

# Outpatient Physical and Occupational Therapy

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[Instructions for Use](#)

Table of Contents	Page
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Definitions</a> .....	2
<a href="#">Applicable Codes</a> .....	3
<a href="#">Description of Services</a> .....	4
<a href="#">Benefit Considerations</a> .....	4
<a href="#">References</a> .....	4
<a href="#">Policy History/Revision Information</a> .....	5
<a href="#">Instructions for Use</a> .....	5

**Related Policies**

- [Autism Spectrum Disorder and Developmental Disabilities](#)
- [Home Health Care](#)
- [Manipulative Therapy](#)

## Coverage Rationale

[See Benefit Considerations](#)

Oxford has delegated certain administrative services related to Physical and Occupational Therapy services to OptumHealth Care Solutions. OptumHealth Care Solutions, a UnitedHealth Group company, will administer the Physical and Occupational Therapy benefit for Oxford products. OptumHealth Care Solutions is a leading physical medicine company that has significant experience working with physical and occupational therapists and physicians, in promoting high quality, affordable physical medicine and rehabilitation services.

You may access OptumHealth Care Solutions clinical policies at the following website:  
<https://www.myoptumhealthphysicalhealth.com>.

Services managed by OptumHealth Care Solutions include:

- Utilization Review functions for a designated list of CPT and HCPCS codes for outpatient Physical and Occupational Therapy for fully insured commercial products, excluding self-funded Members.
- First level administrative, Utilization Management Member and provider appeals, Member appeals, and external appeals where applicable.

Note: Oxford has not delegated 2<sup>nd</sup> level Member internal appeals, external Member appeals, and regulatory inquiries to OptumHealth Care Solutions.

This policy applies to a specific list of CPT and HCPCS codes, regardless of the specialty of the treating provider. Refer to the [Applicable Codes](#) section below for a list of the CPT and HCPCS codes.

Exception: If a chiropractor provides any of the services specified by the CPT or HCPCS codes in this policy, those services will continue to accrue separately towards the chiropractic benefit, if available. For chiropractic services, refer to the Clinical Policy titled [Manipulative Therapy](#) for additional information.

This policy applies in the outpatient setting only. The outpatient setting for Physical Therapy and Occupational Therapy includes hospital outpatient treatment facilities, outpatient facilities at or affiliated with rehabilitation hospitals, and off campus-outpatient hospital facilities.

Physical and Occupational Therapy provided in the home will be managed under the home care benefit (per the Member's certificate). Refer to the Clinical Policy titled [Home Health Care](#) for additional information.

In the case of Occupational Therapy, the referral must come from one of the following:

- General surgeon
- Gynecological oncologist
- Hematologist-oncologist
- Neurologist
- Neurosurgeon
- Oncologist
- Orthopedists
- Pain management specialist or rheumatologist
- Physiatrist
- Primary Care Provider (PCP)

### **In-Network Subsequent Physical and Occupational Therapy**

In-Network subsequent physical and Occupational Therapy (not rendered by a chiropractor) requires utilization review by OptumHealth Care Solutions to determine medical necessity. An initial patient summary form must be submitted to OptumHealth Care Solutions within ten calendar days of the initial visit or prior to the second visit, whichever occurs first.

All services rendered by UnitedHealthcare Choice Plus providers in the service area will be subject to retrospective review.

### **Out-of-Network Physical and Occupational Therapy**

OptumHealth Care Solutions will review out-of-network physical and Occupational Therapy services for medical necessity after the services have been received and the claims are submitted.

Members also have the option through a Voluntary Prior Approval Process to submit a treatment plan. The prior approval process is completely voluntary. Out-of-network providers are not required to pre-authorize services. All initial evaluations and subsequent visits must be authorized when using the Voluntary Prior Approval Process.

Members are financially responsible for all out-of-network services determined to be not medically necessary.

Notes:

- For chiropractic services refer to the Clinical Policy titled [Manipulative Therapy](#) for additional information.
- For rehabilitation services for the treatment of Autism, refer to the Administrative Policy titled [Autism Spectrum Disorder and Developmental Disabilities](#).
- Utilization management and prior approval will continue to be subject to Member's certificate of coverage.
- Services must be performed by a duly licensed and certified provider. All services must be within the scope of the provider's license in order to be eligible for reimbursement.

## **Definitions**

**Clinical Support Program:** The focus of OptumHealth Care Solutions program is to align decision-making of practitioners with current best evidence to reduce the variation in decision-making that exists in the practice of Physical Therapy. Fundamental to the Clinical Support Program is the belief that practitioners are in the best position to determine the appropriate care for their patients and that OptumHealth Care Solutions should function as a clinical resource for the practitioner seeking to obtain best practice information. Interaction in this program between the practitioner and OptumHealth Care Solutions is designed to support a true evidence-based learning culture where patient outcomes and accessibility to affordable quality services is our focus.

**Clinical Support Program Submission:** The submission completed by the patient and the provider are reviewed according to coverage and medical necessity criteria by OptumHealth Care Solutions. Services which are not covered under the Member's health benefits plan are denied and communicated to the provider and member.

**Cognitive/Neuropsychological Rehabilitation Therapy (NJ Small Group):** The retraining of the brain to perform intellectual skills which it was able to perform prior to disease, trauma, surgery, or previous therapeutic process; or the training of the brain to perform intellectual skills it should have been able to perform if there were not a congenital anomaly.

**Habilitative Services:** Skilled Care services that are part of a prescribed treatment plan or maintenance program to help a person with a disabling condition to keep, learn or improve skills and functioning for daily living.

**Occupational Therapy:** The use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability and which develop, improve, or restore the highest possible level of independence of any individual who has an injury, illness, cognitive impairment, psychosocial dysfunction, mental illness, developmental or learning disability, physical disability, or other disorder or condition. It includes assessment by means of skilled observation or evaluation through the administration and interpretation of standardized or non-standardized test and measurements. The services of an occupational therapist are necessary to assess the Member's needs, develop goals (to be approved by the physician), to manufacture or adapt the needed equipment to the Member's use, to teach compensatory techniques, to strengthen the Member as necessary to permit use of compensatory techniques, and/or to provide activities which are directed towards meeting the goals governing increased perceptual and cognitive function.

**Physical Therapy:** The treatment of a disease or injury by the use of therapeutic exercise and other interventions that focus on improving posture, locomotion, strength, endurance, balance, coordination, joint mobility, flexibility, activities of daily living, and alleviating pain. (American Physical Therapy Association)

**Rehabilitative Services:** Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services consist of Physical Therapy, Occupational Therapy, and speech therapy in an inpatient and/or outpatient setting.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT Codes Requiring Utilization Review				
97010	97012*	97014	97016	97018
97022	97024*	97026*	97028*	97032*
97033*	97034	97035*	97036*	97039
97110	97112	97113*	97116	97124
97139	97140	97150	97161*	97162*
97163*	97164*	97165	97166	97167
97168	97530	97533	97535	97537
97542	97545	97546	97750	97760
97761	97763	97799	S8990	

*CPT® is a registered trademark of the American Medical Association*

HCPCS Codes Requiring Utilization Review				
G0151*	G0152	G0281	G0282	G0283
S9129	S9131*	G2168	G2169*	

### Non-Reimbursable CPT/HCPCS Codes

97169	97170	97171	97172	
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#### Coding Clarifications:

- \*The codes marked with a single asterisk ( \* ) above cannot be billed by an Occupational Therapist.
- Therapists may be reimbursed for evaluations (97161, 97162, 97163, 97164, 97165, 97166, 97167, and 97168) in addition to modalities but may not be reimbursed for E&M codes.
- Initial evaluations (97161, 97162, 97163, 97165, 97166, and 97167) are payable only once per condition.
- Evaluations billed on the same day of a treatment modality will be paid out according to the established evaluation rate only.

Reimbursed per Contracted Rate: Claims submitted with more than one modality will be reimbursed for the 1<sup>st</sup> modality for each date of service only and will be paid out at the established per visit rate.

Reimbursed per Individual Modality: Approved visits will be reimbursed up to a quantity of three (3) individual modality units for each visit (additional modality units will be subject to medical necessity review and require submission of medical notes).

## Description of Services

This policy provides information regarding Oxford's coverage of Physical and Occupational Therapy.

### Exception

- This policy does not apply to Early Intervention Program/Birth to Three Programs.

## Benefit Considerations

For additional information for:

- Diagnosis and Treatment for Autism; refer to the Administrative Policy titled [Autism Spectrum Disorder and Developmental Disabilities](#).
- Long-Term Physical Therapy Rider
  - The long-term Physical Therapy rider is available in certain states on a limited basis. The rider covers outpatient visits for short-term therapy (as described in the certificate) and long-term therapy that is provided to restore or maintain functional loss of mobility resulting from a chronic illness or the long-term effect of a traumatic injury or perinatal disability as described in the following paragraph.
  - The Member must have the Long-Term Physical Therapy Rider to receive these benefits. This rider replaces the base outpatient Physical Therapy benefits. The benefits under this Rider are limited to outpatient visits only. Therefore, inpatient admissions to either a Rehabilitation Facility or Skilled Nursing Facility or any other facility are not covered under this Rider.
  - The long-term Physical Therapy benefit will cover Members who have limitations caused by, but not limited to, the following conditions: developmental disabilities; Cerebral palsy; spinal bifida; hydrocephalus; multiple sclerosis; ALS; muscular dystrophy; cerebral vascular accident (CVA and stroke); traumatic brain injury (TBI); and intraventricular hemorrhage.

## References

American Medical Association. Current Procedural Terminology: CPT Professional Edition.

American Physical Therapy Association (APTA). Guide to Physical Therapist Practice, 2<sup>nd</sup> Revised Edition (January 2001).

Member Health Benefit Plans and Physical Therapy Riders.

New Jersey Small Group Certificates.

## Policy History/Revision Information

Date	Summary of Changes
02/01/2023	<ul style="list-style-type: none"><li>Removed reference link to the Clinical Policy titled <i>Speech Therapy and Early Intervention Programs/Birth to Three</i></li></ul>
01/01/2023	<p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"><li>Removed language pertaining to prior authorization requirements</li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Removed <i>Prior Authorization Requirements</i> section</li><li>Archived previous policy version REHABILITATION 023.31 T2</li></ul>

## Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.