Treatment. If an individual's expected rehabilitation potential would be insignificant in relation to the extent and duration of physical therapy services required to achieve such potential, therapy would not be covered because it is not considered rehabilitative or reasonable and necessary. Improvement is evidenced by successive objective measurements whenever possible. Therapy is not required to effect improvement or restoration of function where a patient suffers a transient and easily reversible loss or reduction of function (e.g., temporary weakness which may follow a brief period of bed rest following abdominal surgery) which could reasonably be expected to improve spontaneously as the patient gradually resumes normal activities. Therapy furnished in such situations is not considered reasonable and necessary for the treatment of the individual's illness or injury and the services are not covered.



Maintenance Programs

During the last visits for rehabilitative treatment, the clinician may develop a maintenance program. The goals of a maintenance program would be, for example, to maintain functional status or to prevent decline in function. The specialized skill, knowledge and judgment of a therapist would be required, and services are covered, to design or establish the plan, assure patient safety, train the patient, family members and/or unskilled personnel and make infrequent but periodic reevaluations of the plan.

The services of a qualified professional are not necessary to carry out a maintenance program, and are not covered under ordinary circumstances. The patient may perform such a program independently or with the assistance of unskilled personnel or family members.

Where a maintenance program is not established until after the rehabilitative therapy program has been completed (and the skills of a therapist are not necessary) development of a maintenance program would not be considered reasonable and necessary for the treatment of the patient's condition. It would be excluded from coverage unless the patient's safety was at risk (see below).

EXAMPLE: A Parkinson patient who has been under a rehabilitative physical therapy program may require the services of a therapist during the last week or two of treatment to determine what type of exercises will contribute the most to maintain the patient's present functional level following cessation of treatment. In such situations, the design of a maintenance program appropriate to the capacity and tolerance of the patient by the qualified therapist, the instruction of the patient or family members in carrying out the program, and such infrequent reevaluations as may be required would constitute covered therapy because of the need for the skills of a qualified professional.

Evaluation and Maintenance Plan without Rehabilitative Treatment. After the initial evaluation of the extent of the disorder, illness, or injury, if the treating qualified professional determines the potential for rehabilitation is insignificant, an appropriate maintenance program may be established prior to discharge. Since the skills of a therapist are required for the development of the maintenance program and training the patient or caregivers, this service is covered.

EXAMPLE: The skills of a qualified speech-language pathologist may be covered to develop a maintenance program for a patient with multiple sclerosis, for services intended to prevent or minimize deterioration in communication ability caused by the medical condition, when the patient's current medical condition does not yet justify the need for the skilled services of a speech-language pathologist. Evaluation, development of the program and training the family or support personnel would require the skills of a therapist and would be covered. The skills of a therapist are not required and services are not covered to carry out the program.

Skilled Maintenance Therapy for Safety. If the services required to maintain function involve the use of complex and sophisticated therapy procedures, the judgment and skill of a therapist may be necessary for the safe and effective delivery of such services. When the patient's safety is at risk, those reasonable and necessary services shall be covered, even if the skills of a therapist are not ordinarily needed to carry out the activities performed as part of the maintenance program.

EXAMPLE: Where there is an unhealed, unstable fracture, which requires regular exercise to maintain function until the fracture heals, the skills of a therapist would be needed to ensure that the fractured extremity is maintained in proper position and alignment during maintenance range of motion exercises.



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POSITION STATEMENT

Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) **are considered medically necessary** when ALL of the following conditions are met:

- 1) The member must have a clinical condition or diagnosis requiring therapy services; **AND**
- 2) The order for the therapy services is signed by an attending physician or non-physician practitioner (PA/NP) not performing the rehabilitation services; **AND**
- 3) The services will be provided while the member is under the care of the ordering attending physician/PA/NP; **AND**
- 4) The services must relate to a written treatment plan that is signed by the ordering physician/PA/NP and be of a level of complexity that requires the judgment, knowledge, and skills of a physical, occupational or speech-pathology therapist to perform and/or supervise the services; **AND**
- 5) The services, including the amount, frequency, and duration shall be considered reasonable under accepted standards of medical practice and to be a specific and effective treatment for the patient's condition; **AND**
- 6) There must be an expectation that the patient's condition will improve significantly in a reasonable (and generally predictable) period of time, and/or the services must be necessary for the establishment of a safe and effective maintenance program required in connection with a specific disease state; **AND**
- 7) Requests for authorization of additional therapy services, beyond the amount and duration previously authorized, must be accompanied by written documentation of the specific clinical improvements achieved by the use of the services provided to date and the anticipated improvement that additional services will provide.
- 8) Therapy is covered for Georgia Medicaid members age 21 and older only when requested immediately following and in treatment of an acute illness, injury or impairment.

Examples of non-covered services:

- 1) Services related to activities for the general good and welfare of patients, e.g., general exercises to promote overall fitness and flexibility and activities to provide diversion, general motivation, sports conditioning or performance enhancement.
- 2) Services not provided under a physician agreed upon therapy Plan of Care, or are provided by staff that are not qualified or appropriately supervised
- 3) Physical Performance Test or measurement and Functional Capacity Evaluations to establish disability. **
- 4) Requests for service which outline or describe in the Plan of Care any experimental or research natured therapies.
- 5) Services that do not require the interventions or supervision of a therapist are not skilled and are not considered reasonable or necessary therapy services, even if they are performed or supervised by a qualified professional. While a member's particular medical condition is a valid factor in deciding if skilled therapy services are needed, a member's diagnosis or prognosis should never be the sole factor in deciding that a service is or is not skilled. The key issue is whether the skills of a therapist are needed to treat the illness or injury, or whether the services can be carried out by non-skilled personnel.
- 6) Only services provided by those trained specifically in physical therapy, occupational therapy or speech-language pathology may bill therapy services. Services of athletic trainers, massage therapists, recreational therapists, kinesiotherapists, low vision specialists or any other profession may not be billed as therapy services. (CMS)



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CODING

CPT/HCPCS Modifiers

Occupational Therapy - Modifier GO Services delivered under an outpatient occupational therapy plan of care
Physical Therapy - Modifier GP Services delivered under an outpatient physical therapy plan of care
Speech Therapy - Modifier GN Services delivered under an outpatient speech language pathology plan of care

Occupational Therapy

CPT® Codes

97003 Occupational therapy evaluation
97004 Occupational therapy re-evaluation

ICD-9-CM Procedures Codes

93.83 Occupational therapy

HCPCS Level II Codes

G0129 Occupational therapy requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more)
G0152 Services of occupational therapist in home health setting, each 15 minutes
S9129+ Occupational therapy, in the home, per diem
+S- Codes are NON COVERED FOR MEDICARE – Refer to HCPCS Level II Temporary National Codes

ICD-9-CM Diagnosis Codes - Multiple and varied

Physical Therapy

CPT® Codes

97001 Physical therapy evaluation
97002 Physical therapy re-evaluation
97010 Application of a modality to one or more areas; hot or cold packs
97012 Application of a modality to one or more areas; traction, mechanical
97014 Application of a modality to one or more areas; electrical stimulation (unattended)
97016 Application of a modality to one or more areas; vasopneumatic devices
97018 Application of a modality to one or more areas; paraffin bath
97022 Application of a modality to one or more areas; whirlpool
97024 Application of a modality to one or more areas; diathermy (eg, microwave)
97026 Application of a modality to one or more areas; infrared
97028 Application of a modality to one or more areas; ultraviolet
97032 Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033 Application of a modality to one or more areas; iontophoresis, each 15 minutes
97034 Application of a modality to one or more areas; contrast baths, each 15 minutes
97035 Application of a modality to one or more areas; ultrasound, each 15 minutes
97036 Application of a modality to one or more areas; Hubbard tank, each 15 minutes
97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112 Therapeutic procedure, one 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, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116 Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)



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- 97124** Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
- 97140** Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
- 97150** Therapeutic procedure(s), Group – 2 or more individuals
- 97530** Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
- 97532** Therapeutic activities, direct (one to one) patient contact by the provider (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 to one) patient contact by the provider, 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 by provider, each 15 minutes
- 97537** Community/work integration 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 by provider, each 15 minutes
- 97542** Wheelchair management (eg, assessment, fitting, training), each 15 minutes
- 97760** Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
- 97761** Prosthetic training, upper and/or lower extremity(s), each 15 minutes
- 97762** Checkout for orthotic/prosthetic use, established patient, each 15 minutes

Non-covered Physical Therapy CPT Codes

- 97545** Work hardening/conditioning; initial 2 hours
- 97546+** Add on Code for Work hardening/conditioning; +each additional hour
- 97750** Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes **

ICD-9-CM Procedures Codes

- 93.09** Other diagnostic physician therapy procedure
- 93.38** Combined physical therapy without mention of the components
- 93.39** Other physical therapy

HCPCS Level II Codes

- G0151** Services of physical therapist in home or health setting, each 15 minutes
- S9131+** Physical therapy; in the home, per diem
+S- Codes are NON COVERED FOR MEDICARE – Refer to HCPCS Level II Temporary National Codes

ICD-9-CM Diagnosis Codes - Multiple and varied

Speech Therapy

CPT®* Codes

- 92506** Evaluation of speech, language, voice, communication, and/or auditory processing
- 92507** Individual Treatment of speech, language, voice, communication, and/or auditory processing disorder
- 92508** Group, 2 or more - Treatment of speech, language, voice, communication, and/or auditory processing disorder
- 92526** Treatment of swallowing dysfunction and/or oral function for feeding
- 92611** Motion Fluoroscopic Evaluation of Swallowing Function by cine or video recording
- 92612** Flexible Fiberoptic Endoscopic evaluation of swallowing by cine or video recording



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- 92613** Physician Interpretation and report of Flexible Fiberoptic Endoscopic evaluation of swallowing by cine or video recording
- 92614** Flexible Fiberoptic Endoscopic evaluation of laryngeal sensory testing by cine or video recording
- 92615** Physician Interpretation and report of Flexible Fiberoptic Endoscopic evaluation of laryngeal sensory testing by cine or video recording
- 92616** Flexible Fiberoptic Endoscopic evaluation of swallowing & laryngeal sensory testing by cine or video recording
- 92617** Physician Interpretation and report of Flexible Fiberoptic Endoscopic evaluation of swallowing & laryngeal sensory testing by cine or video recording

ICD-9-CM Procedures Codes

- 93.74** Speech Defect Training
- 93.75** Other speech training and therapy

HCPCS Level II Codes

- G0153** Services of a speech and language pathologist in home health setting, each 15 minutes
 - S9128+** Speech therapy, in the home, per diem
 - S9152+** Speech Therapy, re-evaluation
- +S- Codes are NON COVERED FOR MEDICARE – Refer to HCPCS Level II Temporary National Codes

ICD-9-CM Diagnosis Codes

- 161.0 - 161.9** Malignant neoplasm of larynx
- 212.1** Benign neoplasm of larynx
- 231.0** Carcinoma in situ of larynx
- 430 - 437.9** Cerebrovascular disease
- 438.10 - 438.19** Late effects of cerebrovascular disease, speech and language deficits
- 438.20 - 438.22** Late effects of cerebrovascular disease, hemiplegia/hemiparesis
- 438.81** Late effects of cerebrovascular disease, apraxia
- 438.82** Other late effects of cerebrovascular disease, dysphagia
- 748.3** Other anomalies of larynx, trachea, and bronchus
- 749.00 - 749.25** Cleft palate and cleft lip
- 783.3** Feeding difficulties and mismanagement
- 787.2** Dysphagia
- 800.00 - 804.99** Fracture of skull
- 850.00 - 854.19** Intracranial injury
- 874.00 - 874.12** Open wound of larynx with trachea
- 905.0** Late effect of fracture of skull and face bones
- 906.0** Late effect of open wound of head, neck, and trunk
- 907.0** Late effect of intracranial injury without mention of skull fracture
- 907.1** Late effect of injury to cranial nerve
- V10.21** Personal history of malignant neoplasm of larynx
- V43.81** Organ or tissue replaced by other means, larynx

*Current Procedural Terminology (CPT) 2011 American Medical Association: Chicago, IL.®©

** Covered only in states where required (OH)

REFERENCES

Peer Reviewed – N/A



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Government Agencies, Professional and Medical Organizations

1. Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services, 220 - Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance.
2. Georgia Department of Community Health. (2011). Part II policies and procedures for hospital services. Retrieved from <https://www.gha.org/Finance/HospitalServices0711.pdf>
3. Georgia Department of Community Health. (2011). Part II policies and procedures for physician services.

HISTORY AND REVISIONS

Date	Action
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
9/2/2011	<ul style="list-style-type: none">• Approved by MPC. No changes.