

CLINICAL APPROPRIATENESS GUIDELINES

OUTPATIENT REHABILITATIVE AND HABILITATIVE SERVICES

Appropriate Use Criteria: Physical Therapy, Occupational Therapy,
and Speech Therapy

EFFECTIVE MAY 1, 2021

Proprietary

Approval and implementation dates for specific health plans may vary. Please consult the applicable health plan for more details.
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REH01-0521.1

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Description and Application of the Guidelines

The AIM Clinical Appropriateness Guidelines (hereinafter “the AIM Clinical Appropriateness Guidelines” or the “Guidelines”) are designed to assist providers in making the most appropriate treatment decision for a specific clinical condition for an individual. As used by AIM, the Guidelines establish objective and evidence-based criteria for medical necessity determinations where possible. In the process, multiple functions are accomplished:

- To establish criteria for when services are medically necessary
- To assist the practitioner as an educational tool
- To encourage standardization of medical practice patterns
- To curtail the performance of inappropriate and/or duplicate services
- To advocate for patient safety concerns
- To enhance the quality of health care
- To promote the most efficient and cost-effective use of services

The AIM guideline development process complies with applicable accreditation standards, including the requirement that the Guidelines be developed with involvement from appropriate providers with current clinical expertise relevant to the Guidelines under review and be based on the most up-to-date clinical principles and best practices. Relevant citations are included in the References section attached to each Guideline. AIM reviews all of its Guidelines at least annually.

AIM makes its Guidelines publicly available on its website twenty-four hours a day, seven days a week. Copies of the AIM Clinical Appropriateness Guidelines are also available upon oral or written request. Although the Guidelines are publicly-available, AIM considers the Guidelines to be important, proprietary information of AIM, which cannot be sold, assigned, leased, licensed, reproduced or distributed without the written consent of AIM.

AIM applies objective and evidence-based criteria, and takes individual circumstances and the local delivery system into account when determining the medical appropriateness of health care services. The AIM Guidelines are just guidelines for the provision of specialty health services. These criteria are designed to guide both providers and reviewers to the most appropriate services based on a patient’s unique circumstances. In all cases, clinical judgment consistent with the standards of good medical practice should be used when applying the Guidelines. Guideline determinations are made based on the information provided at the time of the request. It is expected that medical necessity decisions may change as new information is provided or based on unique aspects of the patient’s condition. The treating clinician has final authority and responsibility for treatment decisions regarding the care of the patient and for justifying and demonstrating the existence of medical necessity for the requested service. The Guidelines are not a substitute for the experience and judgment of a physician or other health care professionals. Any clinician seeking to apply or consult the Guidelines is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment.

The Guidelines do not address coverage, benefit or other plan specific issues. Applicable federal and state coverage mandates take precedence over these clinical guidelines. If requested by a health plan, AIM will review requests based on health plan medical policy/guidelines in lieu of the AIM Guidelines.

The Guidelines may also be used by the health plan or by AIM for purposes of provider education, or to review the medical necessity of services by any provider who has been notified of the need for medical necessity review, due to billing practices or claims that are not consistent with other providers in terms of frequency or some other manner.

General Clinical Guideline

Clinical Appropriateness Framework

Critical to any finding of clinical appropriateness under the guidelines for a specific diagnostic or therapeutic intervention are the following elements:

- Prior to any intervention, it is essential that the clinician confirm the diagnosis or establish its pretest likelihood based on a complete evaluation of the patient. This includes a history and physical examination and, where applicable, a review of relevant laboratory studies, diagnostic testing, and response to prior therapeutic intervention.
- The anticipated benefit of the recommended intervention should outweigh any potential harms that may result (net benefit).
- Current literature and/or standards of medical practice should support that the recommended intervention offers the greatest net benefit among competing alternatives.
- Based on the clinical evaluation, current literature, and standards of medical practice, there exists a reasonable likelihood that the intervention will change management and/or lead to an improved outcome for the patient.

Providers may be required to submit clinical documentation in support of a request for services. Such documentation must a) be current enough to accurately reflect the clinical situation at the time of the requested service, and b) contain the elements necessary to determine compliance with guideline criteria without AIM physician reviewers having to make assumptions or interpretations about an ordering provider's clinical intent.

If these elements are not established with respect to a given request, the determination of appropriateness will most likely require a peer-to-peer conversation to understand the individual and unique facts that would supersede the requirements set forth above. During the peer-to-peer conversation, factors such as patient acuity and setting of service may also be taken into account.

Simultaneous Ordering of Multiple Diagnostic or Therapeutic Interventions

Requests for multiple diagnostic or therapeutic interventions at the same time will often require a peer-to-peer conversation to understand the individual circumstances that support the medical necessity of performing all interventions simultaneously. This is based on the fact that appropriateness of additional intervention is often dependent on the outcome of the initial intervention.

Additionally, either of the following may apply:

- Current literature and/or standards of medical practice support that one of the requested diagnostic or therapeutic interventions is more appropriate in the clinical situation presented; or
- One of the diagnostic or therapeutic interventions requested is more likely to improve patient outcomes based on current literature and/or standards of medical practice.

Repeat Diagnostic Intervention

In general, repeated testing of the same anatomic location for the same indication should be limited to evaluation following an intervention, or when there is a change in clinical status such that additional testing is required to determine next steps in management. At times, it may be necessary to repeat a test using different techniques or protocols to clarify a finding or result of the original study.

Repeated testing for the same indication using the same or similar technology may be subject to additional review or require peer-to-peer conversation in the following scenarios:

- Repeated diagnostic testing at the same facility due to technical issues
- Repeated diagnostic testing requested at a different facility due to provider preference or quality concerns

- Repeated diagnostic testing of the same anatomic area based on persistent symptoms with no clinical change, treatment, or intervention since the previous study
- Repeated diagnostic testing of the same anatomic area by different providers for the same member over a short period of time

Repeat Therapeutic Intervention

In general, repeated therapeutic intervention in the same anatomic area may be considered appropriate when the prior intervention proved effective or beneficial and the expected duration of relief has lapsed. A repeat intervention requested prior to the expected duration of relief is not appropriate unless it can be confirmed that the prior intervention was never administered. For situations wherein ongoing services might be appropriate, requests for subsequent services may be denied until completion of the previously authorized services so that patient response to the previously authorized services can be considered.

REHABILITATIVE AND HABILITATIVE THERAPIES

Physical Therapy

General Information

Background

Physical therapy, also known as physiotherapy, is a skilled, nonsurgical treatment involving education, active exercise as well as passive measures in order to maximize physical mobility and function, and quality of life. Physical therapy is a goal-directed and collaborative approach, most commonly employed when abilities have been impaired due to a medical condition, disease, or injury.

Details and Scope

The purpose of this guideline is to establish conceptual principles and documentation requirements for the appropriate initial and subsequent use of outpatient physical therapy services for habilitation and rehabilitation, and maintenance programs. This guideline does not provide specific clinical requirements or direction for a given episode of physical therapy. Specific types of physical therapy interventions, for instance hippotherapy or wobble board, may be subject to additional guidelines (please refer to the Adjunctive and Alternative Treatments section of this document). Requirements defined by benefit design (maximum number of physical therapy visits), state and federal regulations supersede this guideline.

For requests that meet the specific criteria set forth in the clinical guidelines, determination of the appropriate number of visits will depend on some or all of the following case details as applicable to the individual clinical circumstances:

- Functional outcome tool and/or severity of impairment
- History of pertinent surgery
- Comorbidities expected to impact treatment
- Progress toward functional goals (or mitigating factors if lack of progress)
- Existence of additional, achievable, functional goals
- Potential for progress
- Revisions to the plan of care

Requesting providers will need to provide information on such factors in order to support their request for more than an evaluation visit. A peer-to-peer conversation may be required to determine appropriateness in certain cases.

Unless specifically stated in the document, these guidelines do not express any opinion about the appropriate scope of practice for the practitioners who deliver these services and should not be put forth as having such an opinion.

Definitions

- **Acceptable mitigating factors** refers to issues which could realistically contribute to or fully account for the lack of progress/improvement that would otherwise be expected during a course of treatment. These include but are not limited to an intervening fall, injury, illness, surgery, or hospitalization, transportation difficulties, or poor response to the initial treatment plan.
- **Caregiver** refers to someone who regularly looks after or helps with the care of the child or adult (patient) with the disability.

- **Duplicative therapy** refers to treatments by more than one provider (same or different discipline) which are 1) rendered during an overlapping time period, 2) intended to treat the same or similar body parts (e.g., arm and shoulder), conditions or diagnoses, and 3) have substantively similar goals (e.g., improved functional shoulder range of motion).
- **Evidence-based therapy** refers to therapy that is supported by peer reviewed literature demonstrating that the benefits of the intervention are likely to outweigh the harms. Specific forms of PT, especially those that are new and/or less commonly performed, may be subject to additional medical necessity criteria which is beyond the scope of this document.
- **Habilitation** refers to services performed to help patients develop skills and functions for daily living that have not yet been acquired at an age appropriate level ^{1,2} or keep those skills and functions which are at risk of being permanently lost (not merely fluctuating) due to illness or disease without the habilitative service.
- **Maintenance program** is defined as a program provided to the patient expressly to maintain the patient's current condition or to prevent or slow further deterioration due to a disease or illness. The creation, design and instruction of the program must require the skilled knowledge or judgement of a qualified therapist. A prescribed maintenance program can generally be performed by the patient individually or with the assistance of a caregiver. The provision of such a program would be considered a skilled intervention.
- **Qualified physical therapy provider** refers to a physical therapist or physical therapy assistant or other provider type who is duly licensed or certified, respectively, by his/her state to deliver physical therapy services and who provides such services in accordance with his/her state's PT practice act. State regulations regarding appropriate providers may supersede this guideline.
- **Rehabilitation** focuses on the maximal restoration of physical and psychological function in persons with injuries, pain syndromes, and/or other physical or cognitive impairments.³
- **Self-limited** refers to impairments caused by a disease process or surgical intervention that are expected to resolve in the near term solely with resumption of normal activity and/or a nonsupervised home exercise program.
- **Skilled services** are those services which require a qualified provider to administer the treatment plan. A service is not considered skilled simply because a qualified provider is performing it.

Note: Illness includes a wide range of conditions. For purposes of clarity, illness includes, but is not limited to, autism spectrum disorder and developmental delay.

Clinical Indications

Initiation of physical therapy for rehabilitative or habilitative services is considered medically necessary when criteria for both A and B are met:

A. Initial Physical Therapy Evaluation

Initial physical therapy evaluation is performed by a qualified physical therapy provider documenting ALL of the following:

- The reason for referral, specifically a condition that causes or contributes to one or more impairments in physical function that is not self-limited
- A need for physical therapy to restore function (in rehabilitation), keep, learn, or improve function that has not yet been acquired at any age appropriate level (in habilitation) or if clinically indicated, prevent loss of function that is at risk of being lost (in habilitation)

- A relevant case history including comorbidities expected to impact treatment, a relevant physical examination, and a review of supporting, available documentation
- Functional impairment on at least 1 relevant, validated, therapist-rated and/or patient-reported outcome measure
- Potential for clinically meaningful progress (for rehabilitation, and as applicable for habilitation), the assessment of which must be supported by clinical details documented within the evaluation

B. Individualized Physical Therapy Plan of Care

Individualized physical therapy plan requires the skill and training of a qualified physical therapy provider employing interventions and delivery methods that are evidence based and/or adhere to recognized standards of practice. There must be a reasonable expectation that the condition being treated is amenable to such intervention and that clinically meaningful, sustained improvement (or lack of decline in certain cases of habilitation) will be achieved. This plan must include all of the following components:

- One or more goals which are
 - Specific
 - Measurable
 - Likely to be attained in a reasonable amount of time
 - Based on clinically significant improvement in the functional impairment(s) identified on initial evaluation
 - Formulated in collaboration with the patient and/or primary caregiver
- Recommended frequency and estimated duration of treatment needed to achieve documented goals
- Patient and/or caregiver education particularly related to the patient's individual goals
- A recommendation for evaluation/examination by a physician or otherwise appropriate provider if there is reasonable suspicion that an undiagnosed condition outside therapist's scope of practice is present or limiting current progression towards goals

Proceeding with physical therapy services is considered medically necessary when ALL of the following criteria (A-E) are met:

A. Require the skills and training of a qualified physical therapy provider:

- The skilled intervention(s) must be clearly denoted in the documentation

B. ANY of the following:

- Therapy has produced clinically meaningful improvement on reassessment of one or more of the therapist-rated or patient centered outcome measures documented at baseline
- There is otherwise qualitative and sustained progress clearly tied to the functional goals established on initial evaluation
- There is little to no demonstrable progress; however, there are acceptable mitigating factors and a treatment plan has been revised accordingly
- There is confirmation of functional status being maintained in cases where there is no expectation of functional progress (e.g., some cases of habilitation)

C. There is ongoing patient and/or caregiver education and/or training

D. There is at least one unmet functional or caregiver training goal

E. There is an expectation that the remaining goal(s) will be met with additional therapy within a reasonable and defined period of time

A recommendation for evaluation/examination by a physician or otherwise appropriate provider must be made if there is poor progression toward goals due to new or persistent symptoms

Institution of a physical therapy maintenance program may be considered medically necessary in specific circumstances (refer to Definitions section)

Exclusions

The following are considered **not medically necessary**:

- Maintenance therapies extending beyond the creation, design, and instruction of a therapy program
- Therapies for which the primary purpose is anything other than rehabilitation or habilitation of a functional impairment due to medical illness, disease, condition, or injury. This includes therapies to improve recreational sports performance or general fitness, provide massage, or athletic taping.
- Therapies deemed to be duplicative (see definition above)
- Any and all non-skilled services

Codes

CPT® (Current Procedural Terminology) is a registered trademark of the American Medical Association (AMA). CPT® five digit codes, nomenclature and other data are copyright by the American Medical Association. All Rights Reserved. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for the data contained herein or not contained herein.

The following code list is not meant to be all-inclusive. Authorization requirements will vary by health plan. Please consult the applicable health plan for guidance on specific procedure codes.

Specific CPT codes for services should be used when available. Non-specific or not otherwise classified codes may be subject to additional documentation requirements and review.

CPT/HCPCS

0552TLow-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional

20560Needle insertion(s) without injection(s), 1 or 2 muscle(s)

20561Needle insertion(s) without injection(s), 3 or more muscle(s)

90901Biofeedback training by any modality (when done for medically necessary indications)

90912Biofeedback training for bowel or bladder control, initial 15 minutes

90913Biofeedback training for bowel or bladder control, additional 15 minutes

94667Demonstration and/or evaluation of manual maneuvers to chest wall to assist movement of lung secretions

94668Manual maneuvers to chest wall to assist movement of lung secretions

96001Three-dimensional, video-taped, computer-based gait analysis during walking

97010Application of hot or cold packs to 1 or more areas

97012Application of mechanical traction to 1 or more areas

97014Application of electrical stimulation to 1 or more areas, unattended by therapist

97016Application of blood vessel compression or decompression device to 1 or more areas

97018Application of hot wax bath to 1 or more areas

97022Application of whirlpool therapy to 1 or more areas

97024Application of heat wave therapy to 1 or more areas

97026Application of low energy heat (infrared) to 1 or more areas

97028Application of ultraviolet light to 1 or more areas

97032Application of electrical stimulation to 1 or more areas

97033Application of medication through skin using electrical current, each 15 minutes

- 97034Therapeutic hot and cold baths to 1 or more areas, each 15 minutes
- 97035Application of ultrasound to 1 or more areas, each 15 minutes
- 97036Physical therapy treatment to 1 or more areas, Hubbard tank, each 15 minutes
- 97039Unlisted modality (specify type and time if constant attendance)
- 97110Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes
- 97112Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes
- 97113Water pool therapy with therapeutic exercises to 1 or more areas, each 15 minutes
- 97116Walking training to 1 or more areas, each 15 minutes
- 97124Therapeutic massage to 1 or more areas, each 15 minutes
- 97139Unlisted therapeutic procedure (specify)
- 97140Manual (physical) therapy techniques to 1 or more regions, each 15 minutes
- 97150Therapeutic procedures in a group setting
- 97161Evaluation of physical therapy, typically 20 minutes
- 97162Evaluation of physical therapy, typically 30 minutes
- 97163Evaluation of physical therapy, typically 45 minutes
- 97164Re-evaluation of physical therapy, typically 20 minutes
- 97530Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes
- 97533Sensory technique to enhance processing and adaptation to environmental demands, each 15 minutes
- 97535Self-care or home management training, each 15 minutes
- 97537Community or work reintegration training, each 15 minutes
- 97542Wheelchair management, each 15 minutes
- 97545Work hardening or conditioning, first 2 hours
- 97546Work hardening or conditioning
- 97750Physical performance test or measurement with report, each 15 minutes
- 97755Assistive technology assessment to enhance functional performance, each 15 minutes
- 97760Training in use of orthotics (supports, braces, or splints) for arms, legs and/or trunk, per 15 minutes
- 97761Training in use of prosthesis for arms and/or legs, per 15 minutes
- 97763Management and/or training in use of orthotics (supports, braces, or splints) for arms, legs, and/or trunk, per 15 minutes
- G0281Electrical stimulation, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers
- G0282Electrical stimulation, to one or more areas, for wound care
- G0283Electrical Stimulation, to one or more areas, for other than wound care
- G0295Electromagnetic therapy, one or more areas, for wound care
- G0329Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers
- S8940.....Therapeutic horseback riding, per session
- S8948.....Treatment with low level laser (phototherapy) each 15 minutes
- S8950.....Complex lymphedema therapy, each 15 minutes
- S8990.....Physical or manipulative therapy for maintenance
- S9090.....Vertebral axial decompression (lumbar traction), per session

Modifiers

- 96Habilitative Services
- 97Rehabilitative Services

ICD-10 Diagnosis

Refer to the ICD-10 CM manual

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Occupational Therapy

General Information

Background

Occupational therapy is a skilled, nonsurgical treatment involving the therapeutic use of occupations (see definition below) and goal-oriented physical exercises as well as adaptive equipment, environmental modifications, and education in order to maximize productive function and quality of life. Occupational therapy is goal-directed and collaborative.

Details and Scope

The purpose of this guideline is to establish conceptual principles and documentation requirements for the appropriate initial and subsequent use of outpatient occupational therapy services for habilitation and rehabilitation, and maintenance programs. This guideline does not provide specific clinical requirements or direction for a given episode of occupational therapy. Specific types of occupational therapy interventions may be subject to additional guidelines (please refer to the Adjunctive and Alternative Treatments section of this document). Requirements defined by benefit design (maximum number of occupational therapy visits), state and federal regulations supersede this guideline.

For requests that meet the specific criteria set forth in the clinical guidelines, determination of the appropriate number of visits will depend on some or all of the following case details as applicable to the individual clinical circumstances:

- Functional outcome tool and/or severity of impairment
- History of pertinent surgery
- Comorbidities expected to impact treatment
- Progress toward functional goals (or mitigating factors if lack of progress)
- Existence of additional, achievable, functional goals
- Potential for progress
- Revisions to the plan of care

Requesting providers will need to provide information on such factors in order to support their request for more than an evaluation visit. A peer-to-peer conversation may be required to determine appropriateness in certain cases.

Unless specifically stated in the document, these guidelines do not express any opinion about the appropriate scope of practice for the practitioners who deliver these services and should not be put forth as having such an opinion.

Definitions

- **Acceptable mitigating factors** refers to issues which could realistically contribute to or fully account for the lack of progress/improvement that would otherwise be expected during a course of treatment. These include but are not limited to an intervening fall, injury, illness, surgery, or hospitalization, transportation difficulties, or poor response to the initial treatment plan.
- **Activities of daily living (ADLs)** are tasks that a person generally needs or wants to perform on a daily or routine basis to complete self-care and occupational duties and participate in other daily environments (e.g., school, daycare).
- **Caregiver** refers to someone who regularly looks after or helps with the care of the child or adult (patient) with the disability.

- **Duplicative therapy** refers to treatments by more than one provider (same or different discipline) which are 1) rendered during an overlapping time period, 2) intended to treat the same or similar body parts (e.g., arm and shoulder), and 3) have substantively similar goals (e.g., improved functional shoulder range of motion).
- **Evidence-based therapy** refers to therapy that is supported by peer reviewed literature demonstrating that the benefits of the intervention are likely to outweigh the harms. Specific forms of PT, especially those that are new and/or less commonly performed, may be subject to additional medical necessity criteria which is beyond the scope of this document.
- **Habilitation** refers to services performed to help patients develop skills and functions for daily living that have not yet been acquired at an age appropriate level ^{1,2} or keep those skills and functions which are at risk of being permanently lost (not merely fluctuating) due to illness or disease without the habilitative service.
- **Maintenance program** is defined as a program provided to the patient expressly to maintain the patient's current condition or to prevent or slow further deterioration due to a disease or illness. The creation, design and instruction of the program must require the skilled knowledge or judgement of a qualified therapist. A prescribed maintenance program can generally be performed by the patient individually or with the assistance of a caregiver. The provision of such a program would be considered a skilled intervention.
- **Occupations** refers to the purposeful activities a person does throughout the lifespan, including but not limited to work, basic self-care activities, instrumental daily activities, exercise and recreational activities.
- **Qualified occupational therapy provider** refers to an occupational therapist or occupational therapy assistant who is duly licensed or certified, respectively, by his/her state to deliver occupational therapy services and who provides such services in accordance with his/her state's occupational therapy practice act. State regulations regarding appropriate providers may supersede this guideline.
- **Rehabilitation** focuses on the maximal restoration of physical and psychological function in persons with injuries, pain syndromes, and/or other physical or cognitive impairments.³
- **Self limited** refers to impairments caused by a disease process or surgical intervention that are expected to resolve in the near term solely with resumption of normal activity and/or an unsupervised home exercise program.
- **Skilled services** are those services which require a qualified provider to administer the treatment plan. A service is not considered skilled simply because a qualified provider is performing it.

Note: Illness includes a wide range of conditions. For purposes of clarity, illness includes, but is not limited to, autism spectrum disorder and developmental delay.

Clinical Indications

Initiation of occupational therapy for rehabilitative or habilitative services is considered medically necessary when criteria for both A and B are met:

A. Initial Occupational Therapy Evaluation

Initial occupational therapy evaluation is performed by a qualified occupational therapy provider documenting ALL of the following:

- The reason for referral, specifically a condition that causes or contributes to one or more impairments in function as related to activities of daily living that is not self-limited

- A need for occupational therapy to restore function (in rehabilitation), keep, learn, or improve function that has not yet been acquired at any age appropriate level (in habilitation) or if clinically indicated, prevent loss of function that is at risk of being lost (in habilitation)
- A relevant case history including comorbidities expected to impact treatment, a relevant physical examination, and a review of supporting, available documentation
- Functional impairment on at least 1 relevant, validated, therapist-rated, and/or patient reported outcome measure
- Potential for clinically meaningful progress (for rehabilitation, and as applicable for habilitation), the assessment of which must be supported by clinical details documented within the evaluation

B. Individualized Occupational Therapy Plan of Care

Individualized occupational therapy plan requires the skill and training of a qualified occupational therapy provider employing interventions and delivery methods that are evidence based and/or adhere to recognized standards of practice. There must be a reasonable expectation that the condition being treated is amenable to such intervention and that clinically meaningful, sustained improvement (or lack of decline in certain cases of habilitation) will be achieved. This plan must include ALL of the following components:

- One or more goals which are:
 - Specific
 - Measurable
 - Likely to be attained in a reasonable amount of time
 - Based on clinically significant improvement in the functional impairment(s) identified on initial evaluation
 - Formulated in collaboration with the patient and/or primary caregiver
- Recommended frequency and estimated duration of treatment needed to achieve documented goals
- Patient and/or caregiver education, particularly related to the patient's individual goals
- A recommendation for evaluation/examination by a physician or otherwise appropriate provider if there is reasonable suspicion that an undiagnosed condition outside therapist's scope of practice is present or limiting current progression towards goals.

Proceeding with occupational therapy services is considered medically necessary when ALL of the following criteria (A-E) are met:

A. Require the skills and training of a qualified occupational therapy provider:

- The skilled intervention(s) must be clearly denoted in the documentation

B. ANY of the following:

- Therapy has produced clinically meaningful improvement on reassessment of one or more of the therapist-rated or patient centered outcome measures documented at baseline
- There is otherwise qualitative and sustained progress clearly tied to the functional goals established on initial evaluation
- There is little to no demonstrable progress; however, there are acceptable mitigating factors and a treatment plan has been revised accordingly
- There is confirmation of functional status being maintained in cases where there is no expectation of functional progress (e.g., some cases of habilitation)

- C. There is ongoing patient and/or caregiver education and/or training
- D. There is at least one unmet functional or caregiver training goal
- E. There is an expectation that the remaining goal(s) will be met with additional therapy within a reasonable and defined period of time

A recommendation for evaluation/examination by a physician or otherwise appropriate provider must be made if there is poor progression toward goals due to new or persistent symptoms

Institution of an occupational therapy maintenance program may be considered medically necessary in specific circumstances (refer to Definitions section)

Exclusions

The following are considered **not medically necessary**:

- Maintenance therapies extending beyond the creation, design, and instruction of a therapy program
- Therapies for which the primary purpose is anything other than rehabilitation or habilitation of a functional impairment due to medical illness, disease, condition, or injury. This includes therapies to improve recreational sports performance or general fitness, provide massage, or athletic taping.
- Therapies deemed to be duplicative (see definition above)
- Any and all non-skilled services

Codes

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The following code list is not meant to be all-inclusive. Authorization requirements will vary by health plan. Please consult the applicable health plan for guidance on specific procedure codes.

Specific CPT codes for services should be used when available. Non-specific or not otherwise classified codes may be subject to additional documentation requirements and review.

CPT/HCPCS

| | |
|-------|--|
| 0552T |Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional |
| 20560 |Needle insertion(s) without injection(s), 1 or 2 muscle(s) |
| 20561 |Needle insertion(s) without injection(s), 3 or more muscle(s) |
| 90901 |Biofeedback training by any modality (when done for medically necessary indications) |
| 92526 |Treatment of swallowing and/or oral feeding function |
| 92605 |Evaluation and prescription of non-speech-generating and alternative communication device first hour |
| 92606 |Therapeutic services for use of non-speech-generating device with programming |
| 92607 |Evaluation of patient with prescription of speech-generating and alternative communication device |
| 92608 |Evaluation and prescription of speech-generating and alternative communication device |
| 92609 |Therapeutic services for use of speech-generating device with programming |
| 92610 |Evaluation of swallowing function |
| 92611 |Fluoroscopic and video recorded motion evaluation of swallowing function |
| 92618 |Evaluation and prescription of non-speech-generating and alternative communication device |
| 94667 |Demonstration and/or evaluation of manual maneuvers to chest wall to assist movement of lung secretions |

- 94668Manual maneuvers to chest wall to assist movement of lung secretions
- 97010Application of hot or cold packs to 1 or more areas
- 97012Application of mechanical traction to 1 or more areas
- 97014Application of electrical stimulation to 1 or more areas, unattended by therapist
- 97016Application of blood vessel compression or decompression device to 1 or more areas
- 97018Application of hot wax bath to 1 or more areas
- 97022Application of whirlpool therapy to 1 or more areas
- 97024Application of heat wave therapy to 1 or more areas
- 97026Application of low energy heat (infrared) to 1 or more areas
- 97028Application of ultraviolet light to 1 or more areas
- 97032Application of electrical stimulation to 1 or more areas
- 97033Application of medication through skin using electrical current, each 15 minutes
- 97034Therapeutic hot and cold baths to 1 or more areas, each 15 minutes
- 97035Application of ultrasound to 1 or more areas, each 15 minutes
- 97036Physical therapy treatment to 1 or more areas, Hubbard tank, each 15 minutes
- 97039Unlisted modality (specify type and time if constant attendance)
- 97110Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes
- 97112Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes
- 97113Water pool therapy with therapeutic exercises to 1 or more areas, each 15 minutes
- 97116Walking training to 1 or more areas, each 15 minutes
- 97124Therapeutic massage to 1 or more areas, each 15 minutes
- 97129One-on-one therapeutic interventions focused on thought processing and strategies to manage activities
- 97130Each additional 15 minutes (list separately in addition to code for primary procedure)
- 97139Unlisted therapeutic procedure (specify)
- 97140Manual (physical) therapy techniques to 1 or more regions, each 15 minutes
- 97150Therapeutic procedures in a group setting
- 97165Evaluation of occupational therapy, typically 30 minutes
- 97166Evaluation of occupational therapy, typically 45 minutes
- 97167Evaluation of occupational therapy established plan of care, typically 60 minutes
- 97168Re-evaluation of occupational therapy established plan of care, typically 30 minutes
- 97530Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes
- 97533Sensory technique to enhance processing and adaptation to environmental demands, each 15 minutes
- 97535Self-care or home management training, each 15 minutes
- 97537Community or work reintegration training, each 15 minutes
- 97542Wheelchair management, each 15 minutes
- 97545Work hardening or conditioning, first 2 hours
- 97546Work hardening or conditioning
- 97750Physical performance test or measurement with report, each 15 minutes
- 97755Assistive technology assessment to enhance functional performance, each 15 minutes
- 97760Training in use of orthotics (supports, braces, or splints) for arms, legs and/or trunk, per 15 minutes
- 97761Training in use of prosthesis for arms and/or legs, per 15 minutes
- 97763Management and/or training in use of orthotics (supports, braces, or splints) for arms, legs, and/or trunk, per 15 minutes
- G0281Electrical stimulation, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers
- G0282Electrical stimulation, to one or more areas, for wound care
- G0283Electrical Stimulation, to one or more areas, for other than wound care
- G0295Electromagnetic therapy, one or more areas, for wound care
- G0329Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers

S8948.....Treatment with low level laser (phototherapy) each 15 minutes
 S8950.....Complex lymphedema therapy, each 15 minutes
 S8990.....Physical or manipulative therapy for maintenance

Modifiers

96.....Habilitative Services
 97.....Rehabilitative Services

ICD-10 Diagnosis

Refer to the ICD-10 CM manual

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Speech-Language Pathology

General Information

Background

Speech-language pathology is a skilled, nonsurgical treatment primarily concerned with the diagnosis and treatment of disorders of communication, cognition, and swallowing. The scope of practice includes, but is not limited to, disorders of speech fluency, production, resonance, voice, language, feeding, hearing, and swallowing for patients of all ages.¹ Speech-language pathology is a goal-directed, collaborative approach focused on improving function and quality of life.

Speech-language pathologists are the primary providers of speech therapy services in the U.S. They are autonomous professionals who hold the American-Speech-Language-Hearing Association (ASHA) Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) and who demonstrate continued professional development.¹ Occupational therapists may also be qualified to provide speech therapy services.

Details and Scope

The purpose of this guideline is to establish conceptual principles and documentation requirements for the appropriate initial and subsequent use of outpatient speech-language pathology services for habilitation and rehabilitation, and maintenance programs. This guideline does not provide specific clinical requirements or direction for a given episode of speech therapy. Specific types of speech therapy interventions, such as electrical stimulation for swallowing dysfunction, may be subject to additional guidelines (please refer to the Adjunctive and Alternative Treatments section of this document). Requirements defined by benefit design (maximum number of speech therapy visits), state and federal regulations supersede this guideline.

For requests that meet the specific criteria set forth in the clinical guidelines, determination of the appropriate number of visits will depend on some or all of the following case details as applicable to the individual clinical circumstances:

- Severity of impairment and/or level of independence
- History of pertinent surgery
- Comorbidities expected to impact treatment
- Progress toward functional goals (or mitigating factors if lack of progress)
- Existence of additional, achievable, functional goals as applicable
- Potential for progress
- Revisions to the plan of care

Requesting providers will need to provide information on these factors in order to support their request for more than an evaluation visit. A peer-to-peer conversation may be required to determine appropriateness in certain cases.

Unless specifically stated in the document, these guidelines do not express any opinion about the appropriate scope of practice for the practitioners who deliver these services and should not be put forth as having such an opinion.

Definitions

- **Acceptable mitigating factors** refers to issues which could realistically contribute to or fully account for the lack of progress/improvement that would otherwise be expected during a course of treatment. These include but are not limited to an intervening injury, illness, surgery, or hospitalization, transportation difficulties, or poor response to the initial treatment plan.
- **Caregiver** refers to someone who regularly looks after or helps with the care of the child or adult (patient) with the disability.
- **Duplicative therapy** refers to treatments by more than one provider (same or different discipline) which are 1) rendered during an overlapping time period, 2) intended to treat the same or similar body parts, conditions, or diagnoses, and 3) have substantively similar goals
- **Evidence-based therapy** refers to therapy that is supported by peer reviewed literature demonstrating that the benefits of the intervention are likely to outweigh the harms.
- **Habilitation** refers to services performed to help patients develop skills and functions for daily living that have not yet been acquired at an age appropriate level ^{1,2} or keep those skills and functions which are at risk of being permanently lost (not merely fluctuating) due to illness or disease without the habilitative service.
- **Individualized clinical assessments** refer to *pre-assessment* (e.g., baseline before laryngectomy, neurosurgery) to determine prognosis and post-procedure plan, *post-assessment* (e.g., after laryngectomy, neurosurgery) to determine therapy needs, or *comprehensive initial assessment*.
- **Maintenance program** is defined as a program provided to the patient expressly to maintain the patient's current condition or to prevent or slow further deterioration due to a disease or illness. The creation, design and instruction of the program must require the skilled knowledge or judgement of a qualified therapist. A prescribed maintenance program can generally be performed by the patient individually or with the assistance of a caregiver, The provision of such would be considered a skilled intervention.
- **Qualified speech-language pathology provider** refers to a speech language pathologist, also known as a speech therapist, who holds the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) designation from the American-Speech-Language-Hearing Association (ASHA). Speech-language pathology support personnel such as assistants, aides, and associates are individuals who may work under the supervision and direction of a CCC-SLP therapist within the scope of their individual licensures and credentialing and as allowed by applicable state regulations.
- **Rehabilitation** focuses on the maximal restoration of physical and psychological function in persons with injuries, pain syndromes, and/or other physical or cognitive impairments.²
- **Self-limited** refers to impairments caused by a disease process or surgical intervention that are expected to resolve within a reasonable period of time solely with resumption of normal activity and/or a non-supervised home exercise program.
- **Skilled services** are those services which require a qualified provider to administer the treatment plan. A service is not considered skilled simply because a qualified provider is performing it.

Note: Illness includes a wide range of conditions. For purposes of clarity, illness includes, but is not limited to, autism spectrum disorder and developmental delay.

Clinical Indications

Initiation of speech-language pathology for rehabilitative or habilitative services is considered medically necessary when criteria for both A and B are met.

A. Initial Speech-Language Pathology Evaluation

Initial speech-language pathology evaluation performed by a qualified speech-language pathology provider documenting ALL of the following:

- Referral for speech-language pathology from a physician, nurse practitioner or physician assistant, specifically for a condition that causes one or more impairments in swallowing, cognition and/or communication function that is/are not self-limiting
- A need for speech-language pathology to restore function (in rehabilitation), keep, learn, or improve function not acquired as expected (in habilitation), or if clinically indicated, prevent loss of function that is at risk of being lost (in habilitation)
- Relevant case history including comorbidities expected to impact treatment, examination, and individualized clinical assessment (pre-assessment, post-assessment, comprehensive initial assessment)
- Potential for clinically meaningful progress (for rehabilitation, and as applicable for habilitation), the assessment of which must be supported by clinical details documented within the evaluation
- Individualized evaluation(s) of any of the following (as indicated) utilizing linguistically and culturally appropriate standardized and/or formal (non-standardized) measures:
 - Structure and function of anatomy for speech and swallowing, expressive communication, receptive communication
 - Voice
 - Cognitive-communicative skills
 - Functional status of communication, cognition, and/or swallowing

B. Individualized Speech-Language Pathology Plan of Care

Individualized speech-language pathology plan requiring the skill and training of a qualified speech-language pathology provider employing interventions and delivery methods that are evidence based and/or adhere to widely accepted standards of practice. There must be a reasonable expectation that the condition being treated is amenable to such intervention and that clinically meaningful, sustained improvement (or lack of decline in certain cases of habilitation) will be achieved. This plan must include ALL of the following components:

- One or more goals which are:
 - Specific
 - Measurable
 - Likely to be attained in a reasonable amount of time
 - Based on clinically significant improvement in the functional impairment(s) identified on initial evaluation
 - Formulated in collaboration with the patient and/or primary caregiver
- Recommended frequency and estimated duration of treatment needed to achieve documented goals
- Patient and/or caregiver education, particularly related to the patient's individual goals
- A recommendation for evaluation/examination by a physician or otherwise appropriate provider if there is concern for an undiagnosed condition outside therapist's scope of practice that is likely to impede progress toward goals

Proceeding with speech-language pathology services is considered medically necessary when ALL of the following criteria (A-E) are met:

A. Require the skills and training of a qualified speech language pathology provider:

- The skilled intervention(s) must be clearly denoted in the documentation

B. ANY of the following:

- Therapy has produced clinically meaningful improvement on reassessment of one or more of the therapist-rated or patient-centered outcome measures documented at baseline
- There is otherwise qualitative and sustained progress toward the functional goals established on initial evaluation
- There is limited or no demonstrable progress; however, there are acceptable mitigating factors and a treatment plan has been revised accordingly
- There is confirmation of functional status being maintained in cases where there is no expectation of functional progress (e.g., certain habilitation cases)

C. There is ongoing patient and/or caregiver education and/or training

D. There is at least one unmet functional or caregiver training goal

E. There is an expectation that the remaining goal(s) will be met with additional therapy within a reasonable and defined period of time

A recommendation for evaluation/examination by a physician or otherwise appropriate provider must be made if there is poor progression toward goals due to new or persistent symptoms

Institution of a speech-language pathology maintenance program may be considered medically necessary in specific circumstances (refer to Definitions section)

Exclusions

The following are considered **not medically necessary**:

- Maintenance therapies extending beyond the creation, design, instruction of a therapy program
- Therapies for which the primary purpose is anything other than rehabilitation or habilitation of a functional impairment due to medical illness, disease, condition or injury. This includes therapies to improve recreational activities such as singing or general vocal performance.
- Therapies deemed to be duplicative (see definition above)
- Any and all non-skilled services.

Codes

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Specific CPT codes for services should be used when available. Non-specific or not otherwise classified codes may be subject to additional documentation requirements and review.

CPT/HCPCS

- 92507Treatment of speech, language, voice, communication, and/or hearing processing disorder
- 92508Group treatment of speech, language, voice, communication, and/or hearing processing disorder
- 92521Evaluation of speech fluency
- 92522Evaluation of speech sound production
- 92523Evaluation of speech sound production with evaluation of language comprehension and expression
- 92524Behavioral and qualitative analysis of voice and resonance
- 92526Treatment of swallowing and/or oral feeding function
- 92605Evaluation and prescription of non-speech-generating and alternative communication device first hour
- 92606Therapeutic services for use of non-speech-generating device with programming
- 92607Evaluation of patient with prescription of speech-generating and alternative communication device
- 92608Evaluation and prescription of speech-generating and alternative communication device
- 92609Therapeutic services for use of speech-generating device with programming
- 92610Evaluation of swallowing function
- 92611Fluoroscopic and video recorded motion evaluation of swallowing function
- 92618Evaluation and prescription of non-speech-generating and alternative communication device
- 92626Evaluation of hearing rehabilitation first hour
- 92627Evaluation of hearing rehabilitation
- 92630Hearing training and therapy for hearing loss prior to learning to speak
- 92633Hearing training and therapy for hearing loss after speech
- 97039Unlisted modality (specify type and time if constant attendance)
- 97129One-on-one therapeutic interventions focused on thought processing and strategies to manage activities
- 97130Each additional 15 minutes (list separately in addition to code for primary procedure)
- S9152.....Speech therapy re-evaluation
- V5362.....Speech screening
- V5363.....Language screening
- V5364.....Dysphagia screening

Modifiers

- 96Habilitative Services
- 97Rehabilitative Services

ICD-10 Diagnosis

Refer to the ICD-10 CM manual

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ADJUNCTIVE & ALTERNATIVE TREATMENTS

Physical Therapy and Occupational Therapy Adjunctive Treatments

General Information

Background

Physical therapy and occupational therapy adjunctive treatments are distinct, therapeutic interventions or methods used by therapists to aid in their treatment of patients. Adjunctive treatments are primarily but not exclusively passive measures which are mechanical, electrical, magnetic or thermal in nature. They must be used as a complement to a more comprehensive and active therapy program and may be performed by both qualified providers of occupational and physical therapy depending on the indication. Examples include diathermy, dry needling, and hippotherapy. Performance of all services is subject to state regulations including therapy practice acts and should be rendered in accordance with those.

Scope

The purpose of this guideline is to establish appropriate use criteria for specific physical therapy and occupational therapy adjunctive treatments that complement the conceptual principles and documentation requirements established by the parent physical or occupational therapy guidelines.

Clinical indications for the appropriate use of services in these guidelines are intended to be limited to those that would be within the treatment scope of practice for qualified allied health services providers specifically physical and occupational therapists. Medical indications for the appropriate use of physical and occupational therapy adjunctive treatments are out of scope of these guidelines.

Indications and criteria for the appropriate acquisition of durable medical equipment (DME) used in provision of adjunctive therapies is also out of scope.

Therapies deemed to be duplicative (see definition in the parent physical or occupational therapy guidelines) will be considered not medically necessary.

Unless specifically stated in the document, these guidelines do not express any opinion about the appropriate scope of practice for the practitioners who deliver these services and should not be put forth as having such an opinion.

Definitions

- **Active Therapeutic Movement®** – device-based treatment that aims to train patients to move in ways that are pain free and to activate and strengthen core stabilization muscles, facilitating the coordination of body movement by developing spatial and kinesthetic awareness of body-segment relationships
- **Diathermy** – an electromagnetic modality used to apply superficial heat to injured tissues in order to increase blood flow and reduce swelling. It is typically used to treat muscle spasms, joint stiffness, muscle and joint pain.
- **Dry needling** – a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. Dry needling is a technique used to treat dysfunctions in skeletal muscle, fascia, and connective tissue, and diminish persistent peripheral nociceptive input, and reduce or restore impairments of body structure and function leading to improved activity and participation (source: APTA).
- **Elastic taping** – the application of specialized adhesive tape to specific body parts to lift the skin (microscopically), commonly with the intent of increasing proprioceptive awareness/feedback, reducing swelling and inflammation, improving blood flow, or facilitating lymphatic drainage.
- **Electrical stimulation, unattended** – treatment modality whereby an electrical current is delivered to the body with the use of a stimulator device and electrodes, often for the purpose of biofeedback during movement and neuromuscular education. Unattended refers to the situation in which the therapist is only present for and involved in the set-up but not during the treatment itself.
- **Gait analysis, instrumented** – use of dynamic electromyography (EMG), biofeedback, computers, gait labs or other devices to evaluate patients' walking patterns
- **Hippotherapy** – a form of therapy that involves horseback riding under supervised and controlled circumstances, typically for children with neuromotor and/or psychologic disabilities. It is often intended to improve gross motor function, balance, muscle spasticity, and/or cognitive function.
- **Hot/Cold packs** – application of warm/hot or cold packs to a body part for the purposes of conductive treatment of superficial tissues. Heat is commonly used to increase blood flow or mobility. Cold is often used to reduce pain, inflammation and swelling.
- **Interactive metronome®** – assessment and training tool that measures & improves Neurotiming, or the synchronization of neural impulses within key brain networks for cognitive, communicative, sensory & motor performance (source: www.interactivemetronome.com)
- **Iontophoresis** – the use of an electrical gradient to deliver medicine, typically anti-inflammatory agents, into the body via the skin.
- **Low level laser therapy** – the use of a laser or light to enhance tissue repair and/or reduce inflammation and pain.
- **Mechanical traction for spinal disorders** – instrumented-assisted treatment used to distract the spine and relieve axial pressure from a particular spinal region (primarily cervical and lumbar) in patients with painful spinal-related disorders (e.g., herniated discs, radiculopathy)
- **MEDEK (Dynamic Method of Kinetic Stimulation)®** – also known as Cuevas MEDEK Exercises (CME)®, "is a psychomotor therapy based on dynamic challenging exercises [sic], manually applied for children affected on their developmental motor functions."
- **Motion analysis, instrumented** – use of dynamic electromyography (EMG), biofeedback, computers, motion labs or other devices to evaluate patients' movement patterns

- **Phonophoresis** – the use of ultrasound to deliver medicine, typically anti-inflammatory agents, into the body via the skin.
- **Sensory integration** – technique used to enhance sensory processing and promote adaptive responses to environmental demands (per APTA/Optum coding guide), such as use of weighted vests.
- **Therapeutic magnetic resonance** – the use of pulsed electromagnetic fields (PEMF) at low frequency and low intensity to reduce inflammation and arthritic pain.
- **Ultraviolet phototherapy** – application of ultraviolet light to a patient’s skin, primarily for the treatment of skin disorders and wound healing
- **Vasopneumatic compression devices** – devices applied to a joint as a means of delivering cryotherapy to reduce swelling and inflammation after surgery or injury, or applied to a limb for the treatment of lymphedema
- **Whirlpool** – a warm water pool in which the water is continuously moving and into which the patient or a specific body part is submerged.
- **Whole body advanced exercise** – Total body-focused structured exercise intended to optimize a patient’s preoperative general physical state in order to maximize their post-operative recovery.
- **Whole body vibration** – use of a vibrating platform on which the patient sits or stands while doing prescribed exercises.

Clinical Indications

Physical therapy and occupational therapy adjunctive treatments are considered to be **MEDICALLY NECESSARY** when a clinically significant net benefit above and beyond conventional therapies has been determined from currently available evidence. The provision of such adjunctive treatments must also meet the AIM clinical criteria for the rendering of physical or occupational therapy and is limited to the clinical indications noted below, documentation of which must be in the medical record.

Dry Needling

Dry needling by a trained practitioner is considered medically necessary in ANY of the following clinical scenarios for up to a total of 3 sessions:

- Appendicular skeleton: myofascial trigger point-related pain of shoulder region, lateral elbow, trochanteric bursitis, or plantar heel
- Axial skeleton: myofascial trigger point-related cervical and thoracolumbar pain
- Headache, cervicogenic and tension-type only
- Myofascial pain syndrome
- Temporomandibular joint disorders

Note: Dry needling is considered not medically necessary for all other clinical scenarios (see Exclusions).

For all clinical scenarios, acceptable indications are limited to a) pain relief to allow better tolerance of the broader physical or occupational therapy program in cases wherein pain has been demonstrated to have impeded a patient’s ability to effectively participate with the use of conventional therapies, b) pain relief to avoid or reduce otherwise likely use of analgesic medication, and c) reduction of disability. Additionally for headaches, reduction of headache frequency, and/or duration are also acceptable indications. The specific indication(s) for this intervention must be clearly documented in and supported by the clinical notes.

Sensory Integration Therapy

Sensory integration therapy is considered medically necessary for patients diagnosed with Autism Spectrum Disorders (ASD).

Note: Sensory integration therapy is considered not medically necessary for all other clinical scenarios (see Exclusions).

Additional services

Other services covered by CPT codes listed in the coding section which are not better accounted for by a more specific service or indication listed in this guideline may be considered medically necessary when ALL of the following criteria are met:

- The anticipated benefit of the recommended intervention outweighs any potential harms that may result such that there is a clinically significant, net benefit.
- Current literature and/or standards of rehabilitative or habilitative practice support that the recommended intervention offers the greatest net benefit among competing alternatives.

Note: for the purposes of this criterion, “current literature” typically requires a minimum of at least one well-designed randomized controlled trial that demonstrates clinically significant net benefit relative to or as a supplement to the current standard of care.

Based on the clinical evaluation, current literature, and standards of rehabilitative or habilitative practice, there exists a reasonable likelihood that the intervention will directly or indirectly lead to an improved outcome for the patient.

Exclusions

The following physical therapy and occupational therapy adjunctive treatments are considered to be **not medically necessary** because a clinically significant net benefit above and beyond conventional therapies could not be determined based on currently available evidence, evidence expressly demonstrated there was not a net benefit, or it is a nonskilled service.

Active therapeutic movements® are considered not medically necessary in all clinical scenarios.

Diathermy is considered not medically necessary in all clinical scenarios.

Dry needling is considered not medically necessary for all other clinical scenarios, including hand or wrist conditions such as carpal tunnel syndrome as well as when underlying psychological/cognitive mechanisms of pain are present (i.e. yellow flags). (see Indications)

Elastic taping is considered not medically necessary in all clinical scenarios.

Electrical stimulation, unattended is considered not medically necessary in all clinical scenarios.

Gait analysis, instrumented is considered not medically necessary in all clinical scenarios.

Hippotherapy is considered not medically necessary in all clinical scenarios.

Hot and/or cold pack application is considered a non-skilled service, although patient education and instruction regarding their use is skilled.

Interactive metronome® is considered not medically necessary in all clinical indications.

Iontophoresis is considered not medically necessary in all clinical scenarios.

Low level laser is considered not medically necessary in all clinical scenarios.

Mechanical traction for spinal disorders is considered not medically necessary in all clinical scenarios.

MEDEK® (Dynamic Method of Kinetic Stimulation), Cuevas MEDEK Exercises (CME)® is considered not medically necessary in all clinical scenarios.

Motion analysis, instrumented is considered not medically necessary in all clinical scenarios.

Phonophoresis is considered not medically necessary in all clinical scenarios.

Sensory integration therapy is considered not medically necessary in all other clinical scenarios. (see Indications)

Therapeutic magnetic resonance is considered not medically necessary in all clinical scenarios.

Ultraviolet phototherapy is considered not medically necessary in all clinical scenarios.

Vasopneumatic compression device application is considered to be a non-skilled service, although patient education and instruction regarding their use is skilled.

Whirlpool/Hydrotherapy is considered not medically necessary in all clinical scenarios.

Whole body advanced exercise is considered not medically necessary in all clinical scenarios.

Whole body vibration is considered not medically necessary in all clinical scenarios.

Codes

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The following code list is not meant to be all-inclusive. Authorization requirements will vary by health plan. Please consult the applicable health plan for guidance on specific procedure codes.

Specific CPT codes for services should be used when available. Non-specific or not otherwise classified codes may be subject to additional documentation requirements and review.

Note: Medical necessity determinations will apply irrespective of specific CPT and HCPCS coding used for the services.

CPT/HCPCS

| | |
|-------|--|
| 0552T |Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional |
| 20560 |Needle insertion(s) without injection(s), 1 or 2 muscle(s) |
| 20561 |Needle insertion(s) without injection(s), 3 or more muscle(s) |
| 90901 |Biofeedback training by any modality (when done for medically necessary indications) |
| 90912 |Biofeedback training for bowel or bladder control, initial 15 minutes |
| 90913 |Biofeedback training for bowel or bladder control, additional 15 minutes |
| 92526 |Treatment of swallowing and/or oral feeding function |
| 92605 |Evaluation and prescription of non-speech-generating and alternative communication device first hour |
| 92606 |Therapeutic services for use of non-speech-generating device with programming |
| 92607 |Evaluation of patient with prescription of speech-generating and alternative communication device |
| 92608 |Evaluation and prescription of speech-generating and alternative communication device |
| 92609 |Therapeutic services for use of speech-generating device with programming |
| 92610 |Evaluation of swallowing function |
| 92611 |Fluoroscopic and video recorded motion evaluation of swallowing function |
| 92618 |Evaluation and prescription of non-speech-generating and alternative communication device |
| 94667 |Demonstration and/or evaluation of manual maneuvers to chest wall to assist movement of lung secretions |

| | |
|-------|--|
| 94668 | Manual maneuvers to chest wall to assist movement of lung secretions |
| 96001 | Three-dimensional, video-taped, computer-based gait analysis during walking |
| 97010 | Application of hot or cold packs to 1 or more areas |
| 97012 | Application of mechanical traction to 1 or more areas |
| 97014 | Application of electrical stimulation to 1 or more areas, unattended by therapist |
| 97016 | Application of blood vessel compression or decompression device to 1 or more areas |
| 97018 | Application of hot wax bath to 1 or more areas |
| 97022 | Application of whirlpool therapy to 1 or more areas |
| 97024 | Application of heat wave therapy to 1 or more areas |
| 97026 | Application of low energy heat (infrared) to 1 or more areas |
| 97028 | Application of ultraviolet light to 1 or more areas |
| 97032 | Application of electrical stimulation to 1 or more areas |
| 97033 | Application of medication through skin using electrical current, each 15 minutes |
| 97034 | Therapeutic hot and cold baths to 1 or more areas, each 15 minutes |
| 97035 | Application of ultrasound to 1 or more areas, each 15 minutes |
| 97036 | Physical therapy treatment to 1 or more areas, Hubbard tank, each 15 minutes |
| 97039 | Unlisted modality (specify type and time if constant attendance) |
| 97110 | Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes |
| 97112 | Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes |
| 97113 | Water pool therapy with therapeutic exercises to 1 or more areas, each 15 minutes |
| 97116 | Walking training to 1 or more areas, each 15 minutes |
| 97124 | Therapeutic massage to 1 or more areas, each 15 minutes |
| 97129 | One-on-one therapeutic interventions focused on thought processing and strategies to manage activities |
| 97130 | each additional 15 minutes (list separately in addition to code for primary procedure) |
| 97139 | Unlisted therapeutic procedure (specify) |
| 97140 | Manual (physical) therapy techniques to 1 or more regions, each 15 minutes |
| 97150 | Therapeutic procedures in a group setting |
| 97161 | Evaluation of physical therapy, typically 20 minutes |
| 97162 | Evaluation of physical therapy, typically 30 minutes |
| 97163 | Evaluation of physical therapy, typically 45 minutes |
| 97164 | Re-evaluation of physical therapy, typically 20 minutes |
| 97165 | Evaluation of occupational therapy, typically 30 minutes |
| 97166 | Evaluation of occupational therapy, typically 45 minutes |
| 97167 | Evaluation of occupational therapy established plan of care, typically 60 minutes |
| 97168 | Re-evaluation of occupational therapy established plan of care, typically 30 minutes |
| 97530 | Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes |
| 97533 | Sensory technique to enhance processing and adaptation to environmental demands, each 15 minutes |
| 97535 | Self-care or home management training, each 15 minutes |
| 97537 | Community or work reintegration training, each 15 minutes |
| 97542 | Wheelchair management, each 15 minutes |
| 97545 | Work hardening or conditioning, first 2 hours |
| 97546 | Work hardening or conditioning |
| 97750 | Physical performance test or measurement with report, each 15 minutes |
| 97755 | Assistive technology assessment to enhance functional performance, each 15 minutes |
| 97760 | Training in use of orthotics (supports, braces, or splints) for arms, legs and/or trunk, per 15 minutes |
| 97761 | Training in use of prosthesis for arms and/or legs, per 15 minutes |
| 97763 | Management and/or training in use of orthotics (supports, braces, or splints) for arms, legs, and/or trunk, per 15 minutes |

- G0281Electrical stimulation, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers
- G0282Electrical stimulation, to one or more areas, for wound care
- G0283Electrical Stimulation, to one or more areas, for other than wound care
- G0295Electromagnetic therapy, one or more areas, for wound care
- G0329Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers
- S8940.....Therapeutic horseback riding, per session
- S8948.....Treatment with low level laser (phototherapy) each 15 minutes
- S8950.....Complex lymphedema therapy, each 15 minutes
- S8990.....Physical or manipulative therapy for maintenance
- S9090.....Vertebral axial decompression (lumbar traction), per session

Modifiers

- 96Habilitative Services
- 97Rehabilitative Services

ICD-10 Diagnosis

Refer to the ICD-10 CM manual

Speech Therapy Alternative Treatments

General Information

Background

Speech therapists use several alternative methods, techniques and devices to aid in their traditional treatment of patients with a range of speech, language, swallowing and cognitive conditions. They must be used as a component of a more comprehensive speech therapy program and may be performed by ASHA-certified speech therapists or qualified occupational therapist. Examples include thermal tactile stimulation and expiratory muscle strengthening using a device. Performance of all services is subject to state regulations including therapy practice acts and should be rendered in accordance with those.

Scope

The purpose of this guideline is to establish appropriate use criteria for specific speech therapy treatments that complements the conceptual principles and documentation requirements for speech therapy established by the parent speech-language pathology guidelines.

Clinical indications for the appropriate use of services in these guidelines are intended to be limited to those that would be within the treatment scope of practice for qualified allied health services providers specifically speech therapists or occupational therapists. Medical indications for the appropriate use of speech therapy alternative treatments are out of scope of these guidelines.

Indications and criteria for the appropriate acquisition of durable medical equipment (DME) used in provision of alternative therapies are also out of scope for these guidelines.

Therapies deemed to be duplicative (see definition in the parent speech-language pathology guidelines) will be considered not medically necessary.

Unless specifically stated in the document, these guidelines do not express any opinion about the appropriate scope of practice for the practitioners who deliver these services and should not be put forth as having such an opinion.

Definitions

- **Blue dye test** – Clinical test that involves putting colored dye, historically FD&C Blue Number 1 food coloring, in a patient’s food or tube feedings to aid in the clinical assessment of aspiration.
- **Electrical stimulation** – application of electrical current to the skin (transcutaneous electrical stimulation) in the region of the larynx in order to stimulate muscles involved in swallowing.
- **Expiratory muscle strengthening therapy (with device)** – exercise performed with the aid of an external device (e.g., threshold device) aimed at improving the strength and endurance of expiratory muscles of breathing for the purpose of treating speech, voice, and/or swallowing dysfunction.
- **Integrative yoga therapy** – method of holistic therapy that incorporates yoga into traditional speech therapy for the purpose of improving posture, balance, speech motor system, attention and focus to improve swallowing function, used most commonly in pediatric populations.
- **Lee Silverman Voice Treatment** – proprietary speech therapy program that involves an intensive program of voice exercises to improve voice quality and communication of people with Parkinson’s disease and other neurological conditions. It requires company-certification of providers.
- **Myofascial release therapy for dysphagia** – form of manual therapy that attempts to relieve soft tissue, particularly fascial, restriction affecting swallowing for the purpose of improving swallow dysfunction.
- **Neurodevelopmental technique for dysphagia** – a treatment approach focused on the neurological basis of movement which involves guided or facilitated movements to improve function in patients with neuromotor conditions.
- **Oral motor exercises for dysphagia** – exercises aimed at improving the strength, coordination, range of motion, and responsiveness of the affected oro-motor muscles for the purpose of treating oral pharyngeal dysphagia.
- **Parkinson Voice Project** – proprietary speech therapy program, involving individual and group therapy techniques, for people with Parkinson’s and Parkinson’s-plus syndromes. Provider training is company sponsored.
- **Thermal tactile stimulation for dysphagia** – method of speech therapy that uses the application of a cold stimulant to the faucial pillars to facilitate the activation of the swallow mechanism and improve swallowing function.

Clinical Indications

None.

Additional services

Other services covered by CPT codes listed in the coding section which are not better accounted for by a more specific service or indication listed in this guideline may be considered medically necessary when ALL of the following criteria are met:

- The anticipated benefit of the recommended intervention outweighs any potential harms that may result such that there is a clinically significant, net benefit.
- Current literature and/or standards of rehabilitative or habilitative practice support that the recommended intervention offers the greatest net benefit among competing alternatives.

Note: for the purposes of this criterion, “current literature” requires a minimum of at least one well-designed randomized controlled trial that demonstrates clinically significant, net benefit relative to or as a supplement to the current standard of care.

Based on the clinical evaluation, current literature, and standards of rehabilitative or habilitative practice, there exists a reasonable likelihood that the intervention will directly or indirectly lead to an improved outcome for the patient.

Exclusions

The following complementary and/or emerging speech therapy treatments are considered to be **not medically necessary**, because a clinically significant net benefit above and beyond conventional therapies could not be determined based on currently available evidence, or current evidence expressly demonstrates there is not a net benefit.

Blue dye test is considered not medically necessary for all clinical scenarios.

Electrical stimulation/Biofeedback is considered not medically necessary in all clinical scenarios.

Expiratory muscle strengthening with a device is considered not medically necessary in all clinical scenarios.

Integrative yoga therapy is considered not medically necessary in all clinical scenarios.

Lee Silverman Voice Treatment is considered not medically necessary in all clinical scenarios.

Myofascial release therapy for dysphagia is considered not medically necessary in all clinical scenarios of dysphagia.

Neurodevelopmental technique for dysphagia is considered not medically necessary in all clinical scenarios of dysphagia.

Oral motor exercises for dysphagia are considered not medically necessary in all clinical scenarios of dysphagia.

Parkinson Voice Project is considered not medically necessary in all clinical scenarios.

Thermal tactile stimulation for dysphagia is considered not medically necessary in all clinical scenarios of dysphagia.

Codes

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The following code list is not meant to be all-inclusive. Authorization requirements will vary by health plan. Please consult the applicable health plan for guidance on specific procedure codes.

Specific CPT codes for services should be used when available. Non-specific or not otherwise classified codes may be subject to additional documentation requirements and review.

Note: Medical necessity determinations will apply irrespective of specific CPT and HCPCS coding used for the services.

CPT/HCPCS

92507Treatment of speech, language, voice, communication, and/or hearing processing disorder

- 92508Group treatment of speech, language, voice, communication, and/or hearing processing disorder
- 92521Evaluation of speech fluency
- 92522Evaluation of speech sound production
- 92523Evaluation of speech sound production with evaluation of language comprehension and expression
- 92524Behavioral and qualitative analysis of voice and resonance
- 92526Treatment of swallowing and/or oral feeding function
- 92605Evaluation and prescription of non-speech-generating and alternative communication device first hour
- 92606Therapeutic services for use of non-speech-generating device with programming
- 92607Evaluation of patient with prescription of speech-generating and alternative communication device
- 92608Evaluation and prescription of speech-generating and alternative communication device
- 92609Therapeutic services for use of speech-generating device with programming
- 92610Evaluation of swallowing function
- 92611Fluoroscopic and video recorded motion evaluation of swallowing function
- 92618Evaluation and prescription of non-speech-generating and alternative communication device
- 92626Evaluation of hearing rehabilitation first hour
- 92627Evaluation of hearing rehabilitation
- 92630Hearing training and therapy for hearing loss prior to learning to speak
- 92633Hearing training and therapy for hearing loss after speech
- 97039Unlisted modality (specify type and time if constant attendance)
- 97129One-on-one therapeutic interventions focused on thought processing and strategies to manage activities
- 97130Each additional 15 minutes (list separately in addition to code for primary procedure)
- S9152.....Speech therapy re-evaluation
- V5362.....Speech screening
- V5363.....Language screening
- V5364.....Dysphagia screening

Modifiers

- 96Habilitative Services
- 97Rehabilitative Services

ICD-10 Diagnosis

Refer to the ICD-10 CM manual

History

| Status | Review Date | Effective Date | Action |
|---------|-------------|----------------|--|
| Updated | - | 05/01/2021 | Removed CPT codes 97597, 97598, 97602. |
| Created | 05/11/2020 | 12/01/2020 | IMPP review. Original effective date. |