

REHABILITATIVE & HABILITATIVE MEDICINE SERVICES

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Date of Origin: January 8, 1990

Status: Current

Summary of Changes

Clarifications:

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Deletions:

- Pg. 1, Section I, A, 1, deleted note indicating spinal manipulations by chiropractors are not covered for Priority Health Medicaid members age 21 or over.

Additions:

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I. POLICY/CRITERIA

Rehabilitative Medicine Services

Short-term rehabilitative medicine services are covered if **all** of the following criteria are met:

- Services are received in an outpatient setting or in the home
- Services cannot be provided by any federal or state agency or by any local political subdivision, including school districts, when a member is not liable for the costs in the absence of insurance
- The therapy is restorative in nature and there is meaningful improvement within 90 days in the member's ability to perform functional day-to-day activities that are significant in the member's life and roles
- A provider refers*, directs, and monitors the services.

**Note:* Physical therapy services for up to 21 days or 10 treatments that meet the criteria for short term rehabilitation and the criteria in A1 below do not require a provider referral for commercial and Medicare plans. Provider referral is required for Medicaid members.

A. Rehabilitative Therapy

1. The following rehabilitative therapies are covered if medically necessary for treatment of an injury, illness, or a congenital defect for which corrective surgery has been received:
 - a. physical therapy
 - b. occupational therapy
 - c. spinal manipulations by chiropractors
 - d. all manipulations by osteopathic physicians

2. Coverage is available for SHORT-TERM treatment of an acute condition or injury of recent onset if **all** the following criteria are met:
- Services must be medically necessary and may be subject to review.
 - Services must be considered, under accepted standards of medical or chiropractic practice, to be a specific and effective treatment for the patient's condition.
 - 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.
 - The patient's condition can be reasonably expected to result in a return to or progress towards meaningful improvement 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 improvement 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.

3. If services meet the criteria outlined above, the following are covered** (see below for Medicaid products):
- 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.
 - d. Vestibular Rehabilitation is covered under the short-term rehabilitation services benefit for chronic vertigo when **all** of the following are present:
 - Diagnosis of vestibular disorder

- Symptoms (vertigo and imbalance) for more than six months that interfere with activities of daily living
 - Failed medical management (vertigo suppressant medications)
- e. Vision therapy/orthoptics (i.e. Orthoptic/Pleoptic Training) is a covered benefit for specific medical diagnoses. For coverage specifications for commercial members, refer to *Medical Policy #91538 Vision Care*. For Medicaid members, please refer to *Medical Policy #91500 Orthoptic and Pleoptic Training for Medicaid Members*. Note: Coverage is subject to physical and occupational therapy benefit limits and applicable copays.

****Note:**

- Aqua/Pool Therapy can be included when part of the physical therapy treatment plan for Medicaid, MICHild and Healthy Michigan members. Aquatic/Pool Therapy is not a separately reimbursable service.
- Biofeedback is not a covered benefit for Medicaid and Healthy Michigan. Of the Medicaid products, Biofeedback is only covered for MICHild members.
- Sports Medicine is not a covered service for Medicaid, MICHild and Healthy Michigan members.

2. 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, except as covered by the *Autism Spectrum Disorders medical policy #91615*.
 - 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 a physician and provided under the general supervision of a physician. 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:
 - i. Severely depressed left ventricular function (ejection fraction under 30%)
 - ii. Resting complex ventricular arrhythmia (Lown type 4 or 5)
 - iii. Ventricular arrhythmias appearing or increasing with exercise
 - iv. Decrease in systolic blood pressure with exercise
 - v. Survivors of sudden cardiac death
 - vi. Patients following myocardial infarction complicated by congestive heart failure, cardiogenic shock and/or serious ventricular arrhythmias

- vii. Patients with severe coronary artery disease and marked exercise induced ischemia
- viii. 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.

D. Habilitative Services

The Patient Protection and Affordable Care Act (PPACA) requires coverage for essential health benefits, including coverage for Habilitative Services in individual and small group products. Habilitation Services are defined as those health care services that help a person keep, learn or improve skills and functioning for daily living (e.g. therapy for a child who isn't walking or talking at the expected age).

1. Habilitative Services Not Related to Autism Spectrum Disorder (Individual and Small Group Products Only)

All of the following must be met for coverage of Habilitative services *not* related to Autism Spectrum Disorder:

- a) Treatment must be evidence-based physical or occupational therapy provided by an appropriately licensed therapist under the direction of a physician or advanced practice nurse in accordance with a written treatment plan established or certified by the treating physician or advanced practice nurse.
- b. One of the following diagnoses:
 - i. developmental delay
 - ii. developmental coordination disorder
 - iii. mixed developmental disorder
 - iv. developmental speech or language disorder (See Speech Therapy medical policy)
- c. See the plan Schedule for coverage limitations.
- d. Habilitation services and diagnoses not specifically listed in a and b above are not covered, including but not limited to respite care, day care, recreational care, residential treatment, social services, custodial care, or education services of any kind.

2. Habilitative Services Related to Autism Spectrum Disorder

Habilitation Services also includes Applied Behavioral Analysis for the treatment of Autism Spectrum Disorder as required by the State of Michigan. **See the Autism Spectrum Disorders medical policy #91615 for treatment related to Autism Spectrum Disorder.**

Special Note: See Autism Spectrum Disorders medical policy #91615 and the Speech Therapy medical policy #91336 for additional information related to habilitative services.

II. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

See also Home Care Medical Policy #91023

III. APPLICATION TO PRODUCTS

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. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **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); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. 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.

V. CODING INFORMATION

Therapy Modifiers

- GN Services delivered under an outpatient speech language pathology plan of care
- GO Services delivered under an outpatient occupational therapy plan of care
- GP Services delivered under an outpatient physical therapy plan of care

- *Therapy modifiers must be reported for all services to track to appropriate benefit category.*
- *Service flagged with * are not payable to a therapy provider without a therapy modifier.*

A. REHABILITATIVE\HABILITATIVE THERAPY

Diagnosis Codes: *for diagnosis information, see Appendix A*

Physical Therapy:

CPT/HCPCS/REVENUE Codes

- 0420 Physical Therapy
- 0421 Physical Therapy - Visit Charge
- 0422 Physical Therapy - Hourly Charge
- 0423 Physical Therapy - Group Rate
- 0424 Physical Therapy - Evaluation or Re-evaluation
- 0429 Physical Therapy - Other Physical Therapy

- 97161 Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical

- decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.
- 97162 Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
- 97163 Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
- 97164 Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.
- 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 (*Not covered for Medicaid*)
- 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) (*Not covered for Medicaid*)
- 97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
- 97597* Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area; first 20 sq cm or less
- 97598* Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
- 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 (*Not covered for Medicaid*)
- 97605* Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), 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 (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
- 97607* Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

- 97608* Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions 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 *(Not covered for Medicaid)*
- 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 *(Not covered for Medicaid)*
- 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
- 97763 Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
- 97799 Unlisted physical medicine/rehabilitation service or procedure
- 97039 Unlisted modality (specify type and time if constant attendance)
- 97139 Unlisted therapeutic procedure (specify)
- (Explanatory notes must accompany claims billed with unlisted codes.)*
- 64550* Application of surface (transcutaneous) neurostimulator *(Not covered for Medicaid)*
- 95831* Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk *(Not covered for Medicaid)*
- 95832* Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side *(Not covered for Medicaid)*
- 95833* Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands *(Not covered for Medicaid)*
- 95834* Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands *(Not covered for Medicaid)*
- 95851* Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
- 95852* Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
- 95992* Canalith repositioning procedure(s) (e.g., Epley maneuver, Semont maneuver), per day *(Not covered for Medicaid)*

Occupational Therapy:
CPT/HCPCS/REVENUE Codes

- 0430 Occupational Therapy
- 0431 Occupational Therapy - Visit Charge

- 0432 Occupational Therapy - Hourly Charge
- 0433 Occupational Therapy - Group Rate
- 0434 Occupational Therapy - Evaluation or Re-evaluation
- 0439 Occupational Therapy - Other Occupational Therapy

- 97165 Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.
- 97166 Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.
- 97167 Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.
- 97168 Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect

changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.

- 97127 Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact *(Not payable for Medicare or Medicaid)*
- G0515 Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes *(payable for Medicare and Medicaid only)*
- 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
- 92520* Laryngeal function studies (i.e., aerodynamic testing and acoustic testing)
- 92526* Treatment of swallowing dysfunction and/or oral function for feeding
- 92610* Evaluation of oral and pharyngeal swallowing function
- 92611* Motion fluoroscopic evaluation of swallowing function by cine or video
- 92612* Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording *(Never covered by therapy disciplines for Medicaid)*
- 92614* Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; *(Never covered by therapy disciplines for Medicaid)*
- 92616* Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording *(Never covered by therapy disciplines therapy for Medicaid)*

Not covered

- 93668 Peripheral arterial disease (PAD) rehabilitation, per session (Covered for Medicare and Medicaid only)
- 97169 Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.

- 97170 Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
- 97171 Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
- 97172 Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.
- 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
- 97537 Community/work reintegration training (eg, shopping, transportation, money management, vocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes
- 97545 Work hardening/conditioning; initial 2 hours
- 97546 Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)
- 97610 Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
- 20999 Unlisted procedure, musculoskeletal system, general - not covered when billed for Prolotherapy *Explanatory notes must accompany claim.*

Chiropractic/Osteopathic Manipulation:

The AT modifier is required for codes 98940, 98941, 98942. If these CPT codes are billed without the AT modifier, the claim will be interpreted as “maintenance” or “custodial” services and will not be covered.

- 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
- 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
- Not Covered**
- 98943 Chiropractic manipulative treatment (CMT); extraspinal, one or more regions

Biofeedback:

See policy #91002 Biofeedback,

Other:

- 92065 Orthoptic/pleoptic training
For coverage specifications for commercial members, refer to *Medical Policy: #91538 Vision Care*. For Medicaid members, please refer to *Medical Policy #91500 Orthoptic and Pleoptic Training for Medicaid Members*.

Note: Coverage is subject to physical and occupational therapy benefit limits and applicable copays.

B. CARDIO-PULMONARY REHABILITATION THERAPY

Cardiac Rehabilitation:

ICD-10 Codes that *may* support medical necessity:

- A18.84 Tuberculosis of heart
- E63.9 Nutritional deficiency, unspecified
- I05.1 – I01.9 Rheumatic mitral valve diseases
- I20.0 – I20.9 Angina pectoris
- I21.01 – I21.4 ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
- I22.0 – I22.9 Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
- I25.10 – I25.9 Chronic ischemic heart disease
- I42.0 – I42.9 Cardiomyopathy
- I43 Cardiomyopathy in diseases classified elsewhere
- I50.1 – I50.9 Heart failure
- Z48.21 Encounter for aftercare following heart transplant
- Z48.280 Encounter for aftercare following heart-lung transplant
- Z51.89 Encounter for other specified aftercare
- Z94.1 Heart transplant status
- Z94.3 Heart and lungs transplant status
- Z95.0 – Z95.5 Presence of cardiac and vascular implants and grafts
- Z98.61 Coronary angioplasty status

CPT/HCPCS/Revenue Codes

- 0943 Cardiac Rehabilitation

- 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)
- G0422 Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session
- G0423 Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per hour, per session

Not Payable:

- S9472 Cardiac rehabilitation program, nonphysician provider, per diem

Pulmonary Rehabilitation:

ICD-10 Codes that *may* support medical:

- E88.01 Alpha-1-antitrypsin deficiency
- J41.0 – J41.8 Simple and mucopurulent chronic bronchitis
- J42 Unspecified chronic bronchitis
- J43.0 – J43.9 Emphysema [
- J44.0 – J44.9 Chronic obstructive pulmonary disease
- J47.0 – J47.9 Bronchiectasis
- J68.4 Chronic respiratory conditions due to chemicals, gases, fumes and vapors
- J82 Pulmonary eosinophilia, not elsewhere classified
- J96.00- J96.02 Acute respiratory failure
- J96.10 – J96.12 Chronic respiratory failure
- J96.20 – J96.22 Acute and chronic respiratory failure
- J98.3 Compensatory emphysema
- J99 Respiratory disorders in diseases classified elsewhere
- Z94.2 Organ or tissue replaced by transplant, lung
- Z48.24 Encounter for aftercare following lung transplant
- Z48.280 Encounter for aftercare following heart-lung transplant
- Z94.2 Lung transplant status
- Z94.3 Heart and lungs transplant status

CPT/HCPCS/REVENUE Codes

- 0410 Respiratory Services—General
- 0419 Other respiratory services
- G0237 Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)
(Not covered for Priority Medicaid)
- G0238 Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)
(Not covered for Priority Medicaid)
- G0239 Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring) *(Not covered for Priority Medicaid)*

G0424 Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to 2 sessions per day

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APPENDIX A: Therapies that are NON-COVERED by Diagnosis

- Hab/NC = service may be covered for this diagnosis under Habilitative service benefit for individual and small group products. For all other products, the service with this dx is Not Covered for all ages.
- NC = service is Not Covered for this diagnosis for all ages.
- Diagnosis exclusions do not apply to Priority Medicare Plans – see LCD/NCDs
- Initial evaluation is exempt from exclusion by diagnosis.
- These modifiers *may* be reported as secondary to mod GN but are not used in determining rehabilitative vs habilitative benefit.
 - 96 Habilitative Services
 - 97 Rehabilitative Services
- Priority Medicaid has no Habilitative benefit defined at this time; Healthy Michigan Medicaid enrollees will have Habilitative benefits beginning April 1, 2014.
- *See Also:*
 - *Policy #91336 Speech Therapy*
 - *Policy #91615 Autism Spectrum Disorders*
 - *Policy #91023 Home Care*

ICD-10 Codes:

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy *CAID only
E78.71	Barth syndrome	Hab/NC	Hab/NC	NC
E78.72	Smith-Lemli-Opitz syndrome	Hab/NC	Hab/NC	NC
F48.9	Nonpsychotic mental disorder, unspecified	NC	NC	NC
F50.8	Other eating disorder			NC*
F52.0 – F52.9	Sexual dysfunction not due to a substance or known physiological condition			NC*
F63.1 – F63.9	Impulse disorders			NC*
F63.3	Trichotillomania	Hab/NC	Hab/NC	NC
F63.89	Other impulse disorders	Hab/NC	Hab/NC	NC
F64.1 – F64.9	Gender identity disorders			NC*
F65.0 – F65.9	Paraphilias			NC*
F66	Other sexual disorders			NC*
F69	Unspecified disorder of adult personality and behavior	NC	NC	NC
F70	Mild intellectual disabilities	Hab/NC	NC	NC
F71	Moderate intellectual disabilities	Hab/NC	NC	NC
F72	Severe intellectual disabilities	NC	NC	NC
F73	Profound intellectual disabilities	NC	NC	NC
F78	Other intellectual disabilities	NC	NC	NC
F79	Unspecified intellectual disabilities	NC	NC	NC
F80.0	Phonological disorder	Hab/NC	NC	NC
F80.1	Expressive language disorder	Hab/NC	NC	NC
F80.2	Mixed receptive-expressive language disorder	Hab/NC	NC	NC

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy *CAID only
F80.4	Speech and language development delay due to hearing loss	Hab/NC	NC	NC
F80.81	Childhood onset fluency disorder	Hab/NC		NC
F80.89	Other developmental disorders of speech and language	Hab/NC	NC	NC
F80.9	Developmental disorder of speech and language, unspecified	Hab/NC	NC	NC
F81.0 – F81.9	Specific developmental disorders of scholastic skills	NC	NC	NC
F82	Specific developmental disorder of motor function	NC	Hab/NC	NC
F84.2	Rett's syndrome			NC
F84.3	Other childhood disintegrative disorder	Hab/NC	Hab/NC	X
• See policy #91615 Autism Spectrum Disorders				
F84.0	Autistic disorder	•	•	
F84.5	Asperger's syndrome	•	•	
F84.8	Other pervasive developmental disorders	•	•	
F84.9	Pervasive developmental disorder, unspecified	•	•	
F88	Other disorders of psychological development	NC	NC	NC
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type	NC	NC	
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type	NC	NC	
F90.2	Attention-deficit hyperactivity disorder, combined type	NC	NC	
F90.8	Attention-deficit hyperactivity disorder, other type	NC	NC	
F90.9	Attention-deficit hyperactivity disorder, unspecified type	NC	NC	
F95.2	Tourette's disorder			NC
F98.0	Enuresis not due to a substance or known physiological condition		Hab/NC	NC
F98.1	Encopresis not due to a substance or known physiological condition		Hab/NC	NC
F98.21	Rumination disorder of infancy			NC*
F98.3	Pica of infancy and childhood			NC*
F98.5	Adult onset fluency disorder	NC		
G11.4	Hereditary spastic paraplegia	Hab/NC	Hab/NC	NC
G47.29	Other circadian rhythm sleep disorder			NC
G80.0 – G80.9	Cerebral palsy	Hab/NC	Hab/NC	NC
G96.9	Disorder of central nervous system, unspecified	NC	NC	NC
G98.8	Other disorders of nervous system	NC	NC	NC
Q05.0 – Q05.9	Spina bifida	NC	Hab/NC	

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy *CAID only
Q07.00 – Q07.03	Arnold-Chiari syndrome	NC	Hab/NC	
Q07.8	Other specified congenital malformations of nervous system	NC	Hab/NC	
Q07.9	Congenital malformation of nervous system, unspecified	NC	Hab/NC	
Q87.0 – Q87.9	Other specified congenital malformation syndromes affecting multiple systems	Hab/NC	Hab/NC	
Q89.8	Other specified congenital malformations	Hab/NC	Hab/NC	
Q89.9	Congenital malformation, unspecified	Hab/NC	Hab/NC	
Q90.0 – Q90.9	Down syndrome	Hab/NC	Hab/NC	
Q91.0 – Q91.7	Trisomy 18, trisomy13	Hab/NC	Hab/NC	
Q92.0 – Q92.9	Other trisomies and partial trisomies of the autosomes, not elsewhere classified	Hab/NC	Hab/NC	
Q93.0 – Q93.9	Monosomies and deletions from the autosomes, not elsewhere classified	Hab/NC	Hab/NC	
Q95.0 – Q95.9	Balanced rearrangements and structural markers, not elsewhere classified	Hab/NC	Hab/NC	
Q96.0 – Q96.9	Turner’s syndrome	Hab/NC	Hab/NC	
Q97.0 – Q97.9	Other sex chromosome abnormalities, female phenotype, not elsewhere classified	Hab/NC	Hab/NC	
Q98.0 – Q98.9	Other sex chromosome abnormalities, male phenotype, not elsewhere classified	Hab/NC	Hab/NC	
Q99.0 – Q99.9	Other chromosome abnormalities, not elsewhere classified	Hab/NC	Hab/NC	
R25.0 – R25.9	Abnormal involuntary movements	NC	Hab/NC	NC
R26.0	Ataxic gait	NC	Hab/NC	NC
R26.1	Paralytic gait	NC	Hab/NC	NC
R26.81	Unsteadiness on feet	NC	Hab/NC	NC
R26.89	Other abnormalities of gait and mobility	NC	Hab/NC	NC
R26.9	Unspecified abnormalities of gait and mobility	NC	Hab/NC	NC
R27.0	Ataxia, unspecified	NC	Hab/NC	NC
R27.8	Other lack of coordination	NC	Hab/NC	NC
R27.9	Unspecified lack of coordination	NC	Hab/NC	NC
R37	Sexual dysfunction, unspecified			NC*
R41.840	Attention and concentration deficit	NC	NC	NC
R41.841	Cognitive communication deficit	NC	NC	NC
R41.842	Visuospatial deficit	NC	NC	NC
R41.843	Psychomotor deficit	NC	NC	NC
R41.844	Frontal lobe and executive function deficit	NC	NC	NC
R41.89	Other symptoms and signs involving cognitive functions and awareness	NC	NC	NC

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy *CAID only
R41.9	Unspecified symptoms and signs involving cognitive functions and awareness	NC	NC	NC
R45.0 – R45.89	Nervousness			NC
R46.0 – R46.7	Symptoms and signs involving appearance and behavior			NC
R46.81	Obsessive-compulsive behavior	NC	NC	NC
R46.89	Other symptoms and signs involving appearance and behavior	NC	NC	NC
R47.9	Unspecified speech disturbances	NC	NC	NC
R48.0	Dyslexia and alexia	NC	NC	NC
R49.8	Other voice and resonance disorders			NC
R56.00	Simple febrile convulsions	NC	NC	NC
R56.01	Complex febrile convulsions	NC	NC	NC
R56.1	Post traumatic seizures	NC	NC	NC
R56.9	Unspecified convulsions	NC	NC	NC
R62.0	Delayed milestone in childhood	NC	NC	NC
R62.50	Unspecified lack of expected normal physiological development in childhood	NC	NC	NC
R62.59	Other lack of expected normal physiological development in childhood	NC	NC	NC
R63.8	Other symptoms and signs concerning food and fluid intake	NC	NC	
Z00.8	Encounter for other general examination			NC
Z02.0 – Z02.9	Encounter for administrative examination			NC
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out			NC
Z04.6	Encounter for general psychiatric examination, requested by authority			NC
Z04.8	Encounter for examination and observation for other specified reasons			NC
Z04.9	Encounter for examination and observation for unspecified reason			NC
Z53.1	Procedure and treatment not carried out because of patient's decision for reasons of belief and group pressure			NC
Z55.0 – Z55.9	Problems related to education and literacy			NC
Z56.0 – Z56.9	Problems related to employment and unemployment			NC
Z57.0 – Z57.9	Occupational exposure to risk factors			NC
Z60.0 – Z60.9	Problems related to social environment			NC
Z62.0 – Z62.9	Problems related to upbringing			NC
Z63.0 – Z63.9	Other problems related to primary support group, including family circumstances			NC

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy *CAID only
Z64.0 – Z64.4	Problems related to certain psychosocial circumstances			NC
Z69.011	Encounter for mental health services for perpetrator of parental child abuse			NC
Z69.021	Encounter for mental health services for perpetrator of non-parental child abuse			NC
Z69.12	Encounter for mental health services for perpetrator of spousal or partner abuse			NC
Z69.82	Encounter for mental health services for perpetrator of other abuse			NC
Z71.89	Other specified counseling			NC
Z72.3	Lack of physical exercise			NC
Z72.51	High risk heterosexual behavior			NC
Z72.52	High risk homosexual behavior			NC
Z52.53	High risk bisexual behavior			NC
Z72.6	Gambling and betting			NC
Z72.810	Child and adolescent antisocial behavior			NC
Z72.811	Adult antisocial behavior			NC
Z72.820	Sleep deprivation			NC
Z72.821	Inadequate sleep hygiene			NC
Z72.89	Other problems related to lifestyle			NC
Z72.9	Problem related to lifestyle, unspecified			NC
Z73.0 – Z73.9	Problems related to life management difficulty			NC
Z86.51	Personal history of combat and operational stress reaction			NC
Z86.59	Personal history of other mental and behavioral disorders	NC	NC	NC
Z91.83	Wandering in diseases classified elsewhere	NC	NC	NC

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