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PHYSICAL THERAPY/MEDICINE
Corporate Medical Policy

File Name: Physical Therapy/Medicine
File Code: UM.REHAB.02
Origination: 01/1997
Last Review: 07/2018
Next Review: 07/2019
Effective Date: 11/01/2018

Description/Summary

Physical therapy/medicine relieves pain of an acute condition, restores function and prevents disability following disease, injury or loss of a body part.

Physical therapy/medicine services are provided for individuals of all ages who have or may develop mechanical, physiological, and/or developmental impairment restrictions related to conditions of the musculoskeletal, neuromuscular, and/or integumentary systems.

Policy

Coding Information

Click the links below for attachments, coding tables & instructions.

Attachment I- CPT® Code List and Policy Instructions

Services or procedures that may be considered medically necessary:

Physical therapy/medicine services are considered **medically necessary** when performed to meet the functional needs of a patient who suffers from physical impairment due to disease, trauma, congenital anomalies or prior therapeutic intervention and must meet ***all*** of the following criteria:

- Only include those physical therapy/medicine services that require constant attendance of a licensed physical therapist (PT), a physical therapy assistant (PTA), a medical doctor (M.D.), a doctor of osteopathy (D.O.), chiropractor (D.C.), Athletic Trainer (AT), Podiatrist (DPM), Advanced Practice Registered Nurse (APRN), or Doctor of Naturopathy (ND);

- Achieve a specific diagnosis-related goal for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time;
- Provide specific, effective, and reasonable treatment for the patient's diagnosis and physical condition;
- Be delivered by a qualified provider of physical therapy/medicine services. A qualified provider is one who is licensed in the state where services are performed and performs within the scope of licensure;
- Require the judgment, knowledge, and skills of a qualified provider of physical therapy/medicine services due to the complexity and sophistication of the treatment and the physical condition of the patient;
- For ongoing services only when there is clear, measurable progress toward a rehabilitative goal, a less restrictive setting, or other Medically Necessary goal;
- Physical therapy/medicine services that include aqua and pool therapy must also meet all of the above criteria.

Physical Therapy for individuals diagnosed with Autism Spectrum Disorder (ASD):

Features of ASD may include delays in the achievement and advancement of motor skills and sensorimotor adaption, atypical postures and movement patterns, deficient balance reactions, decreased muscle performance and range of mobility, and a general lack of physical fitness. Associated conditions may include, but are not limited to, hypotonia, limb apraxia and joint laxities. The following components for the management of ASD may be considered medically necessary when the specified medical criteria apply. In accordance with the terms defined in the applicable medical policies, benefit contracts on these topics, or where a state mandate provides for such coverage, physical, occupational and/or speech therapy may be considered medically necessary when all of the following criteria are met:

- The individual has a documented DSM-5 diagnosis of ASD and/or moderate to severe intellectual disability
- The individual has a history of a clinically significant impairment that interferes with the ability to negotiate their environment, communicate, learn and/or demonstrate appropriate social behavior, which may include any of the following:
  - Impaired motor skills and/or musculoskeletal system involvement
  - Impaired activities of daily living
- The parent(s) and/or caregiver(s) are willing and able to participate and follow the training and support that is incorporated into the treatment plan.
- The therapy is rendered by or under the direction of a healthcare provider who is appropriately licensed to perform the therapy and who is eligible under the terms of the member's benefit contract.
- The individual's progress in meeting the objectives of the treatment plan is measured on an ongoing basis for adjustment or refinement.

A comprehensive evaluation is required and must be submitted in order to obtain prior authorization for PT services for members diagnosed with autism spectrum disorder. The comprehensive evaluation does not require prior authorization, but ALL proposed PT

services pursuant to the comprehensive evaluation require prior authorization in order to determine medical necessity.

The benefit for PT services, as treatment for eligible diagnoses in this policy through age 21 refer to the Corporate Medical Policy Applied Behavior Analysis, is not subject to the combined 30 visit limit. When coverage for such therapies is authorized, unless a provider or the Plan determines an earlier assessment is required, the assessment of the individual's progress in meeting the objectives of the treatment plan shall be valid for six months. In order for benefits for PT to continue beyond the initial six-month period (or sooner if a shorter duration of need is determined in the initial evaluation), the provider must submit a progress report containing all applicable information outlined in this policy. Based on the information submitted, authorization for additional services may be extended for up to an additional six-month period if such services are determined to be medically necessary.

Services or procedures not covered as they are considered not medically necessary:

Services not meeting the criteria above are considered **not medically necessary**. In addition, certain types of treatment that do not generally require the skills of a qualified healthcare provider are considered **not medically necessary**. These types of services may include, but are not limited to:

- Repetitive exercises to improve walking and/or running distance, strength, and endurance assisted services in supporting unstable members;
- Passive range of motion (RPOM) treatment, not related to restoration of a specific loss of function;
- Preventive and maintenance activities;
- Treatment of behavioral problems;
- Treatment of intellectual disability;
- General conditioning program or self-monitored repetitive exercises or exercise equipment to increase strength and endurance
- Athletic conditioning program. “Conditioning” means programs designed to enhance the following physiological areas: flexibility, muscle strength, muscle endurance, neuromuscular coordination, and cardio-respiratory endurance that will assist in improved athletic performance specific to the sport in which the athlete participates. Conditioning includes programs used before the season, and programs to re-establish performance during the season;
- Services for a condition when the therapeutic goals of the treatment plan have been achieved and no progress is apparent or expected to occur;
- Any modality not listed in attachment I;
- Inpatient care if the hospital admission is solely for the purpose of receiving physical therapy/medicine.

Services or procedures not covered as they are considered investigational:

- Dry Needling
- Interactive Metronome
- Low Level Laser Therapy;

- Vertebral axial decompression (i.e. DRS System, DRX 9000,VAX-D Table, Accu- Spina System, Lordex Lumbar Spine System, Internal Disc Decompression (IDD) distraction table)(S9090);
- Thermal massage bed, hydro therapy massage;
- Therapeutic Magnetic Resonance (TMR);
- Active Therapeutic movements (ATMs);
- Whole body vibration therapy
- Whole body advance exercise
- Wobble Chair
- Oscillating platform therapy, Spineforce;
- Sensory integration therapy (including services under CPT code 97533);
- Gait analysis;
- Hands-free ultrasound;
- Iontophoresis and phonophoresis for drug delivery;
- Aqua and pool therapy for all non-musculoskeletal indications (e.g. asthma).

PT services are considered investigational for treatment of ASD for individuals over the age of 21 years because published scientific literature does not support their effectiveness. PT may be eligible for members over the age of 21 years diagnosed with ASD if they meet medical necessity criteria for PT.

Services or procedures not covered as they are a benefit exclusion:

- Services to establish or re-establish the capability to perform occupational, hobby, sport or leisure activities.
- Acupuncture, acupressure or massage therapy; hypnotherapy, rolfing, homeopathic or naturopathic remedies. (This exclusion does not apply to Medically Necessary services that would otherwise be Covered services when such services are performed by a naturopath and within the scope of the naturopathic provider's license.)
- Biofeedback or other forms of self-care training;
- Care for which there is no therapeutic benefit or likelihood of improvement.
- Care, the duration of which is based upon a predetermined length of time rather than the condition of the patient, the results of treatment, or the individual's medical progress.
- Care provided but not documented with clear, legible notes indicating patient's symptoms, physical findings, Physician's assessment, and treatment modalities used (billed).
- Cognitive training or retraining and educational programs, including any program designed principally to improve academic performance, reading or writing skills;
- Education, educational evaluation or therapy, therapeutic boarding schools, services that should be covered as part of and evaluation for, or inclusion in, a Child's individualized education plan (IFP) or other education program. (This exclusion does not apply to treatment of diabetes, such a medical nutrition therapy by approved participating Providers.)
- Foot care or supplies that are palliative or cosmetic in nature, including supportive devices and treatment for bunions (except capsular or bone Surgery), flat-foot conditions, subluxations of the foot, corns, callouses, toenails, fallen arches, weak

feet, chronic foot strain and symptomatic complaints of the feet. This exclusion does not apply to necessary foot care for treatment of diabetes."

- Group physical therapy/medicine services, group exercise, or physical therapy/medicine performed in a group setting;
- Treatment solely to establish or re-establish the capability to perform occupational, hobby, sport or leisure activities;
- Treatment for developmental delay, except for those conditions outlined in the medical policies titled "and "Early Childhood Developmental Disorders (ECDD), Including Autism";
- Services that are considered part of custodial care;
- Work-hardening programs and work-related illnesses or injuries (or those which you claim to be work-related, until otherwise finally adjudicated), provided such illnesses or injuries are covered by workers' compensation or should be so covered. (This provision does not require an individual, such as a sole proprietor or an owner partner, to access workers' compensation if he or she does not legally need to be covered);
- Support therapies, including pastoral counseling, assertiveness training, dream therapy, equine therapy, hippotherapy, music or art therapy, recreational therapy, tobacco cessation therapy, stress management, wilderness programs, therapy camps, adventure therapy and bright light therapy
- Physical fitness equipment, braces, and devices intended primarily for use with sports, recreation, or physical activities other than Activities of Daily Living (e.g. knee braces for skiing, running, or hiking); weight loss or exercise programs, health club, or fitness center memberships are not a covered benefit.
- Services provided that are not within the scope of license and/or certification for the rendering provider.
- Services, including modalities that do not require the constant attendance of a provider.
- Dynamic splitting, patient-actuated end range motion stretching devices and programmable or variable motion resistance devices.
- Unattended modalities/services (application of a modality to one or more areas that does not require direct one on one patient contact by provider). This includes, but is not limited to:
  - Hot or cold packs
  - Electrical stimulation (unattended)
  - Paraffin bath
  - Whirlpool
  - Diathermy (eg, microwave)
  - Infrared
  - Ultraviolet
- Services beyond those needed to restore ability to perform Activities of Daily Living.
- Supervised services or modalities that do not require the skill and expertise of a licensed providers

Habilitative and Rehabilitative Services

Habilitative and rehabilitative services are services provided to achieve normal functions and skills necessary to perform age-appropriate basic activities of daily living, including

ambulation, eating, bathing, dressing, speech, and elimination.

Habilitation and rehabilitation services may include respiratory therapy, speech therapy, occupational therapy and physical therapy/medicine treatments. Habilitation and rehabilitation services may be performed by those who are qualified to perform such services and do so within the scope of their license. Such services are evaluated based on objective documentation of measureable progress toward functional improvement goals. Measurement methods must be valid, reliable, repeatable, and evidence-based.

Habilitative services, including devices, are provided for a person to attain a skill or function never learned or acquired due to a disabling condition.

Rehabilitation services, including devices, on the other hand, are provided to help a person regain, maintain or prevent deterioration of a skill or function that has been acquired but then lost or impaired due to illness, injury, or disabling condition.

The following services are excluded from benefits under our certificates of coverage: custodial care, vocational, recreational, educational services, and services that show no likelihood of improvement and/or no therapeutic benefit.

Reference Resources

A search of literature was completed through the MEDLINE database for the period from January 1980 through November 2010. The search strategy focused on references containing the following Medical Subject Headings:

- Physical Therapy (including review or meta-analysis or practical clinical trial or guidelines) as indexed in the Abridged Index Medicus
- Physical Therapy and Iontophoresis
- Rehabilitation (massage or effleurage or pétrissage or tapotement).Research was limited to English-language journals on humans.

Related Policies

Applied Behavior Analysis
Occupational Therapy
Speech Language Pathology /Therapy
Early Childhood Developmental Disorders (ECDD), Including Autism (For State of Vermont Only)
Chiropractic Services

Legislative Guidelines

VSA Title 26, 2081a- Practice of Physical Therapy
VSA Title 26, Ch 83, § 4151-4160, Athletic Trainers
VSA § 4088i - Early Childhood Developmental Disorders Vermont Act 127 - Autism Spectrum Disorders

Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Only medically necessary physical therapy/medicine services are eligible for benefits. To be considered medically necessary the services must meet the guidelines outlined in the Policy section.

Limitations to this benefit apply. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy. Benefits are subject to all terms, limitations and conditions of the subscriber contract or employees benefit plan.

An approved referral authorization for members of the New England Health Plan (NEHP) is required. A prior approval for Access Blue New England (ABNE) members is required. NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

The plan covers up to 30 rehabilitative and 30 habilitative outpatient sessions ***combined*** PT/OT/ST visits per plan year. This maximum applies to sessions provided in the home, an outpatient facility or professional office setting. The maximum number of visits included in covered benefits may vary for specific contracts or products. Please refer to the appropriate subscriber contract or employer benefit plan for the applicable benefit maximum.

Modality codes 97597, 97598, 97602 and 97610 for debridement services provided by and within the scope of practice of a physical therapy provider will not apply to the defined combined benefit limit for PT, OT, and ST.

Modality code 97542 for wheelchair management (eg, assessment, fitting, training) will not apply to the defined combined benefit limit for PT, OT and ST.

Modality codes 97032 & 97035 are generally considered to be an adjunct to a variety of therapies and when billed by an allopathic, osteopathic, or chiropractic physician, these services do not count against the defined benefit limit for PT, OT, ST combined.

Modality codes 97032 & 97035 will only count as an individual Chiropractic visit if no other chiropractic services are rendered at the same visit.

When other therapeutic techniques (CPT 97110-97535) are billed by any provider (including a chiropractic physician) these services will apply to the defined benefit limit for PT, OT, and ST combined.

When any provider (including a chiropractic physician) bills physical therapy therapeutic procedures (CPT® 97110-97535) these services will apply to the defined benefit limit for PT, ST, OT combined. These visits will also count against the initial 12 or subsequent approved chiropractic visits.

Physical therapy/medicine services in the Emergency Room apply to the PT, OT and ST combined defined visit benefit limit.

Physical therapy/medicine services rendered at an inpatient level of care to members in an acute inpatient or rehabilitation facility, or under hospice care, do not apply to the defined benefit limit.

Physical therapists are eligible to provide medically necessary DME, subject to the terms, conditions and limitations of the subscriber's contract and therapist provider contract.

If member visits one provider for PT and another provider for OT- counts as 2 visits. If

member visits one provider for PT and another provider for PT – counts as 2 visits. If member visits one individual provider for both PT and OT during a single visit – counts as one visit.

Evaluation

A physical therapy/medicine evaluation is essential to determine if PT services are medically necessary, gather baseline data, establish a treatment plan, and develop goals based on that data. An evaluation is needed before implementing any PT treatment.

The plan of care should include:

- Prior functional level, if acquired condition;
- Objective, measureable, and functional descriptions of an individual's deficits using comparable and consistent methods;
- Specific statements of long- and short-term goals;
- Measurable objectives;
- A reasonable estimate of when the goals will be reached and rehabilitation prognosis;
- The specific treatment techniques and/or activities to be used in treatment;
- The frequency and duration of treatment;
- Discharge plan that is initiated at the start of PT treatment;
- All of the above required information will be documented with clear, legible notes that include the date of treatment and signature of the treating provider.

Progress Notes

Flow sheets are considered a component of the documented record but are not sufficient in or of themselves, unless they document or note the duration of treatment, modality parameters, and total treatment time, settings and if the provider was in constant attendance or not. This information must be included somewhere in the medical record in either the flow sheet, or in the SOAP note, to support both the procedure codes billed and the medical necessity of procedures performed.
It is also required that documentation demonstrates the progression and improvement of exercises performed, treatment parameters for each, treatment times performed and the total treatment time for the daily sessions and whether the therapist was one- on- one with the patient. When patients are performing independently on exercise equipment (e.g. treadmills, bikes) and a provider is not in constant attendance for evaluation and instruction the provider should not be billing therapeutic procedures.

Documentation for Constant Attendance Procedures/Modalities

When documentation supports constant attendance therapeutic procedures or modalities (i.e. 97110, 97112) are being performed; time documentation in minutes is required. The amounts of time versus the appropriate number of units to bill are as follows:

- If less than 8 minutes use modifier 52 for reduced services.
- If 8-22 minutes bill 1 unit.
- If 23-37 minutes bill 2 units, etc.

A PHYSICAL THERAPY/MEDICINE SESSION IS DEFINED AS UP TO ONE HOUR OF SERVICES (treatment and/or evaluation) or up to three modalities provided on any given day. In any case billing for the three modalities cannot exceed one hour per session.

A self-pay agreement must be entered into with the member prior to rendering any services described in this policy when members chose to pay, at their own expense for services that exceed the limitations of coverage (i.e. visits beyond the 30 combined visit limit) or any other excluded or non-covered services i.e. wellness/preventative physical therapy/medicine services**;** care designed to prepare them for specific occupational, hobbies, sports, leisure & recreational activities, acupuncture or massage therapy (not all inclusive). This self-pay agreement must be maintained as part of the member's medical record.

Policy Implementation/Update Information

Update 04/2005, 09/2004, 07/2003, 12/2002	Codes changes. Included TVHP, updated attachments. This policy replaces PT/OT policy signed by F. Balco 01/08/1998, effective 01/1997, memo from B. Miglarese dated 03/29/1991 and memo from pricing and coding dated 5/19/1997. ICD-9 2003.
10/2005	PT, ST, OT policies combined into one and updated
10/2006	Updated with CPT and diagnoses codes added and minor wording changes
10/2007	Updated format and minor changes made to match current certificate language. Reviewed by CAC 01/2008.
10/2008	Reviewed by CAC 01/2009
05/2009	ST component removed to separate policy
11/2010	OT component removed to separate policy, updated, diagnosis codes deleted, additional exclusions added (Iontophoresis, phonophoresis, hippotherapy)
12/2010	External review by two Vermont physical therapy providers.
08/2011	Updated policy extracted to revised format, grammatical corrections made to allow policy language to fit new format. Autism Mandate language added.
10/13/2011	Medical/Clinical Coder Reviewed and approved SAF
05/15/2012	Removed after six months of initiation language.
09/2012	Updated policy to reflect ECDD mandate. Minor format changes and some code changes. Added "audit information" and "legislative guidelines" section. Medical/Clinical Coder RLJ.
11/2013	Added Habilitative language to policy as mandated by Section 1302 of the Affordable Care Act. ICD changes necessary to reflect changes to Autism and ECDD policies. RLJ
02/2014	ICD-10 remediation only. The *disallowed diagnosis* column under ICD-9 column was removed. Only allowed diagnoses are listed. RLJ

05/2015	Medical policy title change to Physical Medicine. Group physical medicine clarified. Unattended modalities clarified as contract exclusion. Added debridement codes (97597, 97598, 97602, and 97610) as allowable. Exclusion for bunion care added. HCPCS S8990 moved to exclusion. Diagnosis code table removed. Benefits for services outlined in this policy are no longer diagnosis driven. Reviewed and approved by MPC on: 3/30/15.
01/2016	Modality CPTs 97012 & 97016 moved as eligible section. Moved Athletic training evaluation CPT (97005 & 97006) to exclusions section per member contracts. Reviewed and approved by MPC on: 1/11/16.
07/2018	Changed medical policy name from Physical Medicine to Physical Therapy/ Medicine. Updated under "Description" to remove VT State Statute and updated language. Removed section header "Billing and Physician Documentation Information. Added Language for Autism Spectrum Disorder. Added clarifying language around athletic condition program. Moved dynamic stretching and Hippotherapy to benefit exclusion section. Updated certificate language in benefit exclusion section. Added rehabilitative in the habilitative service section header. Removed scientific background header. Updated related policies section. Updated Legislation guidelines. Updated document precedence language section. Updated benefit determination guidance section. Added language around Chiropractic visit counts. Defined duplicate therapy counts. Updated eligible providers section. Removed NP under eligible providers, same as APRN. Moved Hubbard tanks and contrast baths from not medically necessary to medically necessary section of policy. Clarified modality codes 97597, 97598, 97602, 97610 (debridement codes) and 97542 (Wheelchair Fitting) do not count against benefit limits. Added -SZ modifier for Habilitative vs. rehabilitative and updated coding table. Added 2017 CPT® Codes 97161,97162,97163,97164 deleted CPT® Codes 97001 & 97002.Moved Group therapy 97150 to benefit exclusion from not medically necessary. Clarified athletic trainer statue and provider must practice within scope of license and/or certification. Code 97160 moved from medically necessary to investigational with diagnoses exceptions to align with Investigational Medical Policy. Adaptive Maintenance effective 01/01/2018: Revised CPT® codes for effective date 01/01/2018 added new code 97127 was added for therapeutic interventions specific to cognitive function and strategies to compensate and manage activity performance with direct patient contact. This code can only be reported once per day. Code 97532 was deleted and the service would now be reported with the new code. Codes 97760 and 97761 were revised to be specific to the initial encounter and a new code 97763 was added for subsequent. Code 97762 was deleted and the service would now be reported with the new code. Removed –SZ modifier and added -96 modifier. G0515 Added, 99483 added can only be reported every 180 days.
10/2018	Corrected language for Code 97610 with language to read "will deny investigational" and removed the work "except" to align with the Corporate Medical Policy.

Eligible Providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Directors Date Approved

Joshua Plavin, MD, MPH, MBA
Chief Medical Office

Attachment I
CPT® Code List and Policy Instructions

Code Type	Number	Description	Policy Instructions
The following codes will be considered as medically necessary when applicable criteria have been met.			
CPT®	95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	
CPT®	97161	Physical therapy evaluation: low complexity	
CPT®	97162	Physical therapy evaluation: moderate complexity	
CPT®	97163	Physical therapy evaluation: high complexity	
CPT®	97164	Re-evaluation of physical therapy established plan of care	
CPT®	97012	Application of a modality to 1 or more areas; traction, mechanical	
CPT®	97016	Application of a modality to 1 or more areas; vasopneumatic devices	
CPT®	97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	Physical medicine and rehabilitation modalities (constant attendance). For this code range, services are measure in 15 minute time units. Time must be documented. Units are required in addition to the code for
CPT®	97034	Contrast Baths, each 15 minutes	
CPT®	97035	Application of a modality to 1 or more areas; Ultrasound, each 15 minutes	
CPT®	97036	Application of a modality to 1 or more areas; Hubbard Tank, each 15 minutes	

CPT®	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	billing with one unit equaling 15 minutes.
CPT®	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	
CPT®	97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	
CPT®	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	
CPT®	97127	Therapeutic interventions specific to cognitive function and strategies to compensate and manage activity performance with direct patient contact. This code can only be reported once per day.	
CPT®	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	
CPT®	97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	
CPT®	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	
CPT®	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	Does not affect any applicable combined therapy benefit limits

CPT®	97597	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, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	Does not affect any applicable combined therapy benefit limits
CPT®	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, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof	Add-on code. List separately in addition to code for primary procedure. Code first CPT 97597. Does not affect any applicable combined therapy benefit limits
CPT®	97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressing, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	Does not affect any applicable combined therapy benefit limits
CPT®	97610	Low-frequency, non-contact, non-thermal ultrasound, including topical applications(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Does not affect any applicable combined therapy benefit limits
CPT®	97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	
CPT®	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 by provider, with written report, each 15 minutes	

CPT®	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, initial encounter	
CPT®	97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes, initial encounter	
CPT®	97763	Orthotic(s) or prosthhthetic management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes. Subsequent encounter.	
CPT®	99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric	This code can only be reported every 180 days.

		symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.	
HCPCS	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	
HCPCS	G0515	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes	
HCPCS	S8950	complex lymphedema therapy, each 15 minutes	
HCPCS	S9131	Physical therapy; in the home, per diem	
Modifier	-96	Habilitative Services	This modifier must be reported when habilitative services are provided. This will allow for services to accumulate to the correct benefit limit.
Modifier	-97	Rehabilitative Services	This modifier must be reported when rehabilitative services are provided. This will allow for services to accumulate to the correct benefit limit.
REV	0420 0421 0422 0424 0429 0977	Physical therapy Revenue codes	
The following codes will be denied as Not Medically Necessary			
CPT®	97039	Unlisted modality (specify type and time if constant attendance)	Not Medically Necessary

CPT®	97139	Unlisted therapeutic procedure (specify)	Not Medically Necessary
The following codes will be denied as Investigational			
CPT®	96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;	Investigational
CPT®	96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	Investigational
CPT®	96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	Investigational
CPT®	96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	Investigational
CPT®	96004	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report	Investigational
CPT®	97033	Iontophoresis	Investigational
CPT®	97533	Sensory integrative techniques	Investigational
CPT®	97610	Low-frequency, non-contact, non-thermal ultrasound, including topical applications(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Will deny investigational with the following diagnoses: E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622 I83.001-I83.029, I83.201-I83.229, L00-L08.9, L89.00-L89.95, L97.10-L97.929, L98.41-L98.499
CPT®	97799	Unlisted physical medicine/ rehabilitation service or procedure	Investigational
HCPCS	S9090	Vertebral axial decompression	Investigational

The following codes are considered contract exclusions and therefore are NOT covered			
CPT®	97150	Therapeutic procedure, group	Not Covered
CPT®	97169	Athletic training evaluation, low complexity	Not Covered
CPT®	97170	Athletic training evaluation, moderate complexity	Not Covered
CPT®	97171	Athletic training evaluation, high complexity	Not Covered
CPT®	97172	Re-evaluation of athletic training established plan of care	Not Covered
CPT®	97010	Hot and/or cold packs	The following codes represent modalities which do not require the constant attendance of a trained physical therapist, and therefore are excluded from coverage.
CPT®	97014	Electrical stimulation (unattended)	
CPT®	97018	Paraffin bath	
CPT®	97022	Whirlpool	
CPT®	97024	Diathermy (eg, microwave)	
CPT®	97026	Infrared	
CPT®	97028	Ultraviolet	
CPT®	90901	Biofeedback training by any modality	
CPT®	90911	Biofeedback training, perineal	
CPT®	97124	Therapeutic procedure, massage	Not Covered
CPT®	97537	Community/ work integration	Not Covered
CPT®	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	These services may be eligible if the member's group has purchased the Acupuncture rider.
CPT®	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	These services may be eligible if the member's group has purchased the Acupuncture rider.
CPT®	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	These services may be eligible if the member's group has purchased the Acupuncture rider.
CPT®	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	These services may be eligible if the member's group has purchased the Acupuncture rider.

CPT®	97545	Work hardening/conditioning; initial 2 hours	Not Covered
CPT®	97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	Not Covered
HCPCS	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	Not Covered
HCPCS	G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	Not Covered
HCPCS	G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	Not Covered
HCPCS	S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Not Covered
HCPCS	S8940	Hippotherapy	Not Covered