

Physical Therapy and Occupational Therapy



Medical Coverage Policy

Effective Date: 06/22/2023
Revision Date: 06/22/2023
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Policy Number: HUM-0366-032

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Change Summary: Updated Description, Coverage Limitations, Provider Claims Codes, References

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Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. Refer to the [CMS website](#). The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

Description

Physical therapy (PT) 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 individual to take part in active aspects of therapy.

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

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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 PT services must be restorative in nature or for the specific purposes of designing and teaching a maintenance program for the individual to carry out at home. The services must also relate to a written treatment plan and be of the level of complexity that requires the judgment, knowledge and skills of a physical therapist (or medical doctor/doctor of osteopathy) to perform and/or directly supervise.

The amount, frequency and duration of PT services must be seen as medically appropriate for the specific treatment regimen and be performed by a physical therapist.

A qualified physical therapist, for benefit coverage purposes, is an individual who is licensed as a physical therapist by the state in which he or she is practicing. A physical therapist assistant (PTA) is an individual 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.

Occupational therapy (OT) is a form of rehabilitation therapy involving the treatment of neuromuscular and other dysfunction through the use of specific tasks or goal-directed activities to improve an individual's functional performance. Therapy programs are designed to improve the individual's quality of life through the recovery of specific competencies, maximizing independence and the prevention of specific illness or disability.

OT includes helping an individual learn or relearn specific daily living skills (eg, basic activities of daily living [ADL]) such as dressing, eating, personal hygiene, self-care and mobility/transfers. OT also includes specific task oriented therapeutic activities designed to restore physical function of the shoulder, elbow, wrist and/or hand that has been lost as a result of illness or injury. Occupational therapy can include the

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design, fabrication and fitting/maintenance of orthotics and related self-help devices including the fitting/fabrication of splints for the upper extremity.

Medically necessary OT services must relate to a written treatment plan and be of the level of complexity that requires the judgment, knowledge and skills of an occupational therapist (or medical doctor/doctor of osteopathy) to perform and/or directly supervise these services. The amount, frequency and duration of occupational therapy services must be medically appropriate for the specific treatment regimen and be performed by an occupational therapist.

A qualified occupational therapist, for benefit coverage purposes, is an individual who is licensed as an occupational therapist by the state in which he or she is practicing. An occupational therapy assistant (OTA) is an individual who is licensed as an OTA, if applicable, by the state in which he or she is practicing. The services of an OTA must be supervised by a licensed occupational therapist at a level of supervision determined by state law or regulation.

PT and OT services may be considered **rehabilitative or habilitative:**

- **Rehabilitative** services refers to PT and/or OT services that help an individual regain or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.
- **Habilitative** services refers to PT and/or OT services that help an individual keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking at the expected age.⁸¹

For information regarding coverage determination/limitations not addressed in this medical coverage policy, please refer to the following:

Treatment	Corresponding Medical Coverage Policy
Biofeedback	Biofeedback
Cardiac rehabilitation	Cardiac Rehabilitation
Cold and heat therapy devices	Cold Therapy Devices/Heating Devices/Combined Heat and Cold Therapy Devices

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Complementary or alternative medicine (CAM)	Complementary and Alternative Medicine
Low level laser or high power laser therapy	Low Level Laser and High Power Laser Therapy
Pulmonary rehabilitation	Pulmonary Rehabilitation
Speech therapy	Speech Therapy
Supervised exercise therapy (SET)	Peripheral Artery Disease of the Lower Extremities Angiography, Screening and Exercise Rehabilitation
Vertebral decompression therapy (eg, mechanized spinal distraction therapy, intervertebral differential dynamics therapy, intervertebral disc decompression (IDD), powered traction device)	Chiropractic Care
Vestibular rehabilitation	Chronic Vertigo Evaluation and Treatment

Coverage Determination

REHABILITATIVE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY

Any state mandates for *rehabilitative* PT or OT take precedence over this medical coverage policy.

Refer to specific certificate language regarding *rehabilitative* physical and/or occupational therapy. Most certificates limit the duration or number of visits.

General Criteria for *Rehabilitative* PT and/or OT

Humana members may be eligible under the Plan for *rehabilitative* PT and/or OT when the following criteria are met:

- The participating physician or licensed health care practitioner has determined that the individual'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 individual without

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ongoing skilled therapy services. These services must be proposed for the treatment of a specific illness or injury; **AND**

- **Rehabilitative** PT and/or OT may be performed for conditions related to a defect, **developmental delay***, **functional impairment**** or pain as evidenced by supporting documentation recorded in medical records submitted for review; **AND**

***Developmental delay** describes the condition in which a child is not developing and/or achieving skills according to the expected time frame.

****Functional impairment** describes a direct and measurable reduction in physical performance of an organ or body part.

- The **rehabilitative** PT and/or OT services provided are intended to cover only episodes of therapy for situations where there must be a reasonable expectation that an individual's condition will improve significantly in a reasonable and generally predictable period of time; **AND**
- **Rehabilitative** PT and/or OT services must be ordered by a physician or other licensed health care practitioner and performed by a duly licensed and certified, if applicable, PT/OT 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 **rehabilitative** 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 or occupational therapists, they may not directly supervise physical therapist assistants or occupational therapy assistants; **AND**
- **Rehabilitative** PT and/or OT must be provided in accordance with an ongoing, individualized written plan of care that is reviewed with and approved by the treating physician in accordance with applicable state laws and regulations. The

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PT and/or OT 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. This information should include at least the following:

- o PT and/or OT evaluation; **AND**
- o Short- and long-term goals that are specific, quantifiable (measurable) and objective; **AND**
- o Reasonable estimate as to the time when these goals will be achieved; **AND**
- o Specific PT and/or OT techniques, treatments or exercises to be used; **AND**
- o Frequency and duration of the treatments provided must be reasonable and customary under the generally accepted standards of practice for PT and/or OT; **AND**
- The signatures and professional license designations (and license numbers) for the treating therapist and treating physician must be affixed to the evaluation and/or ongoing treatment reports. The individual must be re-evaluated at least monthly and the results of these evaluations recorded in a standard format. The individual's progress towards achieving the stated goals must be assessed and changes made, if needed, in the treatment program as a result of the evaluations; **AND**
- **Rehabilitative** PT and/or OT services in excess of 60 minutes per day are generally not demonstrated to have additional medical benefit in an outpatient setting. Specific situations for which more than 60 minutes per day of PT and/or OT must be justified by appropriate documentation including demonstrated efficacy of these treatments in this intensity in the peer-reviewed professional literature; **AND**
- **Rehabilitative** PT and/or OT are generally covered for an individual with eligible conditions that require improvement in the ADL. These include, but may not be limited to:

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- o Bathing; **OR**
 - o Communication; **OR**
 - o Dressing; **OR**
 - o Feeding; **OR**
 - o Grooming; **OR**
 - o Mobility; **OR**
 - o Personal hygiene; **OR**
 - o Self-maintenance; **OR**
 - o Skin management; **OR**
 - o Toileting; **AND**
- **Rehabilitative** PT and/or OT may be appropriate for acute episodes or significant exacerbations of long standing/chronic/previously known medical or surgical conditions; **AND**
 - Limited, short-term episodes of **rehabilitative** therapy services for the establishment of a safe and effective maintenance program (to be carried out by the individual or caretakers) that is required in connection with the generally accepted treatment of a condition that is eligible under the Plan. Limited, short-term episodes of therapy for services for a progressive degenerative disease may be intermittently eligible if they are for the determination of the need for specific assistive equipment and/or to establish/re-establish a maintenance program for the condition under treatment. A maintenance program is NOT generally eligible under the Plan; **AND**
 - Skilled **rehabilitative** services that are required specifically for the individual's safety may be eligible if they involve the use of complex, sophisticated therapy procedures and it is reasonable and necessary to have the services of a skilled physical therapist and/or occupational therapist to specifically provide these services in a safe and effective manner; **AND**
 - **Fluidized therapy** (Fluidotherapy) as an alternative to other heat therapy modalities in the treatment of acute or subacute traumatic or nontraumatic musculoskeletal disorders of the extremities; **AND**
 - o Maximum duration of treatment is four weeks; **AND**

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- o The following contraindications to fluidized therapy are not present:
 - Severe circulatory obstruction disorders (eg, arterial, lymphatic or venous disorders); **OR**
 - Systemic infectious diseases (eg, diabetes mellitus, hypertension or influenza); **OR**
- **Gait analysis and/or computerized gait analysis** for the evaluation of an individual with cerebral palsy prior to a planned surgery (and may be repeated no more than once postoperatively, if necessary)

*Coverage
Limitations*

REHABILITATIVE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY

Humana members may **NOT** be eligible under the Plan for **rehabilitative physical and/or occupational therapy services** for any indications or treatment techniques or modalities other than those listed above including, but not limited to the following:

- Aquatic therapy; **OR**
- Augmented soft tissue mobilization (ASTM); **OR**
- Back-to-school and/or return-to-work/reintegration or vocational programs including work-hardening (may be excluded by certificate); **OR**
- Care and treatment provided by and/or in specialized clinics (eg, athletic performance enhancement, behavioral or conduct disorders, sexual performance or weight loss); **OR**
- Cost of supplies (eg, electrodes, hand putty, theraband) used in furnishing physical and occupational therapy is included in the general services with which they are associated. Separate coverage may exist for off-the-shelf splints, custom fabricated splints and other designated items; **OR**

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- Deep massage or related therapies to release or otherwise treat adhesions or similar problems of deep internal organs and/or structures; **OR**
- **Duplicative therapy-** receiving both *rehabilitative* OT and PT for the same clinical condition or problem. Other examples include, but are not limited to microwave or diathermy, neuromuscular re-education or therapeutic exercises, kinetic activities or therapeutic exercises and functional activities or ADL; **OR**

If both therapies are provided, the treatment programs must be separately determined and part of specific, separate written treatment plans; the therapies must provide significantly different treatments and not be seen as generally duplicating each other.

- Education and/or training or other medical/therapy services provided by the individual's parent, spouse, brother, sister or child; **OR**
- Enrollment in a health, athletic or similar club; **OR**
- Equestrian/hippotherapy and other similar neuromuscular exercise/training programs; **OR**
- General conditioning, even if requested after an illness or injury; **OR**
- Graston technique; **OR**
- Group therapy sessions (as this is not one-on-one and personalized to the specific individual's needs); **OR**
- Hands-free ultrasound; **OR**
- Interactive metronome therapy; **OR**
- Internal manipulation (eg, transrectal, transvaginal) for conditions including, but may not be limited to:
 - Chronic pelvic pain; **OR**
 - Interstitial cystitis; **OR**

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- o Pudenda! neuralgia; **OR**
- o Vulvodynia; **OR**

- Kinesio taping; **OR**

- Lactation counseling and services related to the postpartum condition when provided by or under the direction of physical therapists or occupational therapists; **OR**

- **Maintenance care** consists of activities that generally are intended to preserve the individual's present level of function and/or prevent regression of that level of function including, but may not be limited to the following (may be excluded in the certificate):
 - o 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; **AND**

 - o Individual has achieved generally accepted normal levels of function and/or muscle strength and has reached a plateau (generally a period of four weeks or less, depending on the specific condition and/or individual situation); **OR**

- MEDEK therapy, also known as Cuevas Medek Exercises (CME); **OR**

- Myofascial release (MFR), also known as active release technique (ART); **OR**

- **Nonskilled services** - certain types of treatment that do not generally require the skills of a qualified physical therapist or occupational therapist. Nonskilled services include, but are not limited to, (1) passive range of motion (PROM) treatment which is not specifically part of a restorative program related to a loss of function and (2) services which maintain function by using routine, repetitive and reinforced procedures after initial teaching of the individual 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 nonskilled (nonlicensed physical therapists and

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occupational therapists or their assistants under appropriate supervision)
personnel are nonskilled services; **OR**

- Orthoptics, vision training and related services (may be excluded by certificate); **OR**
- Phonophoresis; **OR**
- Portable (home) ultrasound devices; **OR**
- Relaxation therapy and/or massage therapy (if not delivered by a physical therapist or occupational therapist and is unrelated to a comprehensive treatment program); **OR**
- Remote body and limb kinematic measurement-based therapy (eg, interactive rehabilitation exercise devices, MindMotion GO); **OR**
- Sensory integration therapy; **OR**
- Services and supplies for treatment of temporomandibular joint (TMJ) dysfunction and craniomandibular joint (CMJ) disorders. **Treatment of these disorders is generally excluded by certificate, please refer to the member's individual certificate; OR**
- Services associated with or for the treatment of learning disabilities; **OR**
- Services deemed **not medically necessary - Rehabilitative** PT and/or OT for an individual whose condition is neither regressing nor improving, is not medically necessary. It is the intent of the PT and OT coverage to have the individual 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, consistent with the available benefits under the Plan; **OR**
- Services related to activities for the general good and welfare of the individual such as exercises to promote overall fitness and flexibility, activities to provide diversion or general motivation; **OR**

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- Services which appear to be for the individual's and/or therapist's convenience or to treat conditions or illnesses that are not covered under the Plan; **OR**
- Therapy intended to effect improvement or restoration of function where an individual suffers a transient and easily reversible loss of function which could be reasonably expected to improve spontaneously as the individual gradually resumes normal activities; **OR**
- Treatments and/or therapies that are intended to specifically improve what are known as Instrumental Activities of Daily Living (IADL); including, but may not be limited to:
 - Community living skills including balancing a checkbook, use of public transportation; **OR**
 - Home management skills including meal preparation, laundry; **OR**
 - Leisure activities including hobbies, sports or recreation of all types even if suggested as part of a PT or OT treatment plan; **OR**
 - Motor vehicle driving evaluations and driving instruction. This includes automobiles, trucks, motorcycles and bicycles; **OR**
 - Personal health management; **OR**
 - Personal safety preparedness; **OR**
- Treatments for handwriting problems in children and/or adults; **OR**
- Treatments for neurobehavioral and/or neuropsychiatric conditions provided by physical therapists and/or occupational therapists; **OR**
- Treatments for sexual dysfunction; **OR**
- [Treatments for sports-related rehabilitation](#)" or other similar avocational activities including, but may not be limited to:

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- o Baseball pitching/throwing; **OR**
- o Cheerleading; **OR**
- o Golfing; **OR**
- o Martial arts of all types; **OR**
- o Organized football, baseball, basketball, soccer, lacrosse, swimming, track and field, etc. at a college, high school, other school or community setting; **OR**
- o Personal return to running rehabilitation; **OR**
- o Professional and amateur tennis; **OR**
- o Professional and amateur/hobby/academic dance; **OR**
- o Weightlifting and similar activities; **OR**

^Refers to continued treatment for sports related injuries in an effort to improve above and beyond normal ability to perform ADLs; it is not intended to return the individual to their previous (or improved) level of sports competition or capability.

- Treatments for the consequences of services/procedures/treatments that are noncovered under the Plan are also not covered; **OR**
- Treatments generally known as early intervention even if not specifically called by this name, even if not formally given at a designated or otherwise credentialed or licensed early intervention center or provider

All other indications, treatment techniques or modalities are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for any of the following for **ANY** indications:

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- Dry hydrotherapy, also known as aqua massage, hydromassage or water massage (eg, Aqua Massage, Aqua MED, H2O Massage System and Hydrotherapy Tables); **OR**
- Dry needling (needle insertion without injection); **OR**
- Nonimmersive, semi-immersive or fully immersive virtual reality based therapy (eg, exergaming); **OR**
- Virtual reality facilitated gait training (eg, GaitBetter)

These are considered experimental/investigational and are not identified as widely used and generally accepted for the proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.

Coverage Determination

HABILITATIVE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY

Any state mandates for *habilitative* PT or OT take precedence over this medical coverage policy.

Refer to specific certificate language regarding *habilitative* physical and/or occupational therapy. Most certificates limit the duration or number of visits.

General Criteria for *Habilitative* PT and/or OT

Humana members may be eligible under the Plan for ***habilitative* PT and/or OT** when the following criteria are met:

- The participating physician or licensed health care practitioner has determined that the individual's condition can improve or stabilize based on physical measures (eg, active range of motion [AROM], strength, function or subjective report of pain level) within a reasonable and generally predictable period of time or the therapy services proposed must be necessary for the establishment of a safe and effective maintenance program that will be performed by the individual without ongoing skilled therapy services. These ***habilitative*** services must be proposed for the treatment of a specific illness or injury; **AND**

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- The **habilitative** PT and/or OT services provided are intended to cover only episodes of therapy for situations where there must be a reasonable expectation that an individual's condition will improve in a generally predictable period of time; **AND**
 - **Habilitative** PT and/or OT may be provided for an individual with a **congenital anomaly***, defect or **developmental delay**** as evidenced by supporting documentation recorded in medical records submitted for review; **AND**
- ***Congenital anomaly** describes an abnormality of the body that is present from the time of birth.
- ****Developmental delay** describes the condition in which a child is not developing and/or achieving skills according to the expected time frame
- **Habilitative** PT and/or OT services must be ordered by a physician or other licensed health care practitioner and performed by a duly licensed and certified, if applicable, PT/OT 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 **habilitative** 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 or occupational therapists, they may not directly supervise physical therapist assistants or occupational therapy assistants; **AND**
 - **Habilitative** PT and/or OT must be provided in accordance with an ongoing, individualized written plan of care that is reviewed with and approved by the treating physician in accordance with applicable state laws and regulations. The PT and/or OT plan of care should be of such sufficient detail and include appropriate objective and subjective data to demonstrate the medical necessity

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of the proposed treatment. This information should include at least the following:

- o PT and/or OT evaluation; **AND**
- o Short- and long-term goals that are specific, quantifiable (measurable) and objective; **AND**
- o Reasonable estimate as to the time when these goals will be achieved; **AND**
- o Specific PT and/or OT techniques, treatments or exercises to be used; **AND**
- o Frequency and duration of the treatments provided must be reasonable and customary under the generally accepted standards of practice for PT and/or OT; **AND**
- The signatures and professional license designations (and license numbers) for the treating therapist and treating physician must be affixed to the evaluation and/or ongoing treatment reports. The individual must be re-evaluated at least monthly and the results of these evaluations recorded in a standard format. The individual's progress towards achieving the stated goals must be assessed and changes made, if needed, in the treatment program as a result of the evaluations; **AND**
- **Habilitative** PT and/or OT services in excess of 60 minutes per day are generally not demonstrated to have additional medical benefit in an outpatient setting. Specific situations for which more than 60 minutes per day of PT and/or OT must be justified by appropriate documentation including demonstrated efficacy of these treatments in this intensity in the peer-reviewed professional literature; **AND**
- **Habilitative** PT and/or OT are generally covered for an individual with eligible conditions that require improvement in the ADL. These include, but may not be limited to:
 - o Bathing; **OR**
 - o Communication; **OR**

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- o Dressing; **OR**
 - o Feeding; **OR**
 - o Grooming; **OR**
 - o Mobility; **OR**
 - o Personal hygiene; **OR**
 - o Self-maintenance; **OR**
 - o Skin management; **OR**
 - o Toileting; **AND**
- **Habilitative** PT and/or OT may be appropriate for acute episodes or significant exacerbations of long standing/chronic/previously known medical or surgical conditions; **AND**
 - Limited, short-term episodes of **habilitative** therapy services for the establishment of a safe and effective maintenance program (to be carried out by the individual or caretakers) that is required in connection with the generally accepted treatment of a condition that is eligible under the Plan. Limited, short-term episodes of therapy for services for a progressive degenerative disease may be intermittently eligible if they are for the determination of the need for specific assistive equipment and/or to establish/reestablish a maintenance program for the condition under treatment; **AND**
 - Skilled **habilitative** services that are required specifically for the individual's safety may be eligible if they involve the use of complex, sophisticated therapy procedures and it is reasonable and necessary to have the services of a skilled physical therapist and/or occupational therapist to specifically provide these services in a safe and effective manner; **AND**
 - **Fluidized therapy** (Fluidotherapy) as an alternative to other heat therapy modalities in the treatment of acute or subacute traumatic or nontraumatic musculoskeletal disorders of the extremities; **AND**
 - o Maximum duration of treatment is four weeks; **AND**
 - o If the following contraindications to fluidized therapy are not present:

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- Severe circulatory obstruction disorders (eg, arterial, lymphatic or venous disorders); **OR**
- Systemic infectious diseases (eg, diabetes mellitus, hypertension or influenza); **OR**
- **Gait analysis and/or computerized gait analysis** for the evaluation of an individual with cerebral palsy prior to a planned surgery (and may be repeated no more than once postoperatively, if necessary)

Coverage
Limitations

HABILITATIVE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY

Humana members may **NOT** be eligible under the Plan for **habilitative physical and/or occupational therapy services** for any indications or treatment techniques or modalities other than those listed above including, but not limited to the following:

- Aquatic therapy; **OR**
- Augmented soft tissue mobilization (ASTM); **OR**
- Back-to-school and/or return-to-work/reintegration or vocational programs including work-hardening (may be excluded by certificate); **OR**
- Care and treatment provided by and/or in specialized clinics (eg, athletic performance enhancement, behavioral or conduct disorders, sexual performance or weight loss); **OR**
- Cost of supplies (eg, electrodes, hand putty, theraband) used in furnishing physical and occupational therapy is included in the general services with which they are associated. Separate coverage may exist for off-the-shelf splints, custom fabricated splints and other designated items; **OR**
- Deep massage or related therapies to release or otherwise treat adhesions or similar problems of deep internal organs and/or structures; **OR**

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- **Duplicative therapy-** receiving both **habilitative** PT and OT for the same clinical condition or problem. Other examples include, but are not limited to microwave or diathermy, neuromuscular re-education or therapeutic exercises, kinetic activities or therapeutic exercises and functional activities or ADL; **OR**

If both therapies are provided, the treatment programs must be separately determined and part of specific, separate written treatment plans; the therapies must provide significantly different treatments and not be seen as generally duplicating each other.

- Enrollment in a health, athletic or similar club; **OR**
- Equestrian/hippotherapy and other similar neuromuscular exercise/training programs; **OR**
- Graston technique; **OR**
- Group therapy sessions (as this is not one-on-one and personalized to the specific individual's needs); **OR**
- Hands-free ultrasound; **OR**
- Interactive metronome therapy; **OR**
- Internal manipulation (eg, transrectal, transvaginal) for conditions including, but may not be limited to:
 - Chronic pelvic pain; **OR**
 - Interstitial cystitis; **OR**
 - Pudenda! neuralgia; **OR**
 - Vulvodynia; **OR**
- Kinesio taping; **OR**
- Lactation counseling and services related to the postpartum condition when provided by or under the direction of physical therapists or occupational therapists; **OR**

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- **Maintenance care** consists of activities that generally are intended to preserve the individual's present level of function and/or prevent regression of that level of function including, but may not be limited to the following (may be excluded in the certificate):
 - 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; **AND**
 - Individual has achieved generally accepted normal levels of function and/or muscle strength and has reached a plateau (generally a period of four weeks or less, depending on the specific condition and/or individual situation); **OR**
- MEDEK therapy, also known as Cuevas Medek Exercises (CME); **OR**
- Myofascial release (MFR), also known as active release technique (ART); **OR**
- **Nonskilled services** - certain types of treatment that do not generally require the skills of a qualified physical therapist or occupational therapist. Nonskilled services include, but are not limited to, (1) passive range of motion (PROM) treatment which is not specifically part of a restorative program related to a loss of function and (2) services which maintain function by using routine, repetitive and reinforced procedures after initial teaching of the individual 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 nonskilled (nonlicensed physical therapists and occupational therapists or their assistants under appropriate supervision) personnel are nonskilled services; **OR**
- Orthoptics, vision training and related services (may be excluded by certificate); **OR**
- Phonophoresis; **OR**
- Portable (home) ultrasound devices; **OR**

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- Relaxation therapy and/or massage therapy (if not delivered by a physical therapist or occupational therapist and is unrelated to a comprehensive treatment program); **OR**
- Remote body and limb kinematic measurement-based therapy (eg, interactive rehabilitation exercise devices, MindMotion GO); **OR**
- Sensory integration therapy; **OR**
- Services and supplies for treatment of temporomandibular joint (TMJ) dysfunction and craniomandibular joint (CMJ) disorders. Treatment of these disorders is generally excluded by certificate **please refer to the member's individual certificate**; **OR**
- Services deemed **not medically necessary** - It is the intent of the PT and OT coverage to have the individual receive those services that are medically necessary, who show demonstrated improvement or stabilization over a reasonable and generally predictable period of time, consistent with the condition under treatment and to achieve the stated treatment goals, consistent with the available benefits under the Plan; **OR**
- **Habilitative** services related to activities for the general good and welfare of the individual such as exercises to promote overall fitness and flexibility, activities to provide diversion or general motivation; **OR**
- **Habilitative** services which appear to be for the individual's and/or therapist's convenience or to treat conditions or illnesses that are not covered under the Plan; **OR**
- Therapy intended to effect improvement or restoration of function where an individual suffers a transient and easily reversible loss of function which could be reasonably expected to improve spontaneously as the individual gradually resumes normal activities; **OR**

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- Treatments and/or therapies that are intended to specifically improve what are known as Instrumental Activities of Daily Living (IADL); including, but may not be limited to:
 - Community living skills including balancing a checkbook, use of public transportation; **OR**
 - Home management skills including meal preparation, laundry; **OR**
 - Leisure activities including hobbies, sports or recreation of all types even if suggested as part of a PT or OT treatment plan; **OR**
 - Motor vehicle driving evaluations and driving instruction. This includes automobiles, trucks, motorcycles and bicycles; **OR**
 - Personal health management; **OR**
 - Personal safety preparedness; **OR**
 - Treatments for handwriting problems in children and/or adults; **OR**
- Treatments for neurobehavioral and/or neuropsychiatric conditions provided by physical therapists and/or occupational therapists; **OR**
- Treatments for sexual dysfunction; **OR**
- [Treatments for sports-related rehabilitation](#)" or other similar avocational activities including, but may not be limited to:
 - Baseball pitching/throwing; **OR**
 - Cheerleading; **OR**
 - Golfing; **OR**
 - Martial arts of all types; **OR**

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- o Organized football, baseball, basketball, soccer, lacrosse, swimming, track and field, etc. at a college, high school, other school or community setting; **OR**
- o Personal return to running rehabilitation; **OR**
- o Professional and amateur tennis; **OR**
- o Professional and amateur/hobby/academic dance; **OR**
- o Weightlifting and similar activities; **OR**

"Refers to continued treatment for sports related injuries in an effort to improve above and beyond normal ability to perform ADLs; it is not intended to return the individual to their previous (or improved) level of sports competition or capability.

- Treatments for the consequences of services/procedures/treatments that are noncovered under the Plan are also not covered; **OR**
- Treatments generally known as early intervention even if not specifically called by this name, even if not formally given at a designated or otherwise credentialed or licensed early intervention center or provider

All other indications, treatment techniques or modalities are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for any of the following for **ANY** indications:

- Dry hydrotherapy, also known as aqua massage, hydromassage or water massage (eg, Aqua Massage, Aqua MED, H2O Massage System and Hydrotherapy Tables); **OR**
- Dry needling (needle insertion without injection); **OR**
- Nonimmersive, semi-immersive or fully immersive virtual reality based therapy (eg, exergaming); **OR**

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- Virtual reality facilitated gait training (eg, GaitBetter)

These are considered experimental/investigational and are not identified as widely used and generally accepted for the proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.

Background

Additional information about **musculoskeletal or neuromuscular conditions that may necessitate PT or OT** may be found from the following websites:

- [National Institute of Neurological Disorders and Stroke](#)
- [National Library of Medicine](#)

Medical Alternatives

Physician consultation is advised to make an informed decision based on an individual's health needs.

Provider Claims Codes

Any CPT, HCPCS or ICD codes listed on this medical coverage policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Not Covered
20561	Needle insertion(s) without injection(s); 3 or more muscles	Not Covered
20999	Unlisted procedure, musculoskeletal system, general	Not Covered if used to report any treatment outlined in Coverage Limitations section
29200	Strapping; thorax	Not Covered if used to report Kinesio Taping
29240	Strapping; shoulder (eg, Velpeau)	Not Covered if used to report Kinesio Taping

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29260	Strapping; elbow or wrist	Not Covered if used to report Kinesio Taping
29280	Strapping; hand or finger	Not Covered if used to report Kinesio Taping
29520	Strapping; hip	Not Covered if used to report Kinesio Taping
29530	Strapping; knee	Not Covered if used to report Kinesio Taping
29540	Strapping; ankle and/or foot	Not Covered if used to report Kinesio Taping
29550	Strapping; toes	Not Covered if used to report Kinesio Taping
29799	Unlisted procedure, casting or strapping	Not Covered if used to report Kinesio Taping
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	Not Covered
96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;	Not Covered if performed for any indication not listed in Coverage Determination section
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	Not Covered if performed for any indication not listed in Coverage Determination section
96004	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report	Not Covered if performed for any indication not listed in Coverage Determination section
97010	Application of a modality to 1 or more areas; hot or cold packs	
97012	Application of a modality to 1 or more areas; traction, mechanical	
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	

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97016	Application of a modality to 1 or more areas; vasopneumatic devices	
97018	Application of a modality to 1 or more areas; paraffin bath	
97022	Application of a modality to 1 or more areas; whirlpool	
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	
97026	Application of a modality to 1 or more areas; infrared	
97028	Application of a modality to 1 or more areas; ultraviolet	
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	Not Covered if used to report Phonophoresis
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	
97039	Unlisted modality (specify type and time if constant attendance)	
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Not Covered if used to report any treatment outlined in Coverage Limitations section
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Not Covered if used to report any treatment outlined in Coverage Limitations section For treatment of vertigo, refer to Chronic Vertigo Treatment Medical Coverage Policy
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	Not Covered

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97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Not Covered if used to report any treatment outlined in Coverage Limitations section
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	
97139	Unlisted therapeutic procedure (specify)	
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Not Covered if used to report any treatment outlined in Coverage Limitations section
97150	Therapeutic procedure(s), group (2 or more individuals)	Not Covered
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.	

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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.	

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97165	<p>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.</p>	
97166	<p>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.</p>	

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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.	
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Not Covered if used to report any treatment outlined in Coverage Limitations section
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Not Covered

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97535	Self-care/home management training (eg, activities of daily living {ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	Not Covered
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	
97545	Work hardening/conditioning; initial 2 hours	Not Covered
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	Not Covered
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, 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	Not Covered if used to report any treatment outlined in Coverage Limitations section

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CPT® Category III Code(s)	Description	Comments
0733T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	Not Covered New Code Effective 07/01/2022
0734T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month	Not Covered New Code Effective 07/01/2022
0791T	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	Not Covered New Code Effective 07/01/2023
HCPCS Code(s)	Description	Comments
G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more)	
S8940	Equestrian/hippotherapy, per session	Not Covered
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Not Covered
S9117	Back school, per visit	Not Covered
S9970	Health club membership, annual	Not Covered

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