



TITLE:	PHYSICAL THERAPY POLICY
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DEPARTMENT:	MEDICAL MANAGEMENT
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1. PURPOSE

This policy addresses the medical necessity review of Physical Therapy requests.

2. SCOPE

Medical UM Department

3. DEFINITIONS

N/A

4. RESPONSIBILITIES

N/A

5. POLICY

Provides guidelines regarding the medical necessity review and criteria for Physical Therapy authorization requests.

Medical Necessity

Requires Pre-Authorization for initial and all subsequent authorization extension requests

Curative considers physical therapy (PT) medically necessary when this care is prescribed by a chiropractor, DO, MD, nurse practitioner, podiatrist or other health professional qualified to prescribe physical therapy according to State law in order to significantly improve, develop or restore physical functions lost or impaired as a result of a disease, injury or surgical procedure, and the following criteria are met:

- The member's participating physician or licensed health care practitioner has determined that the member's condition can improve significantly based on physical measures (eg, active range of motion (AROM), strength, function or subjective report of pain level) within one month of the date that therapy begins or the therapy services proposed must be necessary for the establishment of a safe and effective maintenance program that will be performed by the member without ongoing skilled therapy services. These services must be proposed for the treatment of a specific illness or injury; **and**
- The PT services provided are intended to cover only episodes of therapy for situations where there must be a reasonable expectation that a member's condition will improve significantly in a reasonable and generally predictable period of time; **and**

- PT services must be ordered by a physician or other licensed health care practitioner and performed by a duly licensed and certified, if applicable, PT provider. All services provided must be within the applicable scope of practice for the provider in their licensed jurisdiction where the services are provided; **and**
- The services provided must be of the complexity and nature to require that they are performed by a licensed professional therapist or provided under their direct supervision by a licensed ancillary person as permitted under state laws. Services may be provided personally by physicians and performed by personnel under their direct supervision as permitted under state laws. As physicians are not licensed as physical therapists, they may not directly supervise physical therapy assistants; **and**

PT must be provided in accordance with an ongoing, written plan of care that is reviewed with and approved by the treating physician in accordance with applicable state laws and regulations. The PT plan of care should be of such sufficient detail and include appropriate objective and subjective data to demonstrate the medical necessity of the proposed treatment

- Physical therapy in asymptomatic persons or in persons without an identifiable clinical condition is considered **not** medically necessary;
- Physical therapy in persons whose condition is neither regressing nor improving is considered **not** medically necessary;
- Once therapeutic benefit has been achieved, or a home exercise program could be used for further gains, continuing supervised physical therapy is **not** considered medically necessary;
- Home-based physical therapy is considered medically necessary in selected cases based upon the member's needs (i.e., the member must be homebound). This may be considered medically necessary in the transition of the member from hospital to home, and may be an extension of case management services.

Note: Please check benefit plan descriptions for potential details.

There are no reliable data demonstrating that the following methods of physical therapy are superior to standard methods of physical therapy:

- McKenzie Method of Mechanical Diagnosis and Therapy
- Muscle Activation Techniques (MAT)
- Postural Restoration Form of Physical Therapy

Thus, it is not medically necessary to go out of network for these specific methods of physical therapy when standard methods of physical therapy are available in-network.

There are no reliable data that outcomes of soft tissue mobilization (myofascial release) are improved with the use of hand-held tools (so-called "augmented soft tissue mobilization"; e.g., the Dynatronics ThermoStim probe). Thus, augmented soft tissue mobilization is considered medically necessary and covered as standard myofascial release modality.

Notes: No additional reimbursement is provided for use of hand-held tools for performing myofascial release. The ThermoStim probe also allows delivery of electrical stimulation, and would be covered for electrical stimulation as a modality.

Experimental and Investigational

The following physical therapy interventions are considered experimental and investigational because the effectiveness of these approaches has not been established (not an all-inclusive list):

- Adhesion removal physical therapy for bowel obstructions
- Applied Functional Science
- Dynamic Movement Intervention
- Kinesio Taping/McConnell Taping/Taping:
 - Kinesio taping/taping for back pain, radicular pain syndromes, and other back-related conditions
 - Kinesio taping for lower extremity spasticity, meralgia paresthetica, post-operative subacromial decompression, wrist injury, prevention of ankle sprains, and all other indications
 - McConnell taping for knee pain, low back pain, and all other indications
- "Hands-free" ultrasound and low-frequency sound (infrasound)
- Hivamat therapy (deep oscillation therapy)
- Interactive Metronome program
- Low-dye strapping for the treatment of stress fracture of the ankle
- MEDEK therapy
- Strapping of the chest and/or hip for the treatment of pain and improvement of posture
- Ultrasound therapy for the treatment of Dupuytren's contracture
- Virtual reality facilitated gait training.

Certain physical medicine modalities and therapeutic are considered duplicative in nature and it would be inappropriate to perform or bill for these services during the same session, such as:

- Functional activities and ADL
- Infrared and ultraviolet
- Massage therapy and myofascial release
- Microwave and infrared
- Orthotics training and prosthetic training
- Whirlpool and Hubbard tank.

The medical necessity of neuromuscular re-education, therapeutic exercises, kinetic activities, and/or therapeutic activities, performed on the same day, must be documented in the medical record.

Only 1 heat modality would be considered medically necessary during the same treatment session. An exception to this is ultrasound (a deep heat), which may be considered medically necessary with 1 superficial heat modality but is not considered medically necessary with other deep heat modalities.

6. PROCEDURE

N/A

7. TRAINING REQUIREMENT

- 7.1.** All Medical UM Associates are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or

Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

8. ENFORCEMENT

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal and equitable remedies may apply.

9. DOCUMENTATION

N/A

10. REFERENCE DOCUMENTS AND MATERIALS

N/A

11. COLLABORATING DEPARTMENTS

N/A

12. DOCUMENT CONTROL

APPROVED BY:			<small>DocuSigned by:</small>
charles, Brandon	3/25/2024	<i>Charles, Brandon</i>	
(Printed Name)	(Date)	(Signature)	

REVISION HISTORY			
Date	Author	Version	Comments
			Initial Version

APPENDICES

Background

Physical therapy (PT) treatment consists of a prescribed program to relieve symptoms, improve function and prevent further disability for individuals disabled by chronic or acute disease or injury. Treatment may include various forms of heat and cold, electrical stimulation, therapeutic exercises. For medical necessity criteria, see, ambulation training and training in functional activities.

Physical therapy is the treatment of disorders or injuries using physical methods or modalities. A PT modality is often defined as any physical agent applied to produce therapeutic changes to biologic tissues. Modalities that are generally accepted for use include exercises, thermal, cold, ultrasonic or electric energy devices. Due to the passive nature of therapeutic modalities, they are generally used to enable the patient to take part in active aspects of therapy.

Physical therapy may be indicated for treatment of muscle weakness, limitations in the range of motion, neuromuscular conditions, musculoskeletal conditions, lymphedema and for selected training of patients in specific techniques and exercises for their own continued use at home.

Therapeutic procedures are intended as a means of effecting change using clinical skills and/or techniques and/or services whose goal is the improvement of function. PT procedures in

general include therapeutic exercises and joint mobilization. These have generally been shown to be one set of effective means of treating aspects of many musculoskeletal conditions.

Medically necessary physical therapy services must be restorative or for the purpose of designing and teaching a maintenance program for the patient to carry out at home. The services must also relate to a written treatment plan and be of a level of complexity that requires the judgment, knowledge and skills of a physical therapist (or a medical doctor/doctor of osteopathy) to perform and/or supervise the services. The amount, frequency and duration of the physical therapy services must be reasonable, the services must be considered appropriate and needed for the treatment of the disabling condition and must not be palliative in nature.

A qualified physical therapist for benefit coverage purposes is a person who is licensed as a physical therapist by the state in which he or she is practicing. A physical therapy assistant (PTA) is a person who is licensed as a PTA, if applicable, by the state in which he or she is practicing. The services of a PTA must be supervised by a licensed physical therapist at a level of supervision determined by state law or regulation. The services of a PTA cannot be provided incidental to a physician/appropriately licensed other practitioner as they are not specifically qualified as licensed physical therapists

Physical therapy is generally covered for members with eligible conditions that require improvement in the activities of daily living (ADLs). These include, but may not be limited to : bathing, communication, dressing, feeding, grooming, mobility, personal hygiene, self maintenance, skin management, and toileting.

Treatments and/or therapies that are intended to specifically improve what are known as Instrumental Activities of Daily Living (IADL) are not covered because they are not considered treatment of disease. These include, but are not limited to: community living skills including balancing a checkbook, use of public transportation; home management skills including meal preparation, laundry; leisure activities including hobbies, sports or recreation of all types even if suggested as part of a PT treatment plan; motor vehicle driving evaluations and driving instruction - this includes automobiles, trucks, motorcycles and bicycles; or personal safety preparedness.

Physical therapy for members whose condition is neither regressing nor improving, is not medically necessary. An exacerbation or flare-up of a chronic condition or illness is not considered a new illness or condition. It is the intent of the PT coverage to have the member receive those services that are medically necessary, who show demonstrated improvement over a reasonable period of time, consistent with the condition under treatment and to achieve the stated treatment goals.

Non-skilled services are certain types of treatment that do not generally require the skills of a qualified physical therapist. Non-skilled services include, but are not limited to,

- Passive range of motion (PROM) treatment which is not specifically part of a restorative program related to a loss of function and
- Services which maintain function by using routine, repetitive and reinforced procedures after initial teaching of the patient has taken place.
- Passive range of motion (PROM) treatment which is not specifically part of a restorative program related to a loss of function and
- Services which maintain function by using routine, repetitive and reinforced procedures after initial teaching of the patient has taken place.

These also include most situations where general conditioning, recovery from an acute medical/surgical illness that caused deconditioning or increased general ability to exercise or

walk are undertaken. Services that can be safely and effectively furnished by non-skilled (non-licensed physical therapists or their assistants under appropriate supervision) personnel are non-skilled services.

Maintenance care consists of activities that generally are intended to preserve the patient's present level of function and/or prevent regression of that level of function. Maintenance begins when the therapeutic goals of the treatment program are achieved or when no further significant progress is made or reasonably seen as occurring. Specifically, these include continued activities for patients who have achieved generally accepted levels of function and/or muscle strength and are at a plateau or have reached "normal" levels. A plateau is a period of four weeks or dependent on the specific condition and/or patient situation, a lesser period of time that is seen as generally accepted.

Below is a description and medical necessity criteria for different treatment modalities and therapeutic procedures.

Activities of Daily Living (ADL) Training

Training of severely impaired individuals in essential ADL, including bathing; feeding; preparing meals; toileting; walking; making bed; and transferring from bed to chair, wheelchair or walker. This procedure is considered medically necessary to enable the member to perform essential ADL related to the patient's health and hygiene, within or outside the home, with minimal or no assistance from others. This procedure is considered medically necessary only when it requires the professional skills of a provider, is designed to address specific needs of the member, and must be part of an active treatment plan directed at a specific outcome. The member must have the capacity to learn from instructions. Standard medical treatment may generally require up to 12 visits in 4 weeks. Services provided concurrently by physicians, physical therapists and occupational therapists may be considered medically necessary if there are separate and distinct functional goals.

Aquatic Therapy/Hydrotherapy/Hubbard Tank

Hubbard tank involves a full-body immersion tank for treating severely burned, debilitated and/or neurologically impaired individuals. Pool therapy (aquatic therapy, hydrotherapy) is provided individually, in a pool, to severely debilitated or neurologically impaired individuals. (The term is not intended to refer to relatively normal individuals who exercise, swim laps or relax in a hot tub or Jacuzzi). Develops and/or maintains muscle strength including range of motion by eliminating forces of gravity through total body immersion (except for head) – requires constant attention. It is not considered medically necessary to provide more than 1 type of hydrotherapy on the same day (e.g., whirlpool, Hubbard tank, hydrotherapy).

Cognitive skills development

This procedure is considered medically necessary for persons with acquired cognitive defects resulting from head trauma, or acute neurologic events including cerebrovascular accidents. It is not appropriate for persons with chronic progressive brain conditions with no potential for restoration. Occupational/speech therapists or clinical psychologists with specific training in these skills are typically the providers. This procedure should be aimed at improving or restoring specific functions which were impaired by an identified illness or injury. The goals of therapy, expected outcomes and expected duration of therapy should be specified.

Contrast Baths

Blood vessel stimulation with alternate hot and cold baths – constant attendance is needed. This modality may be considered medically necessary to treat extremities affected by reflex sympathetic dystrophy, acute edema resulting from trauma, or synovitis/tenosynovitis. It is

generally used as an adjunct to a therapeutic procedure. Standard treatment is 3 to 4 treatments per week for 1 month.

Crutch/Cane Ambulation

Ambulation training and re-education with the use of assistive devices such as cane or crutches. Considered medically necessary for persons who meet medical necessity criteria for ambulatory assist devices.

Diathermy (e.g., microwave)

Deep, dry heat with high frequency current or microwave to relieve pain and increase movement – supervised. The objective of diathermy is to cause vasodilatation and relieve pain from muscle spasm. Diathermy using deep dry heat with high-frequency achieves a greater rise in deep tissue temperature than does microwave. Considered medically necessary as a heat modality for painful musculoskeletal conditions. Considered experimental and investigational as a treatment for asthma, bronchitis or other pulmonary conditions.

Dynamic Movement Intervention

Dynamic Movement Intervention (DMI) is an intervention used by physical therapists as well as occupational therapists for the treatment of children with gross motor impairments by improving automatic postural responses and promoting progress towards developmental milestones. The objective of DMI therapy is to provoke a specified active motor response from the child in response to defined dynamic exercises prescribed by the therapist. This intervention incorporates current research on neurorehabilitation, technologies, and methodologies. DMI therapy stimulates neuroplasticity to facilitate new neuronal connections and development of motor milestones. During a treatment session the child will complete various exercises that provide novel and different sensory and motor challenges; and each exercise is repeated approximately 5 times. Exercises may be repeated from session to session until the movements become automatic, which results in improved balance and function. Exercises are performed on a tabletop or the floor based on the child's abilities. DMI therapy works well in conjunction with other therapeutic techniques and therapy equipment. These are often combined in a treatment session to provide better alignment and enhance optimal outcomes. There is a lack of evidence regarding the effectiveness of DMI therapy.

Gait Training

Teaching individuals with severe neurological or musculoskeletal disorders to ambulate in the face of their handicap or to ambulate with an assistive device. Gait training is considered medically necessary for training individuals whose walking abilities have been impaired by neurological, muscular or skeletal abnormalities or trauma. Gait training is not considered medically necessary when the individual's walking ability is not expected to improve. Provider supervision of repetitive walk-strengthening exercise for feeble or unstable patients is not considered medically necessary. Gait training is not considered medically necessary for relatively normal individuals with minor or transient abnormalities of gait who do not require an assistive device; these minor or transient gait abnormalities may be remedied by simple instructions to the individual.

Hot/Cold Packs

Hot packs increases blood flow, relieves pain and increases movement; cold packs decreases blood flow to an area to reduce pain and swelling immediately after an injury. These are used in Contrast Therapy under supervision. Considered medically necessary as thermal modalities (hot or cold) for painful musculoskeletal conditions and for acute injuries.

Infrared Light Therapy

Dry heat with a special lamp to increase circulation to an area under supervision. The objective is to cause vasodilatation and relieve pain from muscle spasm. Considered medically necessary as a heat modality for musculoskeletal indications.

Iontophoresis

Electric current used to transfer certain chemicals (medications) into body tissues.

Kinetic Therapy

Use of dynamic activities to improve functional performance. Considered medically necessary when there are major impairments or disabilities which preclude the individual performing the activities and exercises that are ordinarily prescribed. In kinetic therapy, considerable time is spent developing specific, individualized therapeutic exercises and instructing the patient in how to perform them. The term kinetic therapy is not intended to apply to instructions in routine exercises.

Massage Therapy

Massage involves manual techniques that include applying fixed or movable pressure, holding and/or causing movement of or to the body, using primarily the hands. These techniques affect the musculoskeletal, circulatory-lymphatic, nervous, and other systems of the body with the intent of improving a person's well-being or health. The most widely used forms of massage therapy include Swedish massage, deep-tissue massage, sports massage, neuromuscular massage, and manual lymph drainage. Massage therapy is considered medically necessary as adjunctive treatment to another therapeutic procedure on the same day, which is designed to restore muscle function, reduce edema, improve joint motion, or for relief of muscle spasm. Massage therapy is not considered medically necessary for prolonged periods and should be limited to the initial or acute phase of an injury or illness (i.e., an initial 2-week period).

Myofascial Release

Soft tissue mobilization through manipulation. Skilled manual techniques (active and/or passive) are applied to soft tissue to effect changes in the soft tissues, articular structures, neural or vascular systems. Examples are facilitation of fluid exchange, restoration of movement in acutely edematous muscles, or stretching of shortened connective tissue. This procedure is considered medically necessary for treatment of restricted motion of soft tissues in involved extremities, neck, and trunk.

Neuromuscular Reeducation

This therapeutic procedure is provided to improve balance, coordination, kinesthetic sense, posture, and proprioception to a person who has had muscle paralysis and is undergoing recovery or regeneration. Goal is to develop conscious control of individual muscles and awareness of position of extremities. The procedure may be considered medically necessary for impairments which affect the body's neuromuscular system (e.g., poor static or dynamic sitting/standing balance, loss of gross and fine motor coordination, hypo/hypertonicity) that may result from disease or injury such as severe trauma to nervous system, cerebral vascular accident and systemic neurological disease. Standard treatment is 12 to 18 visits within a 4- to 6-week period.

Orthotic Training

Training and re-education with braces and/or splints (orthotics). Considered medically necessary for persons who meet criteria for a brace or splint. There should be distinct treatments rendered when orthotic training for a lower extremity is done during the same visit as

gait training, or self-care/home management training. It is unusual to require more than 30 mins of static orthotics training. In some cases, dynamic training may require additional time.

Paraffin Bath

Also known as hot wax treatment, this involves supervised application of heat (via hot wax) to an extremity to relieve pain and facilitate movement. This is considered medically necessary for pain relief in chronic joint problems of the wrists, hands or feet. One or 2 visits is usually sufficient to educate the individual in home use and to evaluate effectiveness.

Prosthetic checkout

These assessments are considered medically necessary when a device is newly issued or there is a modification or re-issue of the device. These assessments are considered medically necessary when member experiences loss of function directly related to the orthotic or prosthetic device (e.g., pain, skin breakdown, or falls. Usually, no more than 30 mins of time is necessary.

Prosthetic Training

Training and re-education with artificial devices (prosthetics). Considered medically necessary for persons with a medically necessary prosthetic. There should be distinct goals and services rendered when prosthetic training for a lower extremity is done during the same visit as gait training or self care/home management training. Periodic revisits beyond the 3rd month may be reviewed for medical necessity. It is unusual to require more than 30 mins of prosthetic training on a given date.

Therapeutic activities

This procedure involves using functional activities (e.g., bending, lifting, carrying, reaching, pushing, pulling, stooping, catching and overhead activities) to improve functional performance in a progressive manner. The activities are usually directed at a loss or restriction of mobility, strength, balance or coordination. They require the professional skills of a provider and are designed to address a specific functional need of the member. This intervention may be appropriate after a patient has completed exercises focused on strengthening and range of motion but need to be progressed to more function-based activities. These dynamic activities must be part of an active treatment plan and directed at a specific outcome.

Therapeutic Exercise

Instructing a person in exercises and directly supervising the exercises. Purpose is to develop and/or maintain muscle strength and flexibility including range of motion, stretching and postural drainage. Therapeutic exercise is performed with a patient either actively, active-assisted, or passively (e.g., treadmill, isokinetic exercise lumbar stabilization, stretching, strengthening). Therapeutic exercise is considered medically necessary for loss or restriction of joint motion, strength, functional capacity or mobility which has resulted from disease or injury. Standard treatment is 12 to 18 visits within a 4- to 6-week period. **Note:** Exercising done subsequently by the member without a physician or therapist present and supervising would not be covered.

Traction

Manual or mechanical pull on extremities or spine to relieve spasm and pain – supervised. Considered medically necessary for chronic back or neck pain. This modality, when provided by physicians or physical therapists, is typically used in conjunction with therapeutic procedures, not as an isolated treatment. Standard treatment is to provide supervised mechanical traction up to 4 sessions per week. For cervical radiculopathy, treatment beyond 1 month can usually be accomplished by self-administered mechanical traction in the home.

Ultrasound

Deep heat by high frequency sound waves to relieve pain, improve healing – constant attendance. This modality is considered medically necessary to treat arthritis, inflammation of periarticular structures, neuromas, and to soften adhesive scars. Standard treatment is 3 to 4 treatments per week for 1 month. Considered experimental and investigational as a treatment for asthma, bronchitis or other pulmonary conditions, and Dupuytren's contracture. An UpToDate review on "Dupuytren's contracture" (Aggarwal and Blazar, 2022) states that "Other interventions, including continuous slow skeletal traction, dimethyl sulfoxide, vitamin E, allopurinol, physical therapy, ultrasound therapy, glucocorticoid injections, interferon, and splinting, have generally not been successful".

Vasopneumatic Device

Pressure application by special equipment to reduce swelling – supervised. It may be considered necessary to reduce edema after acute injury. Education for use of lymphedema pump in the home usually requires 1 or 2 sessions. Further treatment of lymphedema by the provider after the educational visits are generally not considered medically necessary.

Wheelchair management training

This procedure is considered medically necessary only when it requires the professional skills of a provider, is designed to address specific needs of the member, and must be part of an active treatment plan directed at a specific goal. The member must have the capacity to learn from instructions. Typically, 3 to 4 total sessions are sufficient.

Whirlpool

These modalities involve supervised use of agitated water in order to relieve muscle spasm, improve circulation, or cleanse wounds e.g., ulcers, exfoliative skin conditions. Considered medically necessary to relieve pain and promote relaxation to facilitate movement in persons with musculoskeletal conditions. Also considered medically necessary for wound cleansing. It is not considered medically necessary to provide more than 1 hydrotherapy modality (e.g., whirlpool, Hubbard tank, aquatic therapy) performed on the same day.