



REHABILITATIVE MEDICINE SERVICES

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Date of Origin: January 8, 1990

Status: Current

Summary of Changes

Clarifications:

- Page #2, Section II, A, (1) language added for further clarification, specifically spinal manipulation was changed to read “manipulation therapy” and within their scope of practice was added to services provided by osteopathic physicians and chiropractors.

Deletions:

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Additions:

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I. DESCRIPTION

Physical Therapy (PT), including spinal manipulation, is the rehabilitation concerned with restoration of function and prevention of disability following disease, injury, or loss of a body part. The therapeutic properties of modalities such as exercise, heat, cold, electricity, ultrasound and massage are used to improve circulation, strengthen muscles and restore range of motion.

Occupational therapy (OT) involves the use of purposeful activities to help regain performance skills lost through injury or illness. Individual programs are designed to improve quality of life by recovering competence, maximizing independence, and teaching skills to prevent further injury or disability.

The goal of cardiovascular rehabilitation services is to improve the functional and/or symptomatic status of patients with disorders related to cardiovascular disease, to reduce the risk of another cardiac event or to keep an already present heart condition from getting worse. Enrollment in a cardiac rehabilitation program is based on the demonstration of a significant reduction in physical work capacity before the initiation of the exercise program. An exercise test to determine current physical work capacity (reported in METS) is appropriate for candidates.

The American College of Cardiology recommends that the cardiovascular rehabilitation process begin as soon as possible after a cardiovascular event, and that patient education on risk factor modification, smoking, dietary, and psychological factors be included in every program. The exercise program goals can usually be achieved over a 12-week period.



II. POLICY/CRITERIA

A. Rehabilitative Therapy

1. Rehabilitative therapy, including physical therapy, occupational therapy, and manipulation therapy provided by osteopathic physicians and chiropractors within their scope of practice, is a covered benefit when the condition is acute, the therapy is restorative in nature, and it can be reasonably expected to result in a meaningful functional improvement within 90 days in the Member's ability to perform functional day-to-day activities that are significant in the Member's life roles.
Coverage is available for SHORT-TERM treatment of an acute condition or injury of recent onset if **all** the following criteria are met:
 - a. Services must be medically necessary and may be subject to review.
 - b. Services must be considered, under accepted standards of medical or chiropractic practice, to be a specific and effective treatment for the patient's condition.
 - c. The services must be sufficiently complex and the condition of that patient must be such that the services required can be safely and effectively performed only by a qualified healthcare provider licensed to provide the services.
 - d. The patient's condition can be reasonably expected to result in a return to or progress towards meaningful function within 90 days in the Member's ability to perform day-to-day activities that are significant in the Member's life roles as determined by Priority Health.
Meaningful function would include such activities as independence with self-care, improved mobility and the ability to perform activities of daily living.

The amount, frequency and duration of the service must also be reasonable and coverage is limited to the number of visits determined medically necessary by Priority Health or to the number of visits as outlined in the member's schedule of benefits, whichever is less.

2. If services meet the criteria outlined above, the following are covered*:
 - a. Pool therapy, including the initial teaching phase (by a trained professional) and the continued therapy, will be covered when there are documented rehabilitation goals, a formal treatment plan, and skilled supervision. Pool aquatics that are primarily maintenance or are self-directed or group pool therapies are not covered.
 - b. Sports Medicine programs are covered in lieu of traditional therapy programs. Therapy would be covered only to strengthen the muscles to pre-injury state. Continued therapy designed to train or strengthen muscles for specific sports movements is not covered.



- c. Biofeedback is a covered benefit for specific medical diagnoses under the short-term rehabilitation benefit. Short term rehabilitation benefit limits and copays apply. See the *Biofeedback Policy, #91002*, for coverage specifications.

*Pool Therapy, Sports Medicine and Biofeedback are not covered for Medicaid members.

3. The following services are excluded from coverage:
 - a. The short-term rehabilitation benefit is limited by contract year and cannot, even if medically necessary, exceed the limit outlined in the member's schedule of benefits.
 - b. Therapy for the purpose of maintaining physical condition or maintenance therapy for a chronic condition is not a covered benefit.
 - c. Maintenance therapy for patients with spinal cord injuries.
 - d. Therapy which is long-term in patients with cerebral palsy.
 - e. Long-term treatment for patients with chronic (non-acute) musculoskeletal aches and pains.
 - f. All therapies for developmental delays and cognitive disorders, including physical, occupational, speech, cognitive and sensory integration therapy.
 - g. Work hardening/conditioning programs, including vocational rehabilitation programs.
 - h. Strength training and exercise programs.
 - i. Services or treatment that are the legal responsibility of a school program, *as elected by the member* in accordance with the authorization requirements of the Individuals with Disabilities Education Act or are the legal responsibility of another governmental program.
 - j. Prolotherapy. Prolotherapy involves injecting sclerosing solutions into joint, muscles, or ligaments to treat chronic head, neck or low back pain. Prolotherapy has not been proven to be an effective therapy, and therefore, is not a covered benefit.

B. Cardiac Rehabilitation

Cardiac Rehabilitation is a covered benefit as a short-term rehabilitative therapy.

- Cardiac rehabilitation delivered as part of an inpatient hospitalization and often referred to as Phase I is covered and is **not** subject to therapy limits.
- Outpatient cardiac rehabilitation, or Phase II, is a covered benefit when referred by the PCP or specialist and provided under the general supervision of a physician at a participating facility. Phase II is subject to physical therapy limits as outlined in the member's schedule of benefits.
- Maintenance therapy or Phase III programs are not a covered benefit.



Cardiac rehabilitation services are covered for the following:

1. Patient with coronary artery disease:
 - a. Post acute myocardial infarction
 - b. Cardiovascular surgery such as coronary artery bypass graft, heart transplant, valvular repair or replacement
 - c. Percutaneous coronary intervention (e.g., percutaneous transluminal angioplasty)
 - d. Controlled heart failure
 - e. Stable angina pectoris
2. Post-valvular surgery and post congenital heart surgery patients
3. Heart transplant patients. Patients with dilated cardiomyopathy or left ventricular dysfunction
4. Patients with hypertensive cardiovascular disease
5. Supervised continuous ECG monitored exercise programs are eligible for coverage if one of the following criteria is met:
 - a. Severely depressed left ventricular function (ejection fraction under 30%)
 - b. Resting complex ventricular arrhythmia (Lown type 4 or 5)
 - c. Ventricular arrhythmias appearing or increasing with exercise
 - d. Decrease in systolic blood pressure with exercise
 - e. Survivors of sudden cardiac death
 - f. Patients following myocardial infarction complicated by congestive heart failure, cardiogenic shock and/or serious ventricular arrhythmias
 - g. Patients with severe coronary artery disease and marked exercise induced ischemia
 - h. Inability to self-monitor heart rate due to physical or intellectual impairment

C. Pulmonary Rehabilitation

Pulmonary Rehabilitation is a program designed for people who have chronic obstructive pulmonary disease (COPD), to help restore patients to their highest possible pulmonary functional capacity. This refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema, chronic bronchitis, and in some cases asthma.

- Pulmonary rehabilitation delivered as part of an inpatient hospitalization is covered and is not subject to therapy limits.
- Outpatient pulmonary rehabilitation is subject to physical therapy limits as outlined in the member's schedule of benefits.
- Maintenance therapy programs are not a covered benefit.



Pulmonary rehabilitation services are covered for the following:

1. COPD when the member is experiencing symptoms which limit the member’s ability to perform Activities of Daily Living (ADLs) despite optimal medical management.
2. Pre or post lung transplant surgery when the member is experiencing symptoms which limit the member’s ability to perform Activities of Daily Living (ADLs) despite optimal medical management.
3. For other conditions, all of the following must be met:
 - a. Significant dyspnea and restriction in “Activities of Daily Living” (ADLs) despite optimal medical management
 - b. A pulmonary function test (PFT) should demonstrate a diffusing capacity for carbon monoxide (DLCO), forced vital capacity (FVC), or forced expiratory volume in the first 1 second (FEV₁) of less than 60% of predicted value.
 - c. Physically able to participate in the pulmonary rehabilitation program and is not limited by a concomitant medical condition such as advanced arthritis, claudication, malignancy or congestive heart failure.

Special Note: See Speech Therapy Policy #91336

III. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

IV. APPLICATION TO PRODUCT

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable. Even if medically necessary the benefit per calendar year is limited and cannot exceed the benefit limit outlined in the member’s schedule of benefits.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*



- ❖ **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).
- ❖ **MEDICAID:** Coverage is determined by the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--00.html.
- ❖ **MICHILD:** For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.

V. CODING INFORMATION

A. REHABILITATIVE THERAPY

Physical Therapy:

ICD-9 Codes that may support medical necessity

Not specified – see criteria

CPT/HCPCS/REVENUE Codes

- 97001 Physical therapy evaluation
- 97002 Physical therapy re-evaluation

- 96000 Comprehensive computer-based motion analysis by video-taping and 3-D kinematics;
- 96001 Comprehensive computer-based motion analysis by video-taping and 3-D kinematics; with dynamic plantar pressure measurements during walking
- 96002 Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles
- 96003 Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle
- 96004 Physician review and interpretation 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

- 97012 Application of a modality to one or more areas; traction, mechanical
- 97014 Application of a modality to one or more areas; electrical stimulation (unattended)
- 97016 Application of a modality to one or more areas; vasopneumatic devices
- 97018 Application of a modality to one or more areas; paraffin bath
- 97022 Application of a modality to one or more areas; whirlpool
- 97024 Application of a modality to one or more areas; diathermy (e.g., microwave)
- 97028 Application of a modality to one or more areas; ultraviolet
- 97032 Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
- 97033 Application of a modality to one or more areas; iontophoresis, each 15 minutes
- 97034 Application of a modality to one or more areas; contrast baths, each 15 minutes
- 97035 Application of a modality to one or more areas; ultrasound, each 15 minutes
- 97036 Application of a modality to one or more areas; Hubbard tank, each 15 minutes



- 97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
- 97112 Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
- 97113 Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
- 97116 Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
- 97124 Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)

- 97140 Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
- 97150 Therapeutic procedure(s), group (2 or more individuals)
- 97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes

- 97602 Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
- 97605 Negative pressure wound therapy (e.g., vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
- 97606 Negative pressure wound therapy (e.g., vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
- 97750 Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes
- 97755 Assistive technology assessment (e.g., 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
- 97760 Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
- 97761 Prosthetic training, upper and/or lower extremity(s), each 15 minutes
- 97762 Checkout for orthotic/prosthetic use, established patient, each 15 minutes

Revenue Codes:

- 420 Physical Therapy
- 421 Physical Therapy - Visit Charge
- 422 Physical Therapy - Hourly Charge
- 423 Physical Therapy - Group Rate
- 424 Physical Therapy - Evaluation or Re-evaluation
- 429 Physical Therapy - Other Physical Therapy



Occupational Therapy:

ICD-9 Codes that may support medical necessity

Not specified – see criteria

CPT/HCPCS/REVENUE Codes

- 97003 Occupational therapy evaluation
- 97004 Occupational therapy re-evaluation
- 97532 Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes
- 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
- 97535 Self-care/home management training (e.g., 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
- 97542 Wheelchair management (e.g., assessment, fitting, training), each 15 minutes

Revenue Codes:

- 430 Occupational Therapy
- 431 Occupational Therapy - Visit Charge
- 432 Occupational Therapy - Hourly Charge
- 433 Occupational Therapy - Group Rate
- 434 Occupational Therapy - Evaluation or Re-evaluation
- 439 Occupational Therapy - Other Occupational Therapy

97039 Unlisted modality (specify type and time if constant attendance)

97139 Unlisted therapeutic procedure (specify)

(Explanatory notes must accompany claims billed with unlisted codes.)

Not covered:

- 97005 Athletic training evaluation
- 97006 Athletic training re-evaluation
- 97010 Application of a modality to 1 or more areas; hot or cold packs
- 97026 Application of a modality to one or more areas; infrared
- 97545 Work hardening/conditioning; initial 2 hours
- 97546 Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)
- 20999 Unlisted procedure, musculoskeletal system, general - not covered when billed for Prolotherapy. *Explanatory notes must accompany claim.*

Chiropractic/Osteopathic Manipulation:

- 98940 Chiropractic manipulative treatment (CMT); spinal, one to two regions
- 98941 Chiropractic manipulative treatment (CMT); spinal, three to four regions
- 98942 Chiropractic manipulative treatment (CMT); spinal, five regions
- 98943 Chiropractic manipulative treatment (CMT); extraspinal, one or more regions
- 98925 Osteopathic manipulative treatment (OMT); one to two body regions involved



- 98926 Osteopathic manipulative treatment (OMT); three to four body regions involved
- 98927 Osteopathic manipulative treatment (OMT); five to six body regions involved
- 98928 Osteopathic manipulative treatment (OMT); seven to eight body regions involved
- 98929 Osteopathic manipulative treatment (OMT); nine to ten body regions involved

Biofeedback:

See Biofeedback, policy #91002

B. CARDIO-PULMONARY REHABILITATION THERAPY

Cardiac Rehabilitation:

ICD-9 codes that may support medical necessity:

- 394.1 Rheumatic mitral insufficiency
- 394.2 Mitral stenosis with insufficiency
- 394.9 Other and unspecified mitral valve diseases
- 410.00 – 410.92 Acute myocardial infarction
- 411.1 Other acute and subacute forms of ischemic heart disease, intermediate coronary syndrome
- 412 Old myocardial infarction
- 413.0 Angina decubitus
- 413.1 Prinzmetal angina
- 413.9 Other and unspecified angina pectoris
- 414.00 – 414.9 Other forms of chronic ischemic heart disease
- 425.1 – 425.9 Cardiomyopathy
- 428.0 – 428.9 Heart failure, unspecified
- V42.1 Heart replaced by transplant
- V42.2 Heart valve replaced by transplant
- V43.3 Heart valve replaced by other means
- V45.81 Postprocedural aortocoronary bypass status
- V45.82 Postsurgical percutaneous transluminal coronary angioplasty status
- V57.1 Other physical therapy
- V57.8 Other specified rehabilitation procedure
- V57.9 Unspecified rehabilitation procedure

CPT/HCPCS Codes

- 93797 Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
- 93798 Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)

Revenue Codes

- 0943 Cardiac Rehabilitation

Pulmonary Rehabilitation:

ICD-9 Codes that may support medical necessity:



- 491.0 – 491.9 Chronic Bronchitis
- 492.8 Other emphysema
- 493.20 Chronic obstructive asthma, unspecified
- 494.0 Bronchiectasis without acute exacerbation
- 494.1 Bronchiectasis with acute exacerbation
- 496 Chronic airway obstruction, not elsewhere classified
- 506.4 Chronic respiratory conditions due to fumes and vapors
- 508.1 Chronic and other pulmonary manifestations due to radiation
- 517.2 Lung involvement in systemic sclerosis
- 517.8 Lung involvement in other diseases classified elsewhere
- 518.2 Compensatory emphysema
- 518.3 Pulmonary eosinophilia
- 518.5 Pulmonary insufficiency following trauma and surgery
- 518.83 Chronic respiratory failure
- 518.84 Acute and chronic respiratory failure
- 786.09 Other dyspnea and respiratory abnormalities
- V42.6 Organ or tissue replaced by transplant, lung

CPT/HCPCS Codes

- G0237 Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)
- G0238 Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)
- G0239 Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)

Revenue Code:

- 0410 Respiratory Services—General
- 0419 Other respiratory services

VI. REFERENCES

1. Centers for Medicare and Medicaid, Medicare Benefit Policy Manual, Pub. 100-02, Section 40.2, Skilled Therapy Services, 4-59 – 4-64, Ingenix Inc., May 2006.
2. Centers for Medicare and Medicaid, Medicare Benefit Policy Manual, Pub. 100-02, Section 220, Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance, 4-213 – 4-232, Ingenix Inc., May 2006.
3. HAYES Directory, Cardiac Rehabilitation Programs, Lansdale, PA:HAYES, Inc., March 26, 2003.
4. HAYES Directory, Cognitive Rehabilitation for Traumatic Brain Injury, Lansdale, PA:HAYES, Inc., August 26, 2004.
5. HAYES Directory, Infrared Light Therapy for Pain or Neuropathy, Lansdale, PA:HAYES, Inc., August 15, 2005.



6. HAYES Directory, Pulmonary Rehabilitation, Lansdale, PA:HAYES, Inc., April 29, 2002.
7. HAYES Directory, Transcutaneous Electrical Nerve Stimulation for the Treatment of Pain, Lansdale, PA:HAYES, Inc., August 31, 2000.
8. Wisconsin Physician Services (WPS), National Coverage Provision (NCP), #PHYSMED-001, Outpatient Physical Therapy, Occupational Therapy and Speech-Language Pathology, Original effective date: 03/01/2003, Effective date: 01/01/2006.
9. Wisconsin Physician Services (WPS), Local Coverage Decision (LCD), #L20739, Contractor's Determination # PHYDMED-009, Physical Medicine Rehabilitation Procedures and Modalities, Original determination effective date in Michigan: 01/15/1997, Revision effective date: 10/01/2006.

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